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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

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 07-01-2015 , and ending 06-30-2016

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) 544-4052

G Gross receipts $ 1,197,716,495

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**	234
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	136
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	**5**	9,856
6	Total number of volunteers (estimate if necessary)	**6**	1,296
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	701,991
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-9,882

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	8,939,369	10,476,982
9	Program service revenue (Part VIII, line 2g)	899,333,105	918,659,039
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	9,323,716	-1,328,597
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	112,242,595	144,236,533
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,029,838,785	1,072,043,957
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,771,718	902,022
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	713,448,082	788,669,337
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶3,033,169		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	396,597,073	403,807,648
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,111,816,873	1,193,379,007
19	Revenue less expenses Subtract line 18 from line 12	-81,978,088	-121,335,050

		Beginning of Current Year	End of Year
Net Assets or Fund Balances			
20	Total assets (Part X, line 16)	1,041,006,841	1,044,475,712
21	Total liabilities (Part X, line 26)	391,610,137	387,418,243
22	Net assets or fund balances Subtract line 21 from line 20	649,396,704	657,057,469

Part II Signature Block

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

Sign Here

Signature of officer — Date: 2017-05-03

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 ▶ 111 S Wacker Drive 24th Floor
Chicago, IL 606064301

Phone no (312) 486-1000

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 $ 833,585,972 including grants of $) (Revenue $ 935,248,102)

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, O'Bleness Memorial Hospital, Grady 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 $ 156,898,873 including grants of $) (Revenue $ 100,917,811)

In fiscal year 2016 (July 1, 2015 through June 30, 2016), 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 $297 million in charity care and community benefit programs and services, reaching hundreds of thousands of people in the communities we serve Of this total, $56 million was provided by OhioHealth MedCentral Mansfield Hospital, Marion General Hospital, O'Bleness Memorial Hospital, Grady Memorial Hospital, Hardin Memorial Hospital, and OhioHealth 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 $ 7,313,261 including grants of $) (Revenue $ 2,095,414)

The OhioHealth Research & Innovation Institute (OHRI) is committed to providing the resources needed to advance patient care through clinical research and innovation As one of the top 10 percent of research programs at non-profit, community-based healthcare systems, our program is a leader in researching new drugs, medical devices and procedures Our access to leading edge clinical trials allows of us to deliver improved outcomes and potentially save lives by giving our patients access to the therapies of the future today OhioHealth's emphasis on research reflects our commitment to the community, our clinicians and, most of all, our patients Our clinicians generate and pursue research and innovation ideas from their real-world experience caring for patients We view clinical research as an extension of clinical care because it allows our physicians, nurses and other clinicians to provide leading-edge treatments to patients Our areas of focus are industry research that expands patient access to groundbreaking clinical trials These trials pave the way for better treatments OHRI welcomes industry-sponsored research in partnership with drug and device companies looking to test their investigational products at a large facility associated with excellent clinicians Academic research focuses on educating and training our physicians and clinicians with programs that develop their skills, knowledge and leadership in advancing healthcare OhioHealth also provides an ideal setting for federal and foundation funded research that addresses the needs of the public Innovation and commercialization supports OhioHealth physicians, clinicians and medical staff with their innovative ideas Through its OhioHealth $5 million Innovation Development Fund, OHRI provides financial support and resources in all stages of product development and commercialization with the ultimate goal of improving patient care Sponsored programs are initiatives that are funded by grant monies Our finance experts have extensive experience in managing and reporting grant monies needed to fund important initiatives Health equity programs bring healthcare programs and services to underserved communities and people such as Latina women, Amish and Mennonite communities, teenage mothers and the Appalachian region The OhioHealth Research and Innovation Institute is vital to OhioHealth's recognition as a national leader in developing and advancing medical breakthroughs as well as meeting the needs of our community Our Successes are 10 Years of Improving Care Transcatheter Aortic Valve Replacement For six years, OhioHealth has been on the forefront of revolutionizing care for patients with aortic valve disease by leading successful clinical trials In fact, our work has been integral in the FDA-approval of transcatheter aortic valve devices now being used to treat patients with aortic valve disease who had no other treatment options MD Anderson Cancer Network As part of OhioHealth's collaboration with the MD Anderson Cancer Network, we are now participating in cancer clinical trials through the University of Texas MD Anderson Cancer Center Research across the region As our hospital system has continued to expand across the state, so have our research programs We now offer clinical research at many of our outlying hospitals including OhioHealth Mansfield Hospital First in human clinical trials For many years, most first in man clinical research trials have been conducted outside of the United States However a new concerted effort by the FDA to bring these leading edge trials back to the US has landed OhioHealth two first in human clinical trials in the past year - one of only three health systems in the country to achieve this due to our proven track record of leading safe and successful clinical trials Meeting the needs of the underserved Through our health equity programs, we have provided access to care to many underserved communities including Appalachian, the Amish and Mennonite, Latina women and teen mothers Susan G Komen Grant Funding For 10 years, we have received funding from the Susan G Komen Foundation to support Proyecto Cancer del Seno in Latinas, the Latina Breast Cancer Project, which connects Latina women with breast cancer screening services and community education programs Taking ideas from concept to market Our Innovation and Commercialization team has assisted our clinicians with more than 350 commercialization projects leading to 12 new product companies launched by OhioHealth staff and 9 commercialized products in use at OhioHealth sites

See Additional Data

4d Other program services (Describe in Schedule O)

(Expenses $ 2,924,758 including grants of $ 902,022) (Revenue $ 11,341,473)

4e **Total program service expenses ▶** 1,000,722,864

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	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
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**		No
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	807		
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	9,856		
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	234		
	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	136		
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	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes	

Section C. Disclosure

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

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

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶ Nathan VanLaningham Sr VP Finance 180 East Broad Street 33rd Floor Columbus, OH 432153707 (614) 544-4052

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			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b **Sub-Total** ▶										
c **Total from continuation sheets to Part VII, Section A** ▶										
d **Total (add lines 1b and 1c)** ▶								18,831,003	22,781,192	5,532,728

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 ▶ 950

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Dawson Resources PO Box 711503 Cincinnati, OH 452711503	Temporary Staffing	7,194,128
Healix Infusion Therapy Inc 14140 Southwest Freeway Sugarland, TX 77478	Pharmaceutical Compounding Services	6,734,213
Athena Health Inc 311 Arsenal Street Watertown, MA 02472	Health Care Billing	3,770,729
Limbach Company LLC 851 Williams Avenue Columbus, OH 43212	Integrated Building Systems Provider	2,441,003
Ohio Womens Health Partners 8600 State Route 656 Sunbury, OH 430748372	OBGYN Teaching and Coverage	2,081,396
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 ▶ 253		

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 443,804				
	b	Membership dues	1b 0				
	c	Fundraising events	1c 603,827				
	d	Related organizations	1d 0				
	e	Government grants (contributions)	1e 3,874				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 9,425,477				
	g	Noncash contributions included in lines 1a-1f $	26,727				
	h	**Total.** Add lines 1a-1f	▶	10,476,982			
Program Service Revenue			Business Code				
	2a	Medicare and Medicaid	923130	379,559,644	379,559,644		
	b	Health & medical services	900099	536,826,517	536,826,517		
	c	Research Revenue	900099	2,095,414	2,095,414		
	d	Joint Venture Income	621990	177,464	167,135	10,329	
	e						
	f	All other program service revenue		0	0	0	0
	g	**Total.** Add lines 2a-2f	▶	918,659,039			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	▶	4,427,685			4,427,685
	4	Income from investment of tax-exempt bond proceeds	▶	0			0
	5	Royalties	▶				
			(i) Real / (ii) Personal				
	6a	Gross rents	4,107,709 /				
	b	Less rental expenses	3,762,174 /				
	c	Rental income or (loss)	345,535 / 0				
	d	Net rental income or (loss)	▶	345,535			345,535
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	107,776,104 / 415,665				
	b	Less cost or other basis and sales expenses	108,610,614 / 5,337,437				
	c	Gain or (loss)	-834,510 / -4,921,772				
	d	Net gain or (loss)	▶	-5,756,282			-5,756,282
	8a	Gross income from fundraising events (not including $ 603,827 of contributions reported on line 1c) See Part IV, line 18	a 112,877				
	b	Less direct expenses	b 49,573				
	c	Net income or (loss) from fundraising events	▶	63,304			63,304
	9a	Gross income from gaming activities See Part IV, line 19	a 0				
	b	Less direct expenses	b 0				
	c	Net income or (loss) from gaming activities	▶	0			0
	10a	Gross sales of inventory, less returns and allowances	a 17,228,905				
	b	Less cost of goods sold	b 7,912,740				
	c	Net income or (loss) from sales of inventory	▶	9,316,166			9,316,166
		Miscellaneous Revenue	Business Code				
	11a	Intercompany administration	900099	105,024,568	105,024,568		
	b	Cafeteria/food service	722210	2,865,776			2,865,776
	c	Department Services	812930	358,420	358,420		
	d	All other revenue		26,262,764	25,571,102	691,662	0
	e	**Total.** Add lines 11a-11d	▶	134,511,528			
	12	**Total revenue.** See Instructions	▶	1,072,043,957	1,049,602,800	701,991	11,262,184

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	608,347	608,347		
2 Grants and other assistance to domestic individuals See Part IV, line 22	293,675	293,675		
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	10,128,373	8,653,717	1,474,656	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	511,532	426,618	84,914	
7 Other salaries and wages	635,970,383	522,433,324	111,634,733	1,902,326
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	23,989,468	19,719,342	4,196,171	73,955
9 Other employee benefits	81,685,010	67,145,078	14,313,086	226,846
10 Payroll taxes	36,384,571	29,908,117	6,327,694	148,760
11 Fees for services (non-employees)				
a Management				
b Legal	1,185,418	974,413	211,005	
c Accounting	191,248		191,248	
d Lobbying	42,731		42,731	
e Professional fundraising services See Part IV, line 17				
f Investment management fees	260,267		260,267	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	97,070,470	80,134,312	16,758,220	177,938
12 Advertising and promotion	2,605,572		2,274,157	331,415
13 Office expenses	16,581,253	13,629,790	2,864,983	86,480
14 Information technology	2,907,956	2,390,340	517,616	
15 Royalties				
16 Occupancy	29,060,460	23,887,698	5,157,950	14,812
17 Travel	5,018,189	4,124,951	866,722	26,516
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	759,192	624,056	115,409	19,727
20 Interest	5,050,182	4,151,250	898,932	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	49,061,149	40,328,264	8,708,491	24,394
23 Insurance	8,951,181	7,357,871	1,593,310	
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 Repair & Maintenance Service	27,021,733	27,021,733		
b Medical Supply Expense	94,067,102	94,067,102		
c Intercompany Expense	43,116,173	35,441,494	7,674,679	
d Medicaid Tax Expense	4,118,691	4,118,691		
e All other expenses	16,738,681	13,282,681	3,456,000	0
25 **Total functional expenses.** Add lines 1 through 24e	1,193,379,007	1,000,722,864	189,622,974	3,033,169
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		23,518	1	470,646
	2	Savings and temporary cash investments		68,435,604	2	80,938,237
	3	Pledges and grants receivable, net		7,106,166	3	9,766,023
	4	Accounts receivable, net		109,402,190	4	114,117,858
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	0
	7	Notes and loans receivable, net		30,035,760	7	11,383,378
	8	Inventories for sale or use		16,693,145	8	18,477,635
	9	Prepaid expenses and deferred charges		11,115,894	9	14,312,688
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 713,599,483			
	b	Less accumulated depreciation	10b 294,354,017	392,753,585	10c	419,245,466
	11	Investments—publicly traded securities		209,145,213	11	176,657,593
	12	Investments—other securities See Part IV, line 11		51,546,827	12	43,707,693
	13	Investments—program-related See Part IV, line 11		132,640	13	
	14	Intangible assets		33,813,828	14	34,013,749
	15	Other assets See Part IV, line 11		110,802,471	15	121,384,746
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		1,041,006,841	16	1,044,475,712
Liabilities	17	Accounts payable and accrued expenses		122,149,189	17	133,303,657
	18	Grants payable			18	0
	19	Deferred revenue		6,595,202	19	5,697,274
	20	Tax-exempt bond liabilities		39,983,765	20	140,816,968
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties		284,561	23	106,736
	24	Unsecured notes and loans payable to unrelated third parties			24	0
	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		222,597,420	25	107,493,608
	26	**Total liabilities.** Add lines 17 through 25		391,610,137	26	387,418,243
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		581,491,682	27	578,403,393
	28	Temporarily restricted net assets		47,230,940	28	57,311,654
	29	Permanently restricted net assets		20,674,082	29	21,342,422
		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		649,396,704	33	657,057,469
	34	Total liabilities and net assets/fund balances		1,041,006,841	34	1,044,475,712

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	1,072,043,957
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,193,379,007
3	Revenue less expenses Subtract line 2 from line 1	3	-121,335,050
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	649,396,704
5	Net unrealized gains (losses) on investments	5	-3,118,427
6	Donated services and use of facilities	6	6,500
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	132,107,742
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	657,057,469

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: 15000238
Software Version: 2015v3.0
EIN: 32-0007056
Name: OhioHealth Corporation Group Return

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses $ 2,924,758 including grants of $ 902,022) (Revenue $ 11,341,473)

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 Employee 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			
Meldrum Terri W Esq Secretary Board	1 0 40 0	X		X				0	337,973	47,750
Morrison Karen J President Board	20 0 20 0	X		X				0	666,617	195,365
Vanderhoff Bruce MD Sr VP and Chief Medical Officer OhioHealth	2 0 40 0	X		X				0	961,758	259,458
Crane Berney H VP Primary Care Services, OPG (start 6/15)	1 0 40 0	X		X				0	190,191	12,201
Louge Michael W Executive VP & COO	1 0 41 0	X		X				0	1,286,428	717,731
Bjerke Craig A Secretary/Treasurer Board (end 6/16)	5 0 41 0	X		X				0	321,986	41,629
Jennings Matthew Board - OhioHlth	5 0 1 0	X		X				0	0	0
Johnson Katherine E MD Chairman Board	41 0 0	X		X				237,028	0	18,457
Newbrough Jr James P Board	2 0 40 0	X		X				0	336,689	41,161
Sanner Robert O Board - OhioHlth (start 7/15)	4 0 1 0	X		X				0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees 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			
Anderson Kerri B Treasurer Board - OhioHlth	3 0 1 0	X		X				0	0	0
Blom David P President/CEO/Board - OhioHealth	12 0 41 0	X		X				0	1,761,441	1,046,516
Bradley Kevin G Secretary Board	1 0 0	X		X				0	0	0
Foreman Ivery D Esq Secretary/Treasurer Board	1 0 0	X		X				0	0	0
Haas Robert S PhD Vice-Chair	1 0 0	X		X				0	0	0
Herbert-Sinden Cheryl L Chairman Board	4 0 40 0	X		X				0	620,295	219,325
McConnell John P Vice Chair - OhioHlth	4 0 1 0	X		X				0	0	0
Oates Todd OD Secretary Board	2 0 0	X		X				0	0	0
Parker Mark S Treasurer Board	1 0 0	X		X				0	0	0
Rasmussen Steven Chairman Board - OhioHlth	4 0 1 0	X		X				0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Emp
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			
Root Chip Treasurer Board	2 0 0	X		X				0	0	0
Schwemer John Vice-Chair	2 0 0	X		X				0	0	0
Scott Bradley N Secretary Board - OhioHlth	3 0 ..... 1 0	X		X				0	0	0
Snyder Ron P President Board	43 0 0	X		X				238,555	0	26,438
Thornhill Hugh A Board	1 0 ..... 40 0	X		X				0	604,133	178,096
Gutheil Paige DO Board - OhioHlth	44 0 ..... 1 0	X						72,000	0	40
Niles John P Board	1 0 ..... 40 0	X						0	306,669	31,075
Yakubov Steven MD Board (end 5/16)	41 0 0	X						1,360,390	0	51,816
Abbott Lawrence C Board - OhioHlth	3 0 ..... 1 0	X						0	0	0
Abel Michael Joseph Board (start 7/15)	1 0 ..... 40 0	X						0	191,849	34,066

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Emp
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			
Abraham Tara M Board	1 0 0	X						0	0	0
Akins Nicholas Board - OhioHlth	3 0 1 0	X						0	0	0
Anderson Douglas T Board	1 0 0	X						0	0	0
Anderson Thomas DO Board - OhioHlth	43 0 1 0	X						25,050	0	40
Andreoli Steven Board	1 0 0	X						0	0	0
Ansel Gary MD Board (end 5/16)	41 0 0	X						1,367,328	174,720	50,686
Barrett Scott Board	2 0 0	X						0	0	0
Basil Brian A Board	1 0 0	X						0	0	0
Bay Janet MD Board	41 0 0	X						781,226	0	23,325
Bell Jeffrey G MD Board (end 5/16)	41 0 0	X						306,478	0	53,271

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Emp
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			
Berwanger Joseph M Board	1 0 0	X						0	0	0
Bianchi Michael Board	1 0 ..... 40 0	X						0	292,129	29,196
Bing Arthur GH MD Board	1 0 0	X						0	0	0
Blazyk Jack PhD Board (end 5/16)	1 0 0	X						0	0	0
Bloomfield Toni Board	1 0 0	X						0	0	0
Brandon Heather Board	1 0 ..... 40 0	X						0	297,323	31,899
Bright David Board	1 0 0	X						0	0	0
Buckley Donna Board (end 10/15)	1 0 0	X						0	0	0
Bunyard Stephen P Board	1 0 ..... 40 0	X						0	441,430	68,463
Bury Peter Board	1 0 ..... 40 0	X						0	404,577	30,688

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Butler David Board	1 0 0	X						0	0	
Cadwallader Patricia S Board	1 0 0	X						0	0	
Campbell Thomas Board	1 0 0	X						0	0	
Casperson April Rev Board - OhioHlth (start 7/15)	3 0 ..... 1 0	X						0	0	
Caulin-Glaser Teresa L MD Board (end 5/16)	1 0 ..... 40 0	X						0	741,034	49,61
Chambers Linda MD Board (end 12/15)	41 0 0	X						5,525	0	4
Chester-Alexander Cecily Board	1 0 0	X						0	0	
Coley-Malir Bonnie Board	1 0 0	X						0	0	
Collazo Antonio E MD Board	41 0 0	X						494,087	0	35,80
Crane Tanny Board - OhioHlth	4 0 ..... 1 0	X						0	0	

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Emplo
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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Cunningham Jane Watson Board	1 0 0	X						0	0	0
Deep Donald P MD Board - OhioHlth (start 7/15)	44 0 1 0	X						89,686	0	40
deVillers Rebecca E DO Board	41 0 0	X						143,503	0	33,052
Dewire Rev Dr Norman E Board - OhioHlth	3 0 1 0	X						0	0	0
DiMarco Ann M Board	1 0 0	X						0	0	0
Doody Anderson Elizabeth Board	1 0 0	X						0	0	0
Englefield Cynthia Board	4 0 0	X						0	0	0
Evert Barbara MD Board	3 0 40 0	X						0	418,427	31,333
Fellenz Donald C Board (end 5/16)	1 0 0	X						0	0	0
Ferris Frank MD Board	1 0 40 0	X						0	380,946	30,633

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Emp
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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Fields Steven P Board	1 0 0	X						0	0	0
Flesch Thomas G Board	1 0 0	X						0	0	0
Fletcher Paul Board (start 11/15)	1 0 0	X						0	0	0
France Mandy Board	1 0 0	X						0	0	0
Gabriel Paul MD Board - OhioHlth (end 12/15)	44 0 ..... 1 0	X						62,326	0	40
Gallagher-Allred Charlette PhD Board	1 0 0	X						0	0	0
Geese Ronald L Board	1 0 0	X						0	0	0
George Peter B MD Board	41 0 0	X						972,557	0	46,066
Geskey Joseph DO Board	1 0 ..... 40 0	X						0	379,594	35,469
Gingrich Curtis MD Board (start 7/15)	1 0 ..... 40 0	X						0	431,299	49,520

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Emp
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			
Glandon Philip J Sr Board	1 0 0	X						0	0	0
Govekar Michele Board (end 11/15)	2 0 0	X						0	0	0
Gregory Ramon Board (start 1/16)	1 0 0	X						0	0	0
Griffin Scott R Board	1 0 0	X						0	0	0
Habash Stephen J Board	1 0 0	X						0	0	0
Hagen Bruce P Board	1 0 ..... 40 0	X						0	751,442	161,562
Harmon Thomas L MD Board	1 0 ..... 40 0	X						0	527,954	44,375
Haushalter Nikki Board (start 1/16)	1 0 0	X						0	0	0
Heilman Max Board (end 12/15)	1 0 0	X						0	0	0
Heilman Sharon Board	1 0 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Emp
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			
Herceg Milan MD Board	1 0 ..... 40 0	X						0	317,019	0
Hidaka Yoshihiro Board	1 0 0	X						0	0	0
Hinderer Justin Board	1 0 0	X						0	0	0
Imm Amy MD Board	1 0 ..... 40 0	X						0	552,941	49,954
Infante Stephanie Board	1 0 0	X						0	0	0
Ingram Lisa Board - OhioHlth (start 7/15)	3 0 ..... 1 0	X						0	0	0
Irelan Vic Board	1 0 0	X						0	0	0
James Donna Board - OhioHlth	3 0 ..... 1 0	X						0	0	0
Jepson Brian D Board	1 0 ..... 40 0	X						0	625,459	84,269
Johnston Tom Board	1 0 0	X						0	0	0

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

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Kiger Rev Daniel A Board	1 0 0	X						0	0	0
Kile Carolyn S Board (start 7/15)	1 0 0	X						0	0	0
Knutson Douglas MD Board	1 0 ..... 40 0	X						0	535,282	37,032
Laber Melissa Board	1 0 0	X						0	0	0
LaRocca Nicholas J Board	1 0 0	X						0	0	0
Lause Lew Board	1 0 0	X						0	0	0
Lawson Michael S Board	1 0 ..... 40 0	X						0	589,047	67,286
Lehmuth Richard L Board	3 0 ..... 40 0	X						0	488,253	44,113
Levin Howard B DO Board	41 0 0	X						543,304	0	48,443
Loudenslager Roy A Board	1 0 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Empl
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			
Mackessy James P MD Board	41 0 0	X						98,507	0	40
McCloy George W Board	1 0 0	X						0	0	0
McComas Janie Board	1 0 0	X						0	0	0
McCullough Steve Board	1 0 0	X						0	0	0
McFarland James E Board	1 0 0	X						0	0	0
Menning Michael E Board	1 0 0	X						0	0	0
Mercker Julie Board	1 0 0	X						0	0	0
Meyer Harlan MD Board - OhioHlth (start 1/16)	43 0 ..... 1 0	X						22,448	0	40
Miller Donald M MD Board (start 7/15)	1 0 0	X						0	0	0
Millhon Judson S Jr MD Board	41 0 0	X						851,008	0	49,714

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Emp
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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Music William D Board	1 0 0	X						0	0	0
Neuhauser Jeffrey L Board (start 7/15)	41 0 0	X						152,451	0	27,074
O'Mara Shay MD Board	1 0 0	X						0	0	0
Palmer Bishop Gregory Board - OhioHlth	3 0 1 0	X						0	0	0
Patterson David T Board	1 0 0	X						0	0	0
Powers James MD Board (start 7/15)	1 0 40 0	X						0	44,494	40
Rader Traci Board (start 1/16)	1 0 0	X						0	0	0
Radway Rob Board	2 0 0	X						0	0	0
Ragan Virginia D Board	1 0 0	X						0	0	0
Ravi Srinivas P MD Board	1 0 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Emp
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(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			
Reddy Sudesh S MD Board	1 0 0	X						0	0	0
Reichfield Michael L Board	1 0 ..... 40 0	X						0	544,472	150,998
Riley Joel Board (start 7/15)	1 0 0	X						0	0	0
Royer Mariann Board	1 0 0	X						0	0	0
Sanese Ralph Jr Board	1 0 0	X						0	0	0
Schwarz David H Board	1 0 0	X						0	0	0
Smith Eric C Board	1 0 0	X						0	0	0
Smith Linda Board	1 0 0	X						0	0	0
Smith Rita J RN Board	41 0 0	X						126,479	0	36,937
Snow Richard J DO Chairman Board	1 0 ..... 40 0	X						0	474,030	47,905

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Empl
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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Swiatek Valene B Board	1 0 0	X						0	0	0
Terapak Richard G Esq Board	1 0 0	X						0	0	0
Trell Eugene DO Board	1 0 0	X						0	0	0
Urse Geraldine L DO Board	41 0 0	X						242,044	0	34,836
von Gunten Charles MD Board	1 0 40 0	X						0	359,596	30,627
Vora Sanjay K MD Board	41 0 0	X						344,055	0	37,221
Vornbrock Page Board	1 0 0	X						0	0	0
Walter Matt Board - OhioHlth	3 0 1 0	X						0	0	0
Wasielewski Ray MD Board	41 0 0	X						765,365	0	47,681
Weiler Alan R Board	1 0 0	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Weiler Robert Board	1 0 0	X						0	0	0
Westwater Leah Board	1 0 0	X						0	0	0
White Aimee Board	1 0 0	X						0	0	0
White Scott Board	1 0 0	X						0	0	0
White Willis S Jr Board	1 0 0	X						0	0	0
Young Beverly S Board	1 0 0	X						0	0	0
Armstrong Stacey K VP Central Ohio Specialty OPG (start 6/15)	40 0 ..... 0 0			X				0	151,311	17,964
Cecala Alan H VP Sys Serv Line Sup OPG	1 0 ..... 40 0			X				0	353,551	39,825
Chickerella Danielle C (Roth) VP Operations OPG (end 7/15)	0 0 ..... 20 0			X				0	234,990	18,669
Jernejcic Randy M MD VP Medical Affairs OPG	40 0 0			X				0	376,332	35,875

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Lucius Staci E COO OPG	40 0 0			X				0	548,401	26,915
Smith Jeffrey A VP Finance OPG	40 0 0			X				0	324,495	42,624
Yates Vinson M Senior VP & CFO	12 0 ..... 41 0			X				0	807,155	241,829
Barnes II Earl J Esq Senior VP & General Counsel	0 0 ..... 40 0				X			0	636,519	174,400
Abaza Ronney MD Physician Urology	40 0 0					X		1,557,144	0	39,136
Bernhard Matthew Physician Core OPG	40 0 0					X		1,511,469	0	17,912
Cassandra James C DO Physician Hand & Ortho Surgery OPG	40 0 0					X		1,603,307	0	46,864
Dorbish Ronald Physician Core OPG	40 0 0					X		1,694,179	0	43,340
Kovack Thomas J DO Physician Ortho Surgery (General)	40 0 0					X		2,355,427	0	31,029
Bishop Thomas E FRM VP Primary Care Svcs OPG (end 4/15)	0 ..... 0 0						X	0	162,708	6,387

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Emplo
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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Chamberlain Joseph L FRM President/VP - MedCentral (end 5/14)	0 0 0						X	428,589	0	22,224
Dicken Ken FRM CFO - SAHF (end 8/14)	0 0 0						X	0	121,981	0
Foley Denise E FRM VP Business Development - OPG (end 4/15)	0 0 0						X	0	479,240	24,270
Laterro Anita A FRM Key Employee	0 0 0						X	0	240,232	45,561
Long Greg COO - DHN (end 10/14)	0 0 0						X	0	170,646	9,689
Rothstein Mark MD Sr VP/Executive Director - SAHF	40 0 0						X	379,490	0	42,259
Sanders John W FRM President MGH (end 4/14)	0 ..... 0 0						X	0	291,503	13,716
Millen Robert P FRM Executive VP & Chief Operating Officer OhioHlth (end 12/14)	0 0 ..... 0 0						X	0	178,342	10
Seckinger Mark R FRM Secretary Board	0 ..... 40 0						X	0	346,288	71,777

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

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

OMB No 1545-0047

2015

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 (Form 990 or 990-EZ))

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 331/3% 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 331/3% 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 (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						

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Schedule A (Form 990 or 990-EZ) 2015

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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 2015 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2014 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2015.** 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—2014.** 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—2015.** 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—2014.** 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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	99,056	85,108	105,000	39,007	1	328,172
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	268,113,453	200,923,354	221,535,738	245,030,301	228,468,083	1,164,070,929
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 **Total.** Add lines 1 through 5	268,212,509	201,008,462	221,640,738	245,069,308	228,468,084	1,164,399,101
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	0	0	0	14,113	0	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	0	231,042	29,813	0	0	260,855
c Add lines 7a and 7b	0	231,042	29,813	14,113	0	274,968
8 **Public support.** (Subtract line 7c from line 6)						1,164,124,133

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6	268,212,509	201,008,462	221,640,738	245,069,308	228,468,084	1,164,399,101
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	5,694	1,721	-609	599	2	7,407
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	5,694	1,721	-609	599	2	7,407
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	0	0	0	0	0	0
13 **Total support.** (Add lines 9, 10c, 11, and 12)	268,218,203	201,010,183	221,640,129	245,069,907	228,468,086	1,164,406,508

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 2015 (line 8, column (f) divided by line 13, column (f))	15	99 98 %
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	99 98 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2015** (line 10c, column (f) divided by line 13, column (f))	17	0 %
18 Investment income percentage from **2014** Schedule A, Part III, line 17	18	0 %

19a **33 1/3% support tests—2015.** 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—2014.** 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) ☐

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

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 2015 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-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013.			
e From 2014.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2016.** Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013.			
d From 2014.			
e From 2015.			

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, Part I, Line 3	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, Part I, 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
Schedule A, Part I, Line 11f	Part I, Line 11f 11
Schedule A, Part I, Line 11g	Part I, Line 11g Yes
Schedule A, Part III, Line 19a	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
Schedule A, Part IV, Section A, Line 11a	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
Schedule A, Part I	Part VI, Supplemental Information Entity Name FEIN Public Charity Status for Schedule A Appalachian Community Visiting Nurse Association 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, Inc 31-1414276 509(a)(2) HomeReach, Inc 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)
Schedule A, Part I, Line 11g (i) - (vi)	(i) OhioHealth Corporation (ii) 31-4394942 (iii) 3 - Hospital (iv) No (v) $596,848 (vi) $0
Schedule A, Part I, Line 11g (i) - (vi)	(I) Grady Memorial Hospital (ii) 31-4379436 (iii) 3 - Hospital (iv) No (v) $39,806 (vi) $0
Schedule A, Part I, Line 11g (i) - (vi)	(I) HomeReach, Inc (ii) 31-1372702 (iii) 9 - Publicly supported organization (iv) No (v) 59,966 (vi) $0
Schedule A, Part I, Line 11g (I) - (VI)	(I) Appalachian Community Visiting Nurse Association (II) 31-1045101 (III) 9 - Publicly Supported Organization (IV) No (V) $0 (VI) $0
Schedule A, Part I, Line 11g (I) - (VI)	(I) HARDIN PHYSICIAN FOUNDATION, INC (II) 31-1414276 (III) 9 - PUBLICLY SUPPORTED ORGANIZATION (IV) NO (V) $0 (VI) $0
Schedule A, Part I, Line 11g (I) - (VI)	(I) HOMEREACH HOMECARE (II) 31-1417595 (III) 9 - PUBLICLY SUPPORTED ORGANIZATION (IV) NO (V) $0 (VI) $0
Schedule A, Part I, Line 11g (I) - (VI)	(I) OHIOHEALTH PHYSICIAN GROUP, INC (II) 31-1351965 (III) 9 - PUBLICLY SUPPORTED ORGANIZATION (IV) NO (V) $0 (VI) $0
Schedule A, Part I, Line 11g (I) - (VI)	(I) SHELTERING ARMS HOSPITAL FOUNDATION, INC (II) 31-4446959 (III) 3 - HOSPITAL DESCRIBED IN 170(B)(1)(A)(III) (IV) NO (V) $0 (VI) $0
Schedule A, Part I, Line 11g (I) - (VI)	(I) MEDCENTRAL HEALTH SYSTEM (II) 34-0714456 (III) 3 - HOSPITAL DESCRIBED IN 170(B)(1)(A)(III) (IV) NO (V) $0 (VI) $0
Schedule A, Part I, Line 11g (I) - (VI)	(I) HARDIN MEMORIAL HOSPITAL (II) 34-4440479 (III) 3 - HOSPITAL DESCRIBED IN 170(B)(1)(A)(III) (IV) NO (V) $0 (VI) $0
Schedule A, Part I, Line 11g (I) - (VI)	(I) MARION GENERAL HOSPITAL (II) 31-1070877 (III) 3 - HOSPITAL DESCRIBED IN 170(B)(1)(A)(III) (IV) NO (V) $0 (VI) $0

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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

2015

Open to Public Inspection

If the organization answered "Yes" on 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" on 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" on 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-
2					
3					
4					
5					
6					

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) 2012	(b) 2013	(c) 2014	(d) 2015	(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 on 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		42,731
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			42,731
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
Schedule C, Part II-B, Line 1 DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	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
Schedule C, Part II-B, Line 1 DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	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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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on 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

2015

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" on 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" on 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, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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 on 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 on 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" on 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

			Amount
b	If "Yes," explain the arrangement in Part XIII and complete the following table		
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	46,936,377	46,440,492	42,508,922	41,132,224	42,328,138
b	Contributions	660,374	1,841,838	456,257	319,848	435,472
c	Net investment earnings, gains, and losses	1,177,450	1,182,247	5,868,974	2,783,610	714,253
d	Grants or scholarships	78,875	93,403	81,038	93,400	128,520
e	Other expenditures for facilities and programs	1,507,505	1,374,016	1,267,588	1,059,071	1,503,043
f	Administrative expenses	873,165	1,060,781	1,045,035	574,289	714,076
g	End of year balance	46,314,656	46,936,377	46,440,492	42,508,922	41,132,224

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

a Board designated or quasi-endowment ▶ 54 03 %
b Permanent endowment ▶ 31 2 %
c Temporarily restricted endowment ▶ 14 77 %

The percentages on 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" on 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)	Accumulated (c)depreciation	(d)Book value
1a Land		13,749,263		13,749,263
b Buildings		286,972,958	101,249,390	185,723,568
c Leasehold improvements		11,032,069	4,293,929	6,738,140
d Equipment		321,253,755	163,903,711	157,350,044
e Other		80,591,438	24,906,987	55,684,451
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				419,245,466

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

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

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

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

(a) Description	(b) Book value
(1) Due from Affiliates	
(2) Other Assets	
(3) Due from affiliate - loans and notes	95,816,089
(4) Investment in subsidiaries and non-program related joint ventures	16,215,969
(5) Other assets	9,352,688
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	121,384,746

Part X Other Liabilities. Complete if the organization answered 'Yes' on 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	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	107,493,608

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' on 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' on 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
Schedule D, Part V, Line 4 Intended uses of endowment funds	To earn investment income for use in medical charity care, medical procedures, medical education and various other hospital services

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID: 15000238
Software Version: 2015v3.0
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	8,722,117
Due to Affiliates - Loans and Notes	41,912,062
Other	3,976,888
Pension Liability	29,727,133
Legal Reserves	1,965,184
Intel Commercial Liability	6,482,454
Deferred LT Liability Tenant Allowance	1,807,133
Allowance for Medical Malpractice Claims	9,133,554
Doctors' Put Options	3,556,399
Accrued LT Liability Other	210,684

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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" on 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

2015

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" on 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	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" on 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 2015/2016 OhioHealth Foundation Invitational (event type)	(b) Event #2 O'Bleness Golf Tournament (event type)	(c) Other events 9 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	316,050	37,340	363,314	716,704
	2 Less Contributions	249,125	8,500	346,202	603,827
	3 Gross income (line 1 minus line 2)	66,925	28,840	17,112	112,877
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	13,850	1,200	30	15,080
	6 Rent/facility costs	2,640	4,840		7,480
	7 Food and beverages	11,480	3,878	2,890	18,248
	8 Entertainment	1,200			1,200
	9 Other direct expenses	3,100	4,465		7,565
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				49,573
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				63,304

Part III Gaming.
Complete if the organization answered "Yes" on 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 Noncash 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 activity 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 complete this part to 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" on 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

2015

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			10,776,645	754,631	10,022,014	0 84 %
b Medicaid (from Worksheet 3, column a)			143,699,046	100,145,125	43,553,921	3 65 %
c Costs of other means-tested government programs (from Worksheet 3, column b)					0	0 %
d **Total** Financial Assistance and Means-Tested Government Programs	0	0	154,475,691	100,899,756	53,575,935	4 49 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			455,885	8,749	447,136	0 04 %
f Health professions education (from Worksheet 5)			694,287	0	694,287	0 06 %
g Subsidized health services (from Worksheet 6)			1,197,842	9,305	1,188,537	0 10 %
h Research (from Worksheet 7)					0	0 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			75,168	1	75,167	0 01 %
j **Total.** Other Benefits	0	0	2,423,182	18,055	2,405,127	0 20 %
k **Total.** Add lines 7d and 7j	0	0	156,898,873	100,917,811	55,981,062	4 69 %

Part II Community Building Activities

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

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing					0	0 %
2	Economic development					0	0 %
3	Community support			26,025		26,025	0 %
4	Environmental improvements					0	0 %
5	Leadership development and training for community members					0	0 %
6	Coalition building			16,629		16,629	0 %
7	Community health improvement advocacy					0	0 %
8	Workforce development			34,715		34,715	0 %
9	Other			169		169	0 %
10	**Total**	0	0	77,538	0	77,538	0 01 %

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	39,083,706		
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	235,860,598
6	Enter Medicare allowable costs of care relating to payments on line 5	6	293,765,568
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-57,904,970
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	Ohio Employee Health Partnership	Workers Compensation Services	2 99 %		50 %
2	Athens Surgery Center Ltd	Outpatient Surgery	89 %		11 %
3	O'Bleness Memorial Pain Management LLC	Pain Management	51 %		49 %
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)	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)

A

Name of hospital facility or letter of facility reporting group

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

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		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 15			
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	
6 a	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) https //www ohiohealth com/in-the-community/			
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 15			
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" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" on 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)*

Financial Assistance Policy (FAP)

A

Name of hospital facility or letter of facility reporting group

			Yes	No
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 200 0 % and FPG family income limit for eligibility for discounted care of 400 0 %			
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)*

A

Name of hospital facility or letter of facility reporting group

			Yes	No
19	Did the hospital facility or other authorized 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 19 (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 OhioHealth 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 20 15			
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) https //www ohiohealth com/in-the-community/			
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 15			
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" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" on 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)*

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group OhioHealth Marion General Hospital

			Yes	No
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 200 0 % and FPG family income limit for eligibility for discounted care of 400 0 %			
b	☑ Income level other than FPG (describe in Section C)			
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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)*

OhioHealth Marion General Hospital

Name of hospital facility or letter of facility reporting group

			Yes	No
19	Did the hospital facility or other authorized 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 19 (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 OhioHealth 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): 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 15			
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) https //www ohiohealth com/in-the-community/			
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 15			
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" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" on 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)*

Financial Assistance Policy (FAP)

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

			Yes	No
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 0 % and FPG family income limit for eligibility for discounted care of 200 0 %			
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)*

OhioHealth O'Bleness Memorial Hospital

Name of hospital facility or letter of facility reporting group

			Yes	No
19	Did the hospital facility or other authorized 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 19 (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 OhioHealth Grady 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 15			
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	
6 a	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) https //www ohiohealth com/in-the-community/			
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 15			
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" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" on 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)*

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group OhioHealth Grady Memorial Hospital

			Yes	No
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 200 0 % and FPG family income limit for eligibility for discounted care of 400 0 %			
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)*

OhioHealth Grady Memorial Hospital

Name of hospital facility or letter of facility reporting group

			Yes	No
19	Did the hospital facility or other authorized 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 19 (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 OhioHealth 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 15			
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) https //www ohiohealth com/in-the-community/			
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 15			
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" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" on 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)*

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group OhioHealth Hardin Memorial Hospital

			Yes	No
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? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes	
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 0 % and FPG family income limit for eligibility for discounted care of 400 0 %			
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/patients-and-visitors/paying-for-your-care/financial-assistance/			
c	☑ A plain language summary of the FAP was widely available on a website (list url) https //www ohiohealth com/patients-and-visitors/paying-for-your-care/financial-assistance/			
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)*

OhioHealth Hardin Memorial Hospital

Name of hospital facility or letter of facility reporting group

			Yes	No
19	Did the hospital facility or other authorized 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 19 (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

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
Schedule H, Part I, Line 3c O'Bleness Memorial Hospital Financial Assistance Policy	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
Schedule H, Part I, Line 6a Community benefit report prepared by related organization	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
Schedule H, Part I, Line 7 Costing Methodology used to calculate financial assistance	A system wide community benefit of $297 million reflects all entities within the system that provide community benefit, and this amount is reported in the Statement of Program Service Accomplishments The $56 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 not 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 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
Schedule H, Part II Community Building Activities	Community involvement is an important part of our mission "to improve the health of those we serve " Our associates and physicians live, work and raise families in the communities we serve and aspire to improve our collective community well-being, believing that healthy communities support healthy living "Team OhioHealth" is comprised of associates who volunteer their time at various community events such as the Central Ohio Heart Walk, Komen Race for the Cure, Arthritis Foundation's Jingle Bell Run/Walk, and March of Dimes March for Babies OhioHealth associates and physicians also collaborate with various non-profit organizations to ensure that our communities are provided with the appropriate services that will enable them to live a healthy life For example -YWCA Family Center - OhioHealth associates serve meals to residents of the emergency shelter supporting families experiencing housing crises -United Way of Central Ohio - OhioHealth associates participate in Community Care Day, during which the United Way assigns projects such as repair, painting, gardening and construction at various non-profit agencies -Simon Kenton Council, Boy Scouts of America - OhioHealth partners with the Learning for Life exploring program to carry out the Medical Explorer's program for the Simon Kenton Council, Boy Scouts of America -Big Brothers Big Sisters of Central Ohio - OhioHealth participates in Big Brothers Big Sisters' Project Mentor, through Columbus City Schools, to empower individual students to improve academic performance and thereby increase high school graduation rates

Form and Line Reference	Explanation
Schedule H, Part III, Line 2 Bad debt expense - methodology used to estimate amount	The organization reports bad debt expense as shown in the audited financial statements

Form and Line Reference	Explanation
Schedule H, Part III, Line 3 Bad Debt Expense Methodology	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
Schedule H, Part III, Line 4 Bad debt expense - financial statement footnote	Accounts receivable for patients, insurance companies, and governmental agencies are based on gross charges An allowance for contractual adjustments is based on expected payment rates from payors based on current reimbursement methodologies This amount also includes amounts received as interim payments against unpaid claims by certain payors An allowance for uncollectible accounts is established on an aggregate basis by using historical write-off rate factors applied to unpaid accounts based on aging Loss rate factors are based on historical loss experience and adjusted for economic conditions and other trends affecting the Corporation's ability to collect outstanding amounts Uncollectible amounts are written off against the allowance for doubtful accounts in the period they are determined to be uncollectible For receivables associated with self-pay patients (which includes both patients without insurance and patients with deductible and copayment balances due for which third-party coverage exists for part of the bill), the Corporation records a provision for bad debts in the period of service on the basis of its past experience, which indicates that many patients are unable or unwilling to pay the portion of their bill for which they are financially responsible The difference between the standard rates (including uninsured discount) and the amounts actually collected after all reasonable collection efforts have been exhausted is charged off against the allowance for doubtful accounts in the period they are determined to be uncollectible

Form and Line Reference	Explanation
Schedule H, Part III, Line 8 Community benefit & methodology for determining medicare costs	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
Schedule H, Part III, Line 9b Collection practices for patients eligible for financial assistance	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
Schedule H, Part V, Section B, Line 16b FAP Application website	- OhioHealth Grady Memorial Hospital Line 16b URL https //www ohiohealth com/financialassistance, - OhioHealth Hardin Memorial Hospital Line 16b URL https //www ohiohealth com/patients-and-visitors/paying-for-your-care/financial-assistance/,

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16c FAP plain language summary website	- OhioHealth Marion General Hospital Line 16c URL https //www ohiohealth com/patients-and-visitors/paying-for-your-care/financial-assistance/, - OhioHealth Grady Memorial Hospital Line 16c URL https //www ohiohealth com/financialassistance, - OhioHealth Hardin Memorial Hospital Line 16c URL https //www ohiohealth com/patients-and-visitors/paying-for-your-care/financial-assistance/,

Form and Line Reference	Explanation
Schedule H, Part VI, Line 2 Needs assessment	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/In-The-Community

Form and Line Reference	Explanation
Schedule H, Part VI, Line 3 Patient education of eligibility for assistance	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 from 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 Included with 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 The internet (https //www ohiohealth com/patients-and-visitors/paying-for-your-care/financial-assistance/) 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 and Line Reference	Explanation
Schedule H, Part VI, Line 4 Community information	OhioHealth Mansfield Hospital is located at 335 Glessner Avenue, Mansfield, Richland County, Ohio 44903 OhioHealth Mansfield Hospital operates seven satellite facilities, all located in Mansfield, Richland County, Ohio OhioHealth Shelby Hospital is located at 199 West Main Street, Shelby, Richland County, Ohio 44875 The "community served" by OhioHealth Mansfield Hospital and OhioHealth Shelby Hospital is Richland County, Ohio Review of OhioHealth data showed that for calendar year 2014, 81 1 percent of all patients who were admitted to OhioHealth Mansfield Hospital and 79 4 percent of all patients admitted to OhioHealth Shelby Hospital resided in Richland County at the time of admission Similarly, 70 4 per cent of all patients from Mansfield Hospital and 78 3 percent of patients from Shelby Hospital who had outpatient procedures in calendar year 2014 resided in Richland County at the time when the procedure was done Total population In 2010, actual population was 124,47 5 In 2014, estimated total population was 121,942, which represents 2 04 percent decline relative to 2010 Race/Ethnicity Among Richland County residents, 87 2 percent were White, 8 7 percent were African American, 0 6 percent Asian, 1 5 percent were Hispanic (of any race), 0 6 percent other races, 0 2 percent Native American, zero percent Pacific Islander and 2 6 percent two or more races Total minority represented 13 5 percent of the population Age Among Richland County residents, 5 7 percent were younger than 5 years old, 16 5 percent were 5-17 years old, 8 3 percent were 18-24 years old, 24 5 percent were 25-44 years old, 28 1 percent were 45-64 years, and 16 9 percent were 65 years or older Median age was 41 2 Income Median household income was $41,835 and per capita income was $32,979 Approximately 12 3 percent of families and 15 8 percent of individuals had income below the poverty level OhioHealth Marion General Hospital is located at 1000 McKinley Park Drive, Marion, Marion County, Ohio 43302 The "community served" by OhioHealth Marion General Hospital is Marion County, Ohio Review of OhioHealth internal data has shown that for Calendar Year 2014, 75 3 percent of all patients who were admitted to the hospital resided in Marion County at the time of admission Similarly, 73 6 percent of all patients who had outpatient procedures resided in Marion County at the time when the procedure was done Demographics of the community Total population In 2010, actual population was 66,501 In 2014, estimated total population was 65,720, which represents 1 2 percent decline relative to 2010 Race/Ethnicity Among Marion County residents, 90 3 percent were White, 5 4 percent were African American, 0 6 percent were Asian, 2 3 percent were Hispanic (of any race), 0 8 percent were other races, 0 2 percent were Native American, zero percent were Pacific Islanders, and 2 7 percent were two or more races Total minority represented 10 5 percent of the population Age Among Marion County residents, 5 8 percent were younger than five years of age, 15 8 percent were 5-17 years old, 8 8 percent were 18-24 years old, 26 1 percent were 25-44 years old, 29 percent were 45-64 years old and 14 4 percent were 65 years or older Median age was 40 2 years old Income Median household income was $42,572 and per capita income was $34,316 Approximately 13 5 percent of families and 18 6 percent of individuals had income below the poverty level The 2015 Marion County, Ohio Health Assessment presents additional demographic characteristics of Marion County residents OhioHealth O'Bleness Hospital is located at 55 Hospital Drive, Athens, Ohio 45701, Athens County The OhioHealth Nelsonville Medical and Emergency Services, located at 1950 Mount Saint Mary Drive, Nelsonville, Ohio 45764, Athens County, is an outpatient department of OhioHealth O'Bleness Hospital In addition, OhioHealth O'Bleness Hospital operates two satellite facilities (a) Castrop Center, located at 75 Hospital Drive, Athens, Ohio 45701, Athens County, providing diagnostic radiology and therapy services, and (b) Wound Care Center, located at 444 Union Street, Athens, Ohio 45701, Athens County, providing wound care The "community served" by OhioHealth O'Bleness Hospital is Athens County, Ohio Review of OhioHealth internal data has shown for Calendar Year 2014, 73 5 percent of all patients who were admitted to the hospital resided in Athens County at the time of admission Similarly, 68 3 percent of all patients who had outpatient procedures resided in Athens County at the time when the procedure was done Demographics of the community Total population In 2010, actual population was 64,757 In 2014, the estimated, total population was 64,713 Race/Ethnicity Among Athens County residents, 91 7 percent were White, 2 4 percent were African American, 3 2 percent were Asian, 1 7 percent were Hispanic (of any race), 0 2 percent were other races, 0 1 percent were Native American, zero

Form and Line Reference	Explanation
Schedule H, Part VI, Line 4 Community information	percent were Pacific Islander and 2 4 percent were two or more races Total minority repre sented 9 5 percent of the population Age Among Athens County residents, 4 1 percent were younger than 5 years of age, 11 5 percent were 5 to 17 years old, 31 7 percent were 18 to 24 years old, 21 4 percent were 25 to 44 years old, 20 8 percent were 45 to 64 years old and 10 5 percent were 65 years of age or older Median age is 26 8 Income Median household income was $33,823 and per capita income was $29,955 Approximately 17 1 percent of families and 31 6 percent of individuals had income below the poverty level OhioHealth Grady Memorial Hospital is located at 561 West Central Avenue, Delaware, Ohio 43015 There are no satellite facilities operated through Grady Memorial The "community served" by OhioHea lth Grady Memorial Hospital is Delaware County, Ohio Review of OhioHealth internal data h as shown that for Calendar Year 2014, 82 percent of all patients who were admitted to the hospital resided in Delaware County at the time of admission Similarly, 75 5 percent of a ll patients who had outpatient procedures resided in Delaware County at the time when the procedure was done Demographics of the community Total population In 2010, actual popul ation was 174,214 In 2014, estimated total population was 189,113 Race/Ethnicity Among Delaware County residents, 89 6 percent were White/Caucasian, 3 6 percent were African Ame rican, 4 5 percent were Asian, 2 2 percent were Hispanic (of any race), 0 5 percent were o ther races, 0 1 percent were Native American, zero percent were Pacific Islander and 1 7 p ercent consisted of two or more races Total minority represented 12 1 percent of the popu lation Age Among Delaware County residents, seven percent were under 5-years-old, 21 6 p ercent were 5- to 17-years-old, 6 7 percent were 18- to 24-years-old, 27 5 percent were 25 - to 44-years-old, 27 1 percent were 45- to 64-years-old and 10 2 percent were 65-years-of -age or older Median age is 37 5 Income Median household income was $89,757 while per c apita income was $67,309 Approximately 3 4 percent of families and 4 9 percent of individ uals had income below the poverty level OhioHealth Hardin Memorial Hospital is located at 921 East Franklin Street, Kenton, Ohio 43326 in Hardin County The "community served" by OhioHealth Hardin Memorial Hospital is Hardin County, Ohio Review of OhioHealth internal data has shown that for Calendar Year 2014, 93 1 percent of all patients who were admitted to the hospital resided in Hardin County at the time of admission Similarly, 87 1 percen t of all patients who had outpatient procedures resided in Hardin County at the time when the procedure was done Demographics of the community Total population In 2010, actual p opulation was 32,058 In 2014, estimated total population was 31,796, which represents a 0 8 percent decline relative to 2010 Race/Ethnicity Among Hardin County residents, 96 3 p ercent were White, 0 9 percent were African American, 0 7 percent Asian, 1 4 percent were Hispanic (of any race), 0 2 percent other races, 0 4 percent Native American, zero percent Pacific Islander and 1 6 percent two or more races (44) Total minority represented 4 3 p ercent of the population Age Among Hardin County residents, 6 2 percent were younger tha n 5 years old, 17 2 percent were 5 to 17 years old, 15 8 percent were 18 to 24 years old, 22 3 percent were 25 to 44 years old, 24 7 percent were 45 to 64 years old and 13 8 percen t were 65 years or older The median age was 35 1 Income Median household income was $40 ,415 and per capita income was $31,330 Approximately 11 4 percent of families and 18 2 pe rcent of individuals had income below the poverty level

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of community health	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 $297 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

Form and Line Reference	Explanation
Schedule H, Part VI, Line 6 Affiliated health care system	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 County Grady 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 County Hardin 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 OhioHealth O'Bleness Memorial Hospital - Athens County The 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 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 OhioHealth MedCentral Mansfield Hospital, and OhioHealth MedCentral Shelby Hospital - Richland County During 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
Schedule H, Part VI, Line 7 State filing of community benefit report	OH

Additional Data

Software ID: 15000238
Software Version: 2015v3.0
EIN: 32-0007056
Name: OhioHealth Corporation Group Return

Form 990 Schedule H, Part V Section A. Hospital Facilities

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	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
1	OhioHealth MedCentral Mansfield Hospital 335 Glessner Avenue Mansfield, OH 44903 www.ohiohealth.com ODH1257	X	X					X			A
2	OhioHealth Marion General Hospital 1000 McKinley Park Drive Marion, OH 433026399 www.ohiohealth.com ODH1233	X						X			
3	OhioHealth O'Bleness Memorial Hospital 55 Hospital Drive Athens, OH 45701 www.ohiohealth.com ODH1109	X	X		X			X			
4	OhioHealth Grady Memorial Hospital 561 West Central Avenue Delaware, OH 430151410 www.ohiohealth.com ODH1163	X						X			
5	OhioHealth Hardin Memorial Hospital 921 E Franklin Street Kenton, OH 43326 www.ohiohealth.com ODH1196	X				X		X			
6	OhioHealth MedCentral Shelby Hospital 20 Morris Road Shelby, OH 44875 www.ohiohealth.com ODH1259	X	X			X		X			A

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility A, 1	Facility A, 1 - Facility A - OhioHealth MedCentral Mansfield Hospital and Shelby Hospital OhioHealth Mansfield Hospital and OhioHealth Shelby Hospital collaborated from April thro ugh August 2015 with Richland Public Health in obtaining inputs from persons who either wo rk for organizations, government agencies, or as community residents, and who represent th e broad interests of Delaware County Avita Health System, Jerry Morasko, president and ch ief executive officer - Identification of significant health needs affecting Richland Coun ty and available community resources Big Brothers, Big Sisters of north central Ohio, The Ida Dillon, staff and Richland County Board of Health member - (a) Identification of signi ficant health needs affecting Richland County and available community resources, and (b) i dentification of top five priority health needs to be addressed in the OhioHealth Mansfiel d Hospital and OhioHealth Shelby Hospital implementation strategy Catalyst Life Services, Trish Tarr, staff - (a) Identification of significant health needs affecting Richland Cou nty and available community resources, (b) prioritization of health needs using the Nation al Association of County and City Health Officials (NACCHO) prioritization tool, and (c) i dentification of top five priority health needs to be addressed in the OhioHealth Mansfiel d Hospital and OhioHealth Shelby Hospital implementation strategy Community Action for Ca pable Youth (CACY), Tracee Anderson - (a) Identification of significant health needs affec ting Richland County and available community resources, (b) prioritization of health needs using the NACCHO prioritization tool, and (c) identification of top five priority health needs to be addressed in the OhioHealth Mansfield Hospital and OhioHealth Shelby Hospital implementation strategy Community Health Access Project (CHAP) and Central Ohio Pathway C ommunity Hub, Mark Redding, MD, executive director, Michelle Moritz, staff - (a) Prioritiz ation of health needs using the NACCHO prioritization tool and (b) identification of top f ive priority health needs to be addressed in the OhioHealth Mansfield Hospital and OhioHea lth Shelby Hospital implementation strategy Mansfield/Richland County Public Library, Ter ry Carter - Identification of significant health needs affecting Richland County and avail able community resources Mansfield YMCA, Kerrick Franklin, staff - Identification of sign ificant health needs affecting Richland County and available community resources Mid-Ohio Educational Service Center, Linda T Keller, superintendent, Kerrick Franklin, staff - Pr ioritization of health needs using the NACCHO prioritization tool North Central State Col lege Child Development Center, Kim Washington - Prioritization of health needs using the N ACCHO prioritization tool North End Community Improvement Collaborative (NECIC), Michael Howard, executive director - Prioritization of health needs using the NACCHO prioritizatio n tool OhioHealth Community Health and Wellness, Orelle Jackson, system director, communi ty health and wellness, Mary Ann G Abiado, RN, data management and evaluation specialist, Amber Hetteberg, administrative assistant - (a) Assisted OnPointe, LLC, consultant in fac ilitating the community meetings, (b) collected and summarized data for the nine significa nt health needs identified, (c) prioritization of health needs using the NACCHO prioritiza tion tool based on available data, and (d) obtained meeting minutes and tabulated health n eeds and community resources OhioHealth Mansfield Hospital and OhioHealth Shelby Hospital , Jean Halpin, president, Brad Peffley, vice president - (a) Identification of significant health needs affecting Richland County and available community resources, (b) prioritizat ion of health needs using the NACCHO prioritization tool, and (c) identification of top fi ve priority health needs to be addressed in the OhioHealth Mansfield Hospital and OhioHeal th Shelby Hospital implementation strategy OnPointe Strategic Insights, LLC, Michelle Van der Stouw - Overall facilitator of community meetings on June 11, July 9 and July 30, 2015 Richland County Children Services, Marsha Coleman, clinical director (with knowledge of and expertise in public health) - (a) Identification of significant health needs affecting Richland County and available community resources and (b) prioritization of health needs using the NACCHO prioritization tool Richland County Juvenile Court, Amy Bargahiser, dire ctor of probation services - (a) Prioritization of health needs using the NACCHO prioritiz ation tool, and (b) identification of top five priority health needs to be addressed in th e OhioHealth Mansfield Hospital and OhioHealth Shelby Hospital implementation strategy Ri chland County Mental Health and Recovery Services Board, Joe Trolian, executive director, Sherry Branham, director of external operations - (a) Identification of significant health needs affecting Richland County and available com

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
Schedule H, Part V, Section B, Line 5 Facility A, 1	munity resources, (b) prioritization of health needs using the NACCHO prioritization tool, and (c) identification of top five priority health needs to be addressed in the OhioHealt h Mansfield Hospital and OhioHealth Shelby Hospital implementation strategy Richland Coun ty Regional Planning Commission, Jotika Shetty, executive director - Prioritization of hea lth needs using the NACCHO prioritization tool Richland County Youth and Family Council, Teresa Alt, executive director - Identification of significant health needs affecting Rich land County and available community resources Richland Public Health, Martin Tremmel, hea lth commissioner, Amy Schmidt, director of nursing, Selby Dorgan, manager of health promot ion and education, Loretta Cornell, clinic nursing supervisor (all persons have knowledge of and expertise in public health) - (a) Identification of significant health needs affect ing Richland County and available community resources, (b) prioritization of health needs using the NACCHO prioritization tool, and (c) identification of top five priority health n eeds to be addressed in the OhioHealth Mansfield Hospital and OhioHealth Shelby Hospital i mplementation strategy Shelby City Health Department, Kim Barnes, LPN, administrative ass istant (with knowledge of and expertise in public health) - (a) Identification of signific ant health needs affecting Richland County and available community resources, (b) prioriti zation of health needs using the NACCHO prioritization tool, and (c) identification of top five priority health needs to be addressed in the OhioHealth Mansfield Hospital and OhioH ealth Shelby Hospital implementation strategy Third Street Family Health Services, Nicole Williams - identification of top five priority health needs to be addressed in the OhioHe alth Mansfield Hospital and OhioHealth Shelby Hospital implementation strategy

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
Schedule H, Part V, Section B, Line 6a Facility A, 1	Facility A, 1 - Facility A - OhioHealth MedCentral Mansfield Hospital and Shelby Hospital 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.

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
Schedule H, Part V, Section B, Line 6b Facility A, 1	Facility A, 1 - Facility A - OhioHealth MedCentral Mansfield Hospital and Shelby Hospital OhioHealth Mansfield Hospital and OhioHealth Shelby Hospital collaborated with Richland Public Health and other community stakeholders to conduct the community health needs assessment OhioHealth Mansfield Hospital and OhioHealth Shelby Hospital contracted with the following organizations to assist with the process of community health needs assessment (a) Bricker & Eckler, LLP/Quality Management Consulting Group (Chris Kenney, Jim Flynn) - located at 100 South Third Street, Columbus, Ohio 43215 Bricker & Eckler, LLP was contracted to review this community health needs assessment report Jim Flynn is a partner with the Bricker & Eckler healthcare group where he has practiced for 25 years His general healthcare practice focuses on health planning matters, certificate of need, non-profit and tax-exempt healthcare providers, and federal and state regulatory issues Mr Flynn has provided consultation to healthcare providers, including non-profit and tax-exempt healthcare providers as well as public hospitals on community health needs assessments Chris Kenney is the Director of Regulatory Services with the Quality Management Consulting Group of Bricker & Eckler, LLP Ms Kenney has more than 36 years of experience in healthcare planning and policy development, federal and state regulations, certificate of need regulations, and Medicare and Medicaid certification She provides expert testimony on community needs and offers presentations and educational sessions regarding community health needs assessments (b) OnPointe (Michelle Vander Stouw) - was contracted to facilitate the three community meetings at Richland Public Health that involves identifying significant health needs and issues affecting Richland County residents, especially those who were uninsured, low income and/or minorities Michelle Vander Stouw is the principal of OnPointe, a private business that provides individual coaching, group facilitation, developing processes and accountability measures Ms Vander Stouw has a bachelor of arts in economics, political science and east Asian studies from Denison University and a Master's in public health from The Ohio State University She also worked as assistant vice president of planning and accountability at United Way of Central Ohio

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
Schedule H, Part V, Section B, Line 7 Facility A, 1	Facility A, 1 - OhioHealth MedCentral Mansfield and Shelby Hospitals https //www ohiohealth com/siteassets/find-a-location/hospitals-and-emergency-departments/mansfield-hospital/about-us/community-health-needs-assessment/mansfield-chna pdf

Section C. Supplemental Information for Part V, Section B.
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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 1	Facility A, 1 - Facility A - OhioHealth MedCentral Mansfield Hospital and Shelby Hospital OhioHealth MedCentral Mansfield Hospital and OhioHealth Shelby Hospital are addressing th e significant needs identified in their most recently conducted CHNA as follows Need #1 - Mental Health - Increase number of psycho-educational groups led by recreational therapis ts that will be made available to patients and community members Examples of group activi ties include leisure time development, self-esteem education, development of coping skills , community resource awareness, and knowledge of illness - Enroll all adolescent patients in the educational program provided by Mansfield City Schools to keep them on track in sc hool while they are dealing with acute mental health issues Refer patients to Third Stree t Family Health Clinic, Catalyst Life Services, Family Life Counseling and other mental he alth services providers - Refer patients to the National Alliance on Mental Illness for f amily support group services Need #2 - Substance Abuse - Provide referrals to substance a buse treatment programs at appropriate agencies such as Third Street Family Health Clinic, Catalyst Life Services, Family Life Counseling, and other mental health and substance abu se services providers - Provide referrals to Mansfield Urban Minority Alcohol and Drug Ad diction Outreach Program (UMADAOP) for assessments, counseling, and medication assisted tr eatment UMADAOP serves predominantly African American and Hispanic populations - Assessm ent, intervention, and referral of patients with substance abuse diagnoses seen at the Eme rgency Department - Hospital admission of patients with substance abuse diagnoses to Ohio Health Mansfield Psychiatric Department - Provide drug screenings and education provided by OhioHealth Employer Services - Collaborate with community partners and law enforcement to improve access to safe and legal medication disposal and to educate community members about safe medication disposal - Emergency Department physicians will use state database for narcotic use (OARRS) to limit opiate doses per patient Need #3 - Chronic Disease - Of fer health and wellness programs at the OhioHealth Ontario Health and Fitness Center, incl uding (but not limited to) Delay the Disease, exercise programs, SilverSneakers, discounte d or free access for seniors, Community Best Loser, Healthy Chef Series, and Healthy Check at grocery stores - Offer Diabetes Prevention Program and other diabetes and endocrinolo gy services to Richland County residents - Provide community- and school-based health and wellness programs, such as Health Matters, Speakers Bureau, Asthma-1-2-3, and other progr ams - Partner in Creating Healthy Communities Coalition led by Richland Public Health, wh ich focuses on healthy eating, physical activity and tobacco-free living Creating Healthy Communities Coalition partners include Community Action for Capable Youth, North End comm unity Improvement Collaborative, Mansfield YMCA, Mansfield City Schools, OhioHealth Mansfi eld Hospital, OhioHealth Shelby Hospital, City of Shelby, Shelby YMCA and Richland County Regional Planning Commission - Partner with American Heart Association's HeartChase commu nity adventure game to promote community engagement in physical activity Need #4 - Infant Mortality - Provide low cost childbirth education and breastfeeding classes - Collaborat e with Daddy Boot Camp, provided by the Richland County Youth and Family Council, to provi de expectant fathers education and instruction on how to care for their newborn - Offer p renatal and women's health services to the broader community through a partnership with Oh ioHealth Community Health and Wellness and March of Dimes Care will be provided regardles s of ability to pay on the Mom & Baby mobile unit - Participate in the Richland County In fant Mortality Task Force - Provide referrals to Third Street Clinic Family Health Servic es OB/GYN clinic for services regardless of income - Provide referrals to the Community H ealth Access Project (CHAP), an evidence-based process of coordination for high-risk indiv iduals, evaluating, and reducing risk factors Identified risk factors are addressed with appropriate pathways that connect individuals in need to primary care, prevention programs , mental and behavioral health agencies, housing, food, clothing, adult education and empl oyment CHAP have demonstrated that home visiting care coordination in an urban community in Ohio led to greater than 60% reduction in low birth weight - Provide referrals to Rich land Public Health's home visiting program for babies up to eight weeks old - Provide ref errals to Cribs for Kids which aims to prevent infant deaths through parental and caregive r education on the significance of practicing safe sleep for babies and also providing Gra co Pack & Play portable cribs to low-income families - Provide referrals to Women, Infant s and Children (WIC), a nutrition education progra

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 1	m that provides coupons for nutritious foods that promote health of pregnant and postpartu m women, breastfeeding mothers, infants and children Need #5 - Child and Family Health - Provide referrals for children and/or families to community agencies such as Richland Coun ty Children's Services, Richland County Youth and Family Council, Salvation Army and other food pantries, Third Street Clinic OB/GYN, and Community Health Access Project, and stren gthening collaboration with these agencies to ensure success of referrals - Strengthen pa rtnership with Mansfield City Schools and other school districts to enable hospitalized st udents to avail of a tutor/mentor and an Individualized Education Program - Provide famil y meetings for all child/youth psychiatric admissions to ensure understanding of medical d iagnoses, awareness of risk factors, triggering behaviors, availability of a reliable supp ort system, and education on available community agencies to provide ongoing support and c risis intervention

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

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

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 13 Facility A, 1	Facility A, 1 - OhioHealth MedCentral Mansfield and Shelby Hospital OhioHealth uses income level of patient and patient immediate families as a factor in determining income level

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

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 13 Facility A, 1	Facility A, 1 - Facility A - OhioHealth MedCentral Mansfield Hospital and Shelby Hospital 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 HCAP is an Ohio program that states that any patient whose family size and income level is below the federal poverty guidelines, receives free care for hospital services If the patient proves that their income falls below the federal poverty guidelines, OhioHealth must discount their responsibility of the claim 100% OhioHealth's internal charity policy addresses patients whose family size and income is above the federal poverty guidelines We, as an organization, do not have to discount this care at all, but we have decided to provide discounts on patient balances for patients whose family size and income is up to 400% of the federal poverty guidelines discounted care

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

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16 Facility A, 1	Facility A, 1 - Facility A - OhioHealth MedCentral Mansfield Hospital and Shelby Hospital 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 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
Schedule H, Part V, Section B, Line 22 Facility A, 1	Facility A, 1 - Facility Reporting Group A OhioHealth MedCentral (Mansfield and Shelby) Hospitals offer a sliding scale that provides different charity discounts depending on a patient's family size and income relative to the federal poverty limit (FPL) Any patient with income at 200% or below 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 The 45% discount was based on the average commercial and managed care discount

Section C. Supplemental Information for Part V, Section B.
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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility , 1	Facility , 1 - Marion General Hospital Community input for this report was provided throu gh a series of meetings held from April 6 to May 27, 2015 with community representatives It was important that individuals with special expertise in public health participate The following representatives from the community and including those with special knowledge o r expertise in public health were included in the process - Center Street Community Health Center, Cliff Edwards, chief executive officer - (a) Identification of significant health needs and community resources that address these needs and (b) opportunity to provide fee dback on inclusion or exclusion of the cross-cutting issues and significant health needs i n the final list for prioritization Central Christian Church, Reverend Merlyn Winters - O pportunity to provide feedback on inclusion or exclusion of the cross-cutting issues and s ignificant health needs in the final list for prioritization City of Marion, Mayor Scott Schertzer - (a) Identification of significant health needs and community resources that ad dress these needs, (b) opportunity to provide feedback on inclusion or exclusion of the cr oss-cutting issues and significant health needs in the final list for prioritization and (c) identification of top five priority health needs Crawford-Marion Board of Alcohol, Dru g Addiction and Mental Health Services, Jody Demo-Hodgins, executive director, Annette Hol ler, board member - (a) Identification of significant health needs and community resources that address these needs and (b) opportunity to provide feedback on inclusion or exclusio n of the cross-cutting issues and significant health needs in the final list for prioritiz ation Marion County Family and Children First Council, Crystal Slone, director - (a) Iden tification of significant health needs and community resources that address these needs an d (b) opportunity to provide feedback on inclusion or exclusion of the cross-cutting issue s and significant health needs in the final list for prioritization Habitat for Humanity of Marion County, Ohio, Lynn Zucher, executive director - Opportunity to provide feedback on inclusion or exclusion of the cross-cutting issues and significant health needs in the final list for prioritization Heart of Ohio Homeless Shelter, Chuck Bulick, executive dir ector - (a) Identification of significant health needs and community resources that addres s these needs and (b) opportunity to provide feedback on inclusion or exclusion of the cro ss-cutting issues and significant health needs in the final list for prioritization Leagu e of Women Voters Marion, Rosemary Chaudry, member and community resident - (a) Identifica tion of significant health needs and community resources that address these needs and (b) opportunity to provide feedback on inclusion or exclusion of the cross-cutting issues and significant health needs in the final list for prioritization Marion Adolescent Pregnancy Program (MAPP), Chris Haas - Opportunity to provide feedback on inclusion or exclusion of the cross-cutting issues and significant health needs in the final list for prioritizatio n Marion Area Counseling Center, Bev Young, director, Elaine Miller, clinical director - (a) Identification of significant health needs and community resources that address these needs, (b) opportunity to provide feedback on inclusion or exclusion of the cross-cutting issues and significant health needs in the final list for prioritization and (c) identific ation of top five priority health needs Marion Chamber of Commerce, Pam Hall, president - (a) Identification of significant health needs and community resources that address these needs and (b) opportunity to provide feedback on inclusion or exclusion of the cross-cutt ing issues and significant health needs in the final list for prioritization Marion City/ County Regional Planning Commission, Dan Stewart, assistant director of land development a nd information - (a) Identification of significant health needs and community resources th at address these needs and (b) opportunity to provide feedback on inclusion or exclusion o f the cross-cutting issues and significant health needs in the final list for prioritizati on Marion City Schools, Gary Barber, superintendent, Winnie Brewer, food services supervi sor - (a) Identification of significant health needs and community resources that address these needs and (b) opportunity to provide feedback on inclusion or exclusion of the cross -cutting issues and significant health needs in the final list for prioritization Marion Community Foundation, Dean Jacob, president and chief executive officer - (a) Identificati on of significant health needs and community resources that address these needs, (b) oppor tunity to provide feedback on inclusion or exclusion of the cross-cutting issues and signi ficant health needs in the final list for prioritization and (c) identification of top fiv e priority health needs Marion County Children's

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility , 1	Services, Jacqueline Ringer, executive director - (a) Identification of significant health needs and community resources that address these needs and (b) opportunity to provide fee dback on inclusion or exclusion of the cross-cutting issues and significant health needs i n the final list for prioritization Marion County Council on Aging, Bede Agner, executive director - (a) Identification of significant health needs and community resources that ad dress these needs and (b) opportunity to provide feedback on inclusion or exclusion of the cross-cutting issues and significant health needs in the final list for prioritization M arion County Board of Developmental Disabilities, Cheryl Plaster, superintendent, Ruth Tit ter, staff - (a) Identification of significant health needs and community resources that a ddress these needs and (b) opportunity to provide feedback on inclusion or exclusion of th e cross-cutting issues and significant health needs in the final list for prioritization Marion County Help Me Grow, Jennifer Haberman-Boleyn, contract manager of early interventi on and home visiting, Jennifer Laird Valentine, service coordinator - (a) Identification o f significant health needs and community resources that address these needs, (b) opportuni ty to provide feedback on inclusion or exclusion of the cross-cutting issues and significa nt health needs in the final list for prioritization and (c) identification of top five pr iority health needs Marion County Job and Family Services, Roxane Somerlot, director (wit h knowledge of and expertise in public health) - Opportunity to provide feedback on inclus ion or exclusion of the cross-cutting issues and significant health needs in the final lis t for prioritization Marion Crawford Prevention Programs, Jodi Galloway, director, Annett e Holler, teen institute adviser, Erika Foster, staff - (a) Identification of significant health needs and community resources that address these needs, (b) opportunity to provide feedback on inclusion or exclusion of the cross-cutting issues and significant health need s in the final list for prioritization and (c) identification of top five priority health needs Marion Family YMCA, Theresa Lubke, executive director - Opportunity to provide feed back on inclusion or exclusion of the cross-cutting issues and significant health needs in the final list for prioritization Marion Head Start, Debbie Schuster, director - Opportu nity to provide feedback on inclusion or exclusion of the cross-cutting issues and signifi cant health needs in the final list for prioritization Marion Industrial Center, Sharon B aldinger, human resources manager - (a) Identification of significant health needs and com munity resources that address these needs and (b) opportunity to provide feedback on inclu sion or exclusion of the cross-cutting issues and significant health needs in the final li st for prioritization Marion Matters, Heidi Jones - Opportunity to provide feedback on in clusion or exclusion of the cross-cutting issues and significant health needs in the final list for prioritization Marion Minority Commission, Linda Sims, 'Voice of the People' ho st - Opportunity to provide feedback on inclusion or exclusion of the cross-cutting issues and significant health needs in the final list for prioritization Marion Municipal Court , Judge Teresa Ballinger - (a) Identification of significant health needs and community re sources that address these needs and (b) opportunity to provide feedback on inclusion or e xclusion of the cross-cutting issues and significant health needs in the final list for pr ioritization

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility , 2	Facility , 2 - Marion General Hospital Marion Public Health, Erin Creeden, project coordi nator of Creating Healthy Communities, Tom Quade, health commissioner, Abbey Trimble, dire ctor of population health (all with knowledge of and expertise in public health) - (a) Ide ntification of significant health needs and community resources that address these needs, (b) categorization of 13 significant health needs identified by community stakeholders on April 6, 2014 into six cross-cutting issues and seven significant health needs, (c) opport unity to provide feedback on inclusion or exclusion of the cross-cutting issues and signif icant health needs in the final list for prioritization, (d) identification of top five pr iority health needs, and (e) partnership with OhioHealth in facilitating the community sta keholder meetings Marion Technical College, Chris Gase, Dean of health technologies divis ion and director of medical laboratory sciences, Cindy Hartman, director of nursing techno logies - (a) Identification of significant health needs and community resources that addre ss these needs, (b) categorization of 13 significant health needs identified by community stakeholders on April 6, 2014 into six cross-cutting issues and seven significant health n eeds, (c) opportunity to provide feedback on inclusion or exclusion of the cross-cutting i ssues and significant health needs in the final list for prioritization, and (d) identific ation of top five priority health needs Multi-County Correctional Center, Dale Osborn, di rector - Opportunity to provide feedback on inclusion or exclusion of the cross-cutting is sues and significant health needs in the final list for prioritization OhioHealth Communi ty Health and Wellness, Orelle Jackson, system director, community health and wellness, Ma ry Ann G Abiado, RN, data management and evaluation specialist, Amber Hetteberg, administ rative assistant - (a) Identification of significant health needs and community resources that address these needs, (b) categorization of 13 significant health needs identified by community stakeholders on April 6, 2014 into six cross-cutting issues and seven significan t health needs, (c) opportunity to provide feedback on inclusion or exclusion of the cross -cutting issues and significant health needs in the final list for prioritization, (d) ide ntification of top five priority health needs, and (e) obtained meeting minutes and tabula ted health needs and community resources OhioHealth Marion General Hospital, Lisa Ahonen, site director, cancer services, Teresa Detano (resigned), Bernie Gillespie, manager, past oral care, Bruce Hagen, president, Shawn Kitchen, director, growth and business developmen t, Jennifer Knotts, oncology patient navigator, Chris Truax, chief operating officer - (a) Identification of significant health needs and community resources that address these nee ds, (b) categorization of 13 significant health needs identified by community stakeholders on April 6, 2014 into six cross-cutting issues and seven significant health needs, (c) op portunity to provide feedback on inclusion or exclusion of the cross-cutting issues and si gnificant health needs in the final list for prioritization, (d) identification of top fiv e priority health needs, and (e) partnership with Marion Public Health in facilitating the community stakeholder meetings OhioHealth Marion General Hospital Foundation, Phyllis S Butterworth, director of development - (a) Identification of significant health needs and community resources that address these needs, and (b) opportunity to provide feedback on inclusion or exclusion of the cross-cutting issues and significant health needs in the fin al list for prioritization Ohio Heartland Community Action Commission, Tracey Rector, dir ector - (a) Identification of significant health needs and community resources that addres s these needs, and (b) opportunity to provide feedback on inclusion or exclusion of the cr oss-cutting issues and significant health needs in the final list for prioritization SIKA Corporation, Marion, Alyson Issler, regional human resources manager - (a) Identification of significant health needs and community resources that address these needs, and (b) opp ortunity to provide feedback on inclusion or exclusion of the cross-cutting issues and sig nificant health needs in the final list for prioritization The Ohio State University at M arion, Dave Clayborn, director of development and community relations, Steven Litzenberg, staff, Greg Rose - Opportunity to provide feedback on inclusion or exclusion of the cross- cutting issues and significant health needs in the final list for prioritization United W ay of Marion County, Pam Stone - (a) Identification of significant health needs and commun ity resources that address these needs, (b) opportunity to provide feedback on inclusion o r exclusion of the cross-cutting issues and significant health needs in the final list for prioritization, and (c) identification of top fiv

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility , 2	e priority health needs Voice of Hope Pregnancy Center, Natalie Longmeier, executive dire ctor - (a) Identification of significant health needs and community resources that address these needs, (b) opportunity to provide feedback on inclusion or exclusion of the cross-c utting issues and significant health needs in the final list for prioritization, and (c) i dentification of top five priority health needs

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

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6b Facility , 1	Facility , 1 - Marion General Hospital Marion Public Health led the collection of primary and secondary data for the 2015 community health assessment Marion Public Health collaborated with OhioHealth Marion General Hospital and OhioHealth Community Health and Wellness in coordinating and conducting the community stakeholder meetings The process of primary and secondary data collection and conduct of community stakeholder meetings are briefly described below Primary data collection Marion Public Health contracted with the Hospital Council of Northwest Ohio to create surveys separately for adults and youth estimating prevalence of (a) health risks behaviors, (b) social issues, (c) health status and (d) health outcomes The adult survey was administered through mailing and the youth survey was administered to sixth- to 12th-grade students from five school districts, including Elgin Local, Marion City, Pleasant Local and Ridgedale Local There were 407 respondents to the adult survey and 385 respondents in the youth survey Secondary data collection Marion Public Health collected and summarized secondary data on demographics, health risk behaviors and health outcomes from the Ohio Department of Health, Centers for Disease Control and Prevention, U S Census Bureau, County Health rankings and Network of Care

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 7 Facility , 1	Facility , 1 - Marion General Hospital https //www ohiohealth com/siteassets/find-a-location/hospitals-and-emergency-departments/marion-general-hospital/about-us/community-health-needs-assessment/marion-chna pdf

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	Facility , 1 - Marion General Hospital Marion General Hospital is addressing the signific ant needs identified in its most recently conducted CHNA as follows Need #1 Obesity - Pr ovide obesity-related speaking engagements by physicians, nurses, allied health profession als, and administrative staff as part of the enhanced OhioHealth Marion General Hospital S peaker's Bureau program - Provide cholesterol and blood pressure screenings (six to seven times per year) at community health fairs at the Marion County Fair and Marion Senior Cen ter - Offer diabetes education to the public through the OhioHealth Marion General Hospit al Diabetes Program - Provide spouse or significant other of cardiac rehabilitation patie nts with discounted membership ($25/month) to OhioHealth Marion General Hospital exercise facilities - Referrals of patients to Center Street Community Clinic, which provides coun seling about healthy lifestyles and weight management - Referrals of patients and their f amilies to the Marion Family YMCA Superkids Program, which offers reduced YMCA memberships and nutritional counseling and follow-up with families to assess progress related to phys ical activity and healthy eating - Collaborate with Marion Technical College in providing body mass index screenings, blood pressure screenings, participation in health fairs and expositions, outreach to private industries and Marion City Schools - Partner with Marion Public Health's Creating Healthy Communities and YMCA's Pioneering Healthier Communities efforts which are working to (a) develop school wellness policies, (b) improve healthy fo od access, (c) create environmental changes, (d) improve healthcare practices, (e) provide community health education and (f) mass marketing of health promotion messages Need #2 T obacco - Marion General's clinical associates from Pulmonary Services, Pulmonary Rehabilit ation Unit, Partial Hospitalization and Intensive Outpatient Program will provide the foll owing services - Smoking-cessation education, referral and follow-up to inpatients - Inpa tient counseling to patients who have smoked within the past 12 months - Provide inpatient current smokers who express interest in quitting a packet with a stress ball, gum, bookle t and flyer for upcoming tobacco cessation classes They are also asked if interested in t he Ohio Tobacco Quit Line Inpatients who have quit within the past 12 months are asked ho w they are doing, dealing with being a non-smoker and counseled on relapse prevention - M arion General Hospital pharmacy provides free nicotine patches to inpatients who express t he desire to quit and score a 7 or above in the Assessment of Motivation Readiness to Qui t Ladder Associates from Pulmonary Services and Pulmonary Rehab perform the assessment an d contact the pharmacy who assess the patient and give the free nicotine patches upon disc harge - Make follow-up telephone calls 30 days after discharge to assess how the patients have been progressing with their smoking cessation efforts - Educate on the negative effe cts of smoking on the effectiveness of psychiatric medications - Support patients with a c ancer diagnosis in tobacco cessation through the Navigator Program - Clinical associates present to inmates on the health risks of smoking and benefits of smoking cessation at the North Central Ohio Rehabilitation Center - Educate community members through participati on at health fairs and referrals to smoking cessation programs - Refer patients to Center Street Community Health Center for smoking cessation assistance - Continued participatio n in the Tobacco-Free Marion County Coalition Need #3 Substance Abuse - Partner with Cent er Street Community Clinic to enhance access to care for the underserved who need medical advice, treatment, and counseling referrals related to alcohol and substance abuse - Prov ide referrals to Marion Area Counseling Center, Inc for alcohol and substance abuse couns eling and follow-up with patients on referral status and progress - Marion General's Part ial Hospitalization and Intensive Outpatient Programs provide inpatients and outpatients e ducational opportunities and linkages to community resources such as - Provide education and support group on relapse prevention - Provide meeting place in the unit for the Narcot ics Anonymous group to hold weekly meetings - Provide referral and linkages to Alcoholics Anonymous, Narcotics Anonymous and Alateen, inpatient treatment programs, and outpatient a gencies that provide alcohol and drug follow-up - Provide opportunities for inpatients and outpatients to listen to speakers from Alcoholics Anonymous, Narcotics Anonymous, Marion County Job and Family Services and the Crawford-Marion ADAMH Board, who discuss an overvie w of the services they provide to the community and how patients could benefit from their services - The Partial Hospitalization Program and the Intensive Outpatient Program tracks drug usage on a daily basis and assists patients

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	in developing strategies to reduce drug use while enrolled in the program - Improve nurses ' abilities to respond to patients with substance abuse issues through nursing education p rovided at Grand Rounds - Partner in hosting an annual Medication Disposal Day which faci litates the collection, destruction, and disposal of unwanted medications in a legal and e nvironmentally friendly manner Need #4 Maternal and Child Health - Implement "Cribs for K ids" program to provide cribs for low-income families, partnering with Ohio Department of Health and the group Together We Inspire Giving (TWIGS) - Low-cost tobacco cessation prog rams provided by Pulmonary Services - Provide referrals to Marion County Children Service s and Voice of Hope for parenting classes - Provide referrals to Marion County Job and Fa mily services for Women, Infants and Children (WIC) for food resources and medical cards - Provide referrals to Ohio Buckles Buckeyes program at Marion Area Counseling Center (MAR CA) that teaches child car seat safety - Provide referrals to Help Me Grow for first time mothers - Enhanced partnerships with community agencies, especially Marion County Childr en Services, Voice of Hope, Center Street Community Clinic, Marion County Job and Family S ervices, Ohio Buckles Buckeyes program, and Help Me Grow, to ensure effective and efficien t referral process to support maternal and child health - Host a group of pregnant teens in partnership with PHC (Pioneering Healthier Communities), CHC (Community Health Council) , and GRADS (Graduation, Reality, and Dual Role Skills), providing free education on pregn ancy including what to expect and the ill effects of smoking Need #5 Access to safe and a ffordable housing - Partner with OhioHealth Gerlach Center for Senior Health and Grant Med ical Center Injury Prevention Program in implementing falls prevention programming - Stre ngthen partnership with Ohio PASSPORT Medicaid waiver program to promote home safety and p rovide support for older adults to stay in their home - Provide comprehensive home health care services through OhioHealth Home Care - Provide referrals to the Ohio Heartland Comm unity Action Commission to provide air conditioning units and heating bill assistance thro ugh Ohio Home Energy Assistance Program (HEAP) program for eligible patients (e g patient s with asthma, COPD and other health issues) - Provide referrals to Marion Public Health for bed bug issues - Provide referrals to Turning Point and Be Ministries for housing ass istance - Strengthening partnership with Ohio Heartland Community Action Commission, Mari on Public Health, Turning Point and Be Ministries, and Ohio Women, Infants and Children (W IC) to ensure effective and efficient referral process - Implement Sexual Assault Nurse E xaminer program to assist in issues of domestic violence and abuse, child abuse or elder a buse and provide referral to community agencies as needed - Strengthen partnership with A dult Protective Services and Marion County Children Services in issues of family violence

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

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

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 13 Facility , 1	Facility , 1 - Marion General Hospital OhioHealth uses income level of patient and patient immediate families as a factor in determining income level

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Form and Line Reference	Explanation
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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 22 Facility , 1	Facility , 1 - Marion General Hospital OhioHealth Marion General Hospital offers a sliding scale that provides different charity discounts depending on a patient's family size and income relative to the federal poverty limit (FPL) Any patient with income at 200% or below 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 The 45% discount was based on the average commercial and managed care discount

Section C. Supplemental Information for Part V, Section B.
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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility , 1	Facility , 1 - O'Bleness Memorial Hospital OhioHealth O'Bleness Hospital collaborated wit h Athens City-County Health Department, Ohio University Voinovich School of Leadership and Public Affairs, and various community agencies in Athens County to obtain inputs from per sons who represent the broad interests of Athens County After input was obtained from Apr il through August 2015, these individuals and organizations, along with key members from t he hospital, came together to develop the report and strategy The community members inclu ded Alcohol, Drug Addiction and Mental Health Services (317 Board, Serving Athens, Hockin g and Vinton Counties), Diane Pfaff, community services manager - (a) Identification of co mmunity health needs and community resources available to meet those needs as well as barr iers and challenges for addressing them, (b) prioritization of community health needs usin g the National Association of County and City Health Officials (NACCHO) prioritization too l, and (c) identification of top five priority health needs Athens City-County Health Dep artment, Ruth Dudding, health educator, Charles Hammer, administrator, James Gaskell, MD, health commissioner (All have knowledge of and expertise in public health) - (a) Planning for primary data collection led by Ohio University Voinovich School of Leadership and Pub lic Affairs, (b) identification of community health needs and community resources availabl e to meet those needs as well as barriers and challenges for addressing them, (c) prioriti zation of community health needs using the National Association of County and City Health Officials (NACCHO) prioritization tool, and (d) identification of top five priority health needs Athens City School District, Thomas Gibbs, PhD, superintendent - (a) Identificatio n of community health needs and community resources available to meet those needs as well as barriers and challenges for addressing them, (b) prioritization of community health nee ds using the National Association of County and City Health Officials (NACCHO) prioritizat ion tool, and (c) identification of top five priority health needs Athens County Departme nt of Job and Family Services, Arian Smedley, community relations coordinator - Identifica tion of top five priority health needs Community Food Initiatives, Mary Nally, executive director - Identification of community health needs and community resources available to m eet those needs as well as barriers and challenges for addressing them Health Recovery Se rvices, Inc , Joe Gay, executive director - Identification of community health needs and c ommunity resources available to meet those needs as well as barriers and challenges for ad dressing them Hocking, Athens, Perry Community Action (HAPCAP), Kelly Hatas, community se rvices director - (a) Identification of community health needs and community resources ava ilable to meet those needs as well as barriers and challenges for addressing them, and (b) identification of top five priority health needs Integrated Services for Behavioral Heal th, Terri Gillespie, area manager - Identification of top five priority health needs Live Healthy Appalachia, Sherri Oliver, executive director - (a) Identification of community h ealth needs and community resources available to meet those needs as well as barriers and challenges for addressing them, (b) prioritization of community health needs using the Nat ional Association of County and City Health Officials (NACCHO) prioritization tool, and (c) identification of top five priority health needs Ohio University, Robert Gordon, resear ch associate, Voinovich School of Leadership and Public Affairs, Lesli Johnson, associate professor, Voinovich School of Leadership and Public Affairs (with knowledge of and expert ise in public health), Daniel Kloepfer, research associate, Robin Stewart, senior project manager, Voinovich School of Leadership and Public Affairs, Kathy Trace, director, Area He alth Education Center, Community Health Programs, Heritage College of Osteopathic Medicine (with knowledge of and expertise in public health), Matt Rozier, College of Health Scienc es and Professions, summer intern at OhioHealth O'Bleness Hospital - (a) Planning for prim ary data collection led by Ohio University Voinovich School of Leadership and Public Affai rs, (b) collection of primary data through focus groups and Web-based surveys and writings of findings (Appendix A), (c) identification of community health needs and community reso urces available to meet those needs as well as barriers and challenges for addressing them , (d) prioritization of community health needs using the National Association of County an d City Health Officials (NACCHO) prioritization tool, and (e) identification of top five p riority health needs OhioHealth Community Health and Wellness, Mary Ann G Abiado, data m anagement and evaluation specialist, Amber Hetteberg, administrative assistant, Orelle Jac kson, system director of community health and well

Section C. Supplemental Information for Part V, Section B.
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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility , 1	ness - (a) Planning for primary data collection led by Ohio University Voinovich School of Leadership and Public Affairs, (b) secondary data collection, (c) co-facilitation of comm unity stakeholder meetings held on July 14, August 6 and August 18, 2015, and (d) writing of summary of discussions during community stakeholder meetings OhioHealth Home Care (for merly Appalachian Community Visiting Nurses and Hospice), Cheryl Sharp, director, Teresa M cKinley, nurse coordinator - (a) Identification of community health needs and community re sources available to meet those needs as well as barriers and challenges for addressing th em, (b) prioritization of community health needs using the National Association of County and City Health Officials (NACCHO) prioritization tool, and (c) identification of top five priority health needs OhioHealth O'Bleness Hospital, Debra Adams, director of radiology, Pamela Born, physician office manager, Athens Medical Associates Obstetrics and Gynecolog y, Jane Broecker, medical director of women's health, Christina Deidesheimer, director of growth and business development, Tonya Huiss, physician practice administrator, Athens Med ical Associates, Tara Gilts, director of development, Brittany Jarvis, manager of hospital clinics and pain management, Bridget Lombard, DO, resident, O'Bleness Family Medicine Res idency, Candace Miller, vice president of operations, Debra Riley, unit manager of oncolog y, Mark Seckinger, president, Marsha Sloan-Helber, community health and wellness coordinat or, Sandy Wood, chief nursing officer and vice president of patient care services - (a) Pl anning for primary data collection led by Ohio University Voinovich School of Leadership a nd Public Affairs, (b) identification of community health needs and community resources av ailable to meet those needs as well as barriers and challenges for addressing them, (c) pr ioritization of community health needs using the National Association of County and City H ealth Officials (NACCHO) prioritization tool, and (d) identification of top five priority health needs OnPointe, Michelle Vander Stouw, principal (with knowledge of and expertise in public health) - Facilitation of community stakeholder meetings held on July 14, August 6 and August 18, 2015 Rural Action, Michelle Decker, chief executive officer - Identific ation of community health needs and community resources available to meet those needs as w ell as barriers and challenges for addressing them The Athens Foundation, Susan Urano, ex ecutive director - (a) Identification of community health needs and community resources av ailable to meet those needs as well as barriers and challenges for addressing them, (b) pr ioritization of community health needs using the National Association of County and City H ealth Officials (NACCHO) prioritization tool, and (c) identification of top five priority health needs

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

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

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6b Facility , 1	Facility , 1 - O'Bleness Memorial Hospital OhioHealth O'Bleness Hospital contracted with Ohio University Voinovich School of Leadership and Public Affairs in collecting primary data from focus groups and Web-based surveys Ohio University's report of methodology and findings from the primary data collection process is included in Appendix A The participants in the focus group discussions and Web-based survey are summarized below Focus group discussion with Athens Maternal and Child Health Coalition - held on April 16, 2015 at OhioHealth O'Bleness Hospital The Athens Maternal and Child Health Coalition is a group of healthcare providers who work together in addressing the health needs of women and children Thirteen coalition members attended from the following organizations (a) Ohio University Heritage College of Osteopathic Medicine, (b) Hopewell Health Center-Athens, (c) OhioHealth O'Bleness Hospital Athens Medical Associates Obstetrics and Gynecology, (d) Integrated Services for Behavioral Health, (e) Athens City-County Health Department, (f) PATHWAYS (Southeast Ohio Community HUB), (g) Athens County Help Me Grow and (h) Health Recovery Services Focus group discussion with Bridgebuilders - held on May 6, 2015, at Trimble High School located at 1 Tomcat Drive, Glouster, Ohio 45732 Bridgebuilders is a community organization in the Glouster area comprised of citizens, parents, local leaders and healthcare providers who would like to improve the health and wellness of Glouster, Trimble and Jacksonville communities in Athens County Seven members participated, including (a) community residents, (b) teachers, (c) school board members, (d) representatives from Athens County Sheriff, (e) Glouster Police, (f) Big Brothers, Big Sisters of Athens County and (g) Ohio University Heritage College of Osteopathic Medicine Focus group discussion with Heart Healthy Community Coalition of Athens County - held on May 14, 2015, at Athens City-County Health Department located at 278 West Union Street, Athens, Ohio 45701 The Heart Healthy Community Coalition of Athens County is a group of health professionals who address issues related to prevention and management of cardiovascular disease and associated chronic diseases Nineteen members participated from (a) Athens-City County Health Department, (b) Community Food Initiatives, (c) Live Healthy Appalachia, (d) Hopewell Health Center-Athens, (e) Ohio University Heritage College of Osteopathic Medicine, (f) OhioHealth O'Bleness Hospital and (g) OhioHealth Home Care Web-based survey - administered to the following (a) Bridgebuilders members who were unable to attend the focus group discussion held on May 6, 2015 and (b) professionals from the Athens County Housing Coalition and behavioral health agencies in Athens County The Athens County Housing Coalition is a group of professionals who address the need for affordable housing in Athens County A total of 12 persons from Bridgebuilders and 12 housing and behavioral health professionals completed the Web-based surveys Secondary Data Collection OhioHealth O'Bleness Hospital in collaboration with Ohio University Voinovich School of Leadership and Public Affairs collected secondary data from the following sources (a) Ohio Department of Health, (b) Ohio Department of Mental Health and Addiction Services, (c) Ohio Development Services Agency, (d) American Community Survey, (e) Centers for Disease Control and Prevention, (f) County Health Rankings, (g) Healthy People 2020, (h) The Annie E Casey Foundation Kids Count Data Center, (i) U S Department of Health and Human Services, (j) U S Bureau of Labor Statistics and (k) U S Census Bureau Appendices A and B summarize pertinent secondary data for each of the community health needs identified during the community stakeholder meetings

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

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 7 Facility , 1	Facility , 1 - O'Bleness Memorial Hospital https //www ohiohealth com/siteassets/find-a-location/hospitals-and-emergency-departments/obleness-hospital/about-us/community-health-needs-assessment/obleness-chna pdf

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	Facility , 1 - O'Bleness Memorial Hospital O'Bleness Memorial Hospital is addressing the significant needs identified in its most recently conducted CHNA as follows Need #1 Subs tance Abuse - Operate The Pain Management Clinic, primary care, obstetrics and the emergen cy department (ED) make referrals to Health Recovery Services, Inc , Hopewell Health Cente rs Behavioral Health Services, Integrated Service and other community resources for patien ts needing substance abuse treatment services - Implement an ultra-brief screening tool t o identify patients in need of substance abuse services and when identified, connect patie nts to social services to facilitate referrals to Health Recovery Services, Integrated Ser vices for Behavioral Health and Hopewell Health Centers Behavioral Health Services - Acti ve involvement in the Narcotics Task Force Committee which enables integration of behavior al health counselors with the OhioHealth O'Bleness Hospital Pain Management Clinic team - Partner with the Athens City-County Health Department in implementing - Active involvemen t with Project DAWN (Deaths Avoided with Naloxone), an overdose prevention and education p roject for opioid users who are at risk of death from opioid overdose as well as family an d friends of those who are at risk of death from opioid overdose - Provide education abou t safe prescribing for hospital and community physicians - Establish a multidisciplinary team at O'Bleness Hospital to explore effective methods to reduce morbidity and mortality linked to substance abuse - Athens Medical Associates (AMA) OB/GYN to participate in coll aborative partnership with Health Recovery Services and the Pathways Navigation program wi th Ohio University Heritage College of Osteopathic Medicine (OU-HCOM) community services p rograms to provide substance abuse services - Serve as a pilot site for the Maternal Opia te Medical Support (M O M S) - Project through the state of Ohio via partnership between H ealth Recovery Services and AMA OB/GYN providers The M O M S Project will provide expect ant mothers with counseling, Medication-Assisted Treatment and case management - Provide free community space at the hospital for Dual Recovery Anonymous meetings Dual Recovery A nonymous is a 12-step self-help program that is based on the principals of AA and the expe riences of men and women in recovery with a dual diagnosis of both chemical dependency and emotional or psychiatric illness - Collaborate with community partners and law enforceme nt to improve access to safe and legal medication disposal and to educate community member s about safe medication disposal Need #2 Economic Development - Provide internships, job shadowing and volunteer opportunities for high school students - Provide in-kind and fin ancial support to Athens County Schools (Athens City School District, Alexander Local Scho ol District, Federal Hocking Local School District, Nelsonville-York School District and T rimble Local School District) in improve educational attainment in the region (sponsorship committee) - Act as preceptors for Ohio University and Hocking College students on clini cal rotations - Host internship and practicum students from Ohio University in the fields of health administration, marketing and communications, pre-medicine, business, physical therapy and nursing - Serve as guest lecturers and hospital speakers for various Ohio Uni versity (OU) classes, workshops and seminars as well as participation in various universit y sponsored events and activities that promote career exploration and academic achievement s - Collaborate with Ohio University and various community agencies, such as but not limi ted to Athens City-County Health Department and Live Healthy Appalachia, in applying for e conomic development-related grants that may foster job creation in Athens County - Contin ue to serve as a major employer in Athens County, providing competitive compensation and a comprehensive benefits package (e g , health, tuition reimbursement, retirement, etc) fo r staff and physicians - Support business development and expansion and manpower training by providing in-kind and financial support to local business incubators, including but no t limited to ACENet and the Ohio University Innovation Center - Continue serving as a Boa rd member for the Athens Area Chamber of Commerce, which facilitates a strong business cli mate in Athens County, promotes jobs and economic progress Need #3 Access to Care - Prov ide access to the OhioHealth Stroke Network where O'Bleness Hospital patients with stroke diagnoses could be treated on site by critical care and stroke specialists from OhioHealth Riverside Methodist Hospital and OhioHealth Grant Medical Center - Link patients to serv ices through primary care physicians, pediatricians, specialty care services, University M edical Associates and Athens Medical Associates - Make referrals to free clinic services and the family practice residency clinic (e g , He

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 22 Facility , 1	Facility , 1 - O'Bleness Memorial Hospital OhioHealth O'Bleness Memorial Hospital offers a sliding scale that provides different charity discounts depending on a patient's family size and income relative to the federal poverty limit (FPL) Any patient with income at 200% or below 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 The 45% discount was based on the average commercial and managed care discount

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
Schedule H, Part V, Section B, Line 5 Facility , 1	Facility , 1 - Grady Memorial Hospital Grady Memorial collaborated with Delaware General Health District in obtaining inputs from persons who either work for organizations or gove rnment agencies, community residents and those who represent the broad interests of Delawa re County The following representatives from the community and including those with speci al knowledge or expertise in public health were included in the process American Red Cros s, Tracey Wilson, executive director (resigned) - (a) Member of the Partnership for Health y Delaware County, (b) participation in the Local Public Health System Assessment (LPHSA), and (c) participation in the discussion of the 10 essential public health services and se rvices provided by the American Red Cross that could be related to these services Andrews House, Melinda Corroto, executive director - (a) Member of the Partnership for Healthy De laware County, (b) participated in the discussion about the Mobilizing for Action through Planning and Partnerships (MAPP) framework that was used in Delaware County's Community He alth Assessment and Community Health Improvement Plan, and (c) participated in the discuss ion of The Partnership for Healthy Delaware County's vision and values statement that coul d be used as guide for determining health priorities Central Ohio Mental Health Center, M ark Travis, executive director - (a) Member of the Partnership for Healthy Delaware County , (b) participated in the discussion about the Mobilizing for Action through Planning and Partnerships (MAPP) framework that was used in Delaware County's Community Health Assessme nt and Community Health Improvement Plan, and (c) participated in the discussion of The Pa rtnership for Healthy Delaware County's vision and values statement that could be used as guide for determining health priorities Columbus Zoo and Aquarium, Barbara Revard, direct or of program planning - (a) Member of the Partnership for Healthy Delaware County, (b) di scussions about process involved for the Community Health Assessment and Community Health Improvement Plan based on the MAPP framework, and (c) discussion on role and responsibilit ies of the four assessment committees Common Ground Free Store Ministries, Franklin Moore , director - (a) Member of the Partnership for Healthy Delaware County and (b) participate d in discussions related to the Local Public Health System Assessment by identifying the s ervices that Common Ground Free Ministries provide to Delaware community that could be rel ated to the 10 Essential Public Health Services Community Action Organization of Delaware , Madison and Union Counties "Community Action Partnership", Rochelle Twining, director - (a) Member of the Partnership for Healthy Delaware County, (b) contributed ideas and parti cipated in the Local Public Health Systems Assessment (LPHSA) Committee activities, discus sions and prioritization of public health issues, (c) participated in discussions during t he presentation of prioritized issues to the full PHDC membership, and (d) participated in the full PHDC meetings to determine top five priority health needs Concord Township, Kar en Koch, Trustee - (a) Member of the Partnership for Healthy Delaware County, (b) particip ation in discussions related to the community health assessments based on MAPP framework, and (c) participation in full PHDC prioritization meeting that determined top five signifi cant health needs Council for Older Adults (SourcePoint of Delaware County, Ohio), Fara W augh, director of client services - (a) Member of the Partnership for Healthy Delaware Cou nty, (b) participation in the discussion about the process involved for the four assessmen ts based on the MAPP framework, and (c) participation in the full PHDC meetings that prior itized health needs into top five significant health needs Delaware Area Transit Agency, Denny Schooley, executive director - (a) Member of the Partnership for Healthy Delaware Co unty, (b) participated in the Vision and Values Committee, which worked in defining the vi sion and values of The Partnership for Healthy Delaware County, and (c) participated in di scussions related to process of conducting assessments based on the MAPP framework Delawa re Area Chamber of Commerce, Holly Quaine, president - (a) Member of the Partnership for H ealthy Delaware County, (b) participation in discussion about significant health prioritie s and issues identified by the Local Public Health System Assessment, and (c) participatio n in the discussions about the process for conducting Community Themes and Strengths Asses sment (CTSA) and Forces of Change Assessment (FOCA) Delaware City Schools, Robin Moore, s taff - (a) Member of the Partnership for Healthy Delaware County and (b) participated in t he prioritization of health needs Delaware County Auditor's Office, Shoreh Elhami, direct or of geographic information systems - (a) Participation in discussions related to conduct of assessments based on MAPP framework and (b) pa

Section C. Supplemental Information for Part V, Section B.
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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility , 1	rticipation in full meetings of The Partnership for Healthy Delaware County that prioritiz ed significant health needs identified from various assessments and came up with top five most significant health needs Delaware County Board of Commissioners, Ken O'Brien, Commis sioner - (a) Member of the Partnership for Healthy Delaware County and (b) participation i n discussions related to conduct of assessments based on MAPP framework Delaware County B oard of Developmental Disabilities, Bob Morgan, superintendent (Mr Morgan has knowledge o f and expertise in public health) - Participation in the full PHDC meeting to identify to p five priority health needs Delaware County Department of Job and Family Services, Shanc ie Jenkins, director (resigned), Sue Ware, assistant director (These persons have knowledg e of and expertise in public health) - (a) Member of the Partnership for Healthy Delaware County, (b) participation in the Community Health Status Assessment (CHSA) Committee, (c) participation in discussions related to the survey questions that were based from the Cen ters for Disease Control and Prevention's Behavioral Risk Factor Surveillance System (BRFS S), (d) participation in discussions regarding additional questions for the telephone surv ey, (e) collaboration with Delaware General Health District and The Strategy team, Ltd , i n determining CHSA health priorities that were presented to the full PHDC membership, and (f) participation in the discussion of the findings of the Local Public Health Assessment and process of the Forces of Change Assessment and Community Themes and Strengths Assessme nt Delaware County Regional Planning Commission, Scott Sanders, executive director - (a) Member of The Partnership for Healthy Delaware County, (b) participation in the discussion s of the Communications Committee of the Partnership for Healthy Delaware County (PHDC), a nd (c) participation in the full PHDC meeting that discussed the health needs identified f rom the four assessments, prioritization of health needs, and determining top five signifi cant health needs Delaware County Sheriff's Office, Russ Martin, sheriff, Kassie O tten, p rogram coordinator - (a) Member of the Partnership for Healthy Delaware County (PHDC), (b) participation in Forces of Change Assessment, and (c) participation in full PHDC prioriti zation meeting that determined top five significant health needs Delaware General Health District, Patrick Blayney, vice president, Board of Health, Shelia Hiddleson, health commi ssioner, Rosemary Chaudry, assessment and accreditation coordinator (retired), Susan Suthe rland, planner, Lori Kannally, planner, Debra Sparks, administrative assistant, Kelly Brag g, health educator, Kelsey Sommers, health educator (These persons have knowledge of and e xpertise in public health) - (a) Members of the Partnership for Healthy Delaware County, (b) participation in the Community Health Status Assessment (CHSA), Community Themes and S trengths Assessment (CTSA), Forces of Change Assessment and Local Public Health Systems As sessment (LPHSA), (c) participation in

Section C. Supplemental Information for Part V, Section B.
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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility , 2	Facility , 2 - Grady Memorial Hospital discussions related to the CHSA survey questions t hat were based from the Centers for Disease Control and Prevention's Behavioral Risk Facto r Surveillance System (BRFSS), (d) participation in discussions regarding additional quest ions for the CHSA telephone survey and online and paper version CTSA survey, (e) collabora tion with Delaware General Health District and The Strategy team, Ltd , in determining CHS A and CTSA health priorities that were presented to the full PHDC membership, (f) particip ation in full PHDC meeting to prioritize significant health needs from the four community assessments, and (g) contraction of The Strategy Team Ltd , to coordinate and facilitate t he MAPP process and to write reports and other documentations for the community health ass essment Delaware Police Department, Rita Mendel, community relations officer - (a) Member of the Partnership for Healthy Delaware County (PHDC), (b) participation in the Community Health Status Assessment (CHSA) Committee, (c) participation in discussions related to th e survey questions that were based from the Centers for Disease Control and Prevention's B ehavioral Risk Factor Surveillance System (BRFSS), (d) participation in discussions regard ing additional questions for the telephone survey, (e) collaboration with Delaware General Health District and The Strategy team, Ltd , in determining CHSA health priorities that w ere presented to the full PHDC membership, and (f) participation in full PHDC meetings tha t prioritized significant health needs Delaware Township, Roger VanSickle, trustee - (a) Member of the Partnership for Healthy Delaware County and (b) feedback on process and find ings of community health assessment Delaware-Morrow Mental Health and Recovery Services B oard, Steve Hedge, executive director (Mr Hedge has knowledge of and expertise in public health) - (a) Member of the Partnership for Healthy Delaware County, (b) participation in the Forces of Change Assessment, and (c) participation in the full PHDC meeting to priori tize significant health needs from each of the committees DelMor Dwellings, Jim Wilson, d irector - (a) Member of the Partnership for Healthy Delaware County and (b) participation in the Forces of Change Assessment Educational Service Center of Central Ohio, Marie Ward , staff (resigned) - (a) Participation in the Community Themes and Strengths Assessment (C TSA) Committee, (b) collaboration with Delaware General Health District and The Strategy T eam, Ltd , in developing survey questions and process of online and paper version survey t hat determines community themes and strengths, (c) determining CTSA health priorities that were presented to the full PHDC membership, and (d) participation in the full PHDC meetin g to prioritize significant health needs from each of the committees Forensic Healthcare Consulting, Ruth Downing, owner - (a) Member of The Partnership for Healthy Delaware Count y, (b) participation in the Local Public Health Status Assessment (LPHSA) Committee, (c) w orked closely with The Center for Public Health Practice at The Ohio State University Coll ege of Public Health who implemented and facilitated LPHSA, (d) determining LPHSA health p riorities that were presented to the full PHDC membership, and (e) participated in the ful l PHDC meeting to prioritize significant health needs from each of the committees Grace Clinic Delaware, Colleen Pavarini, board chair - (a) Member of the Partnership for Healthy Delaware County and (b) feedback on process and findings of community health assessment Harlem Township, Bob Singer, trustee - (a) Member of the Partnership for Healthy Delaware County, (b) contributed ideas and participated in discussions related to identification of significant health needs as part of the Forces of Change Assessment (FOCA), (c) participa tion in discussions during the presentation of significant health needs identified by FOCA during the full PHDC member meeting, and (d) participation in the full PHDC meeting to id entify top five priority health needs Heart of Ohio Homeless Shelter, Chuck Bulick, execu tive director - (a) Member of the Partnership for Healthy Delaware County, (b) participati on in the Community Health Status Assessment (CHSA) Committee, (c) participation in discus sions related to the survey questions that were based from the Centers for Disease Control and Prevention's Behavioral Risk Factor Surveillance System (BRFSS), (d) participation in discussions regarding additional questions for the telephone survey, and (e) collaboratio n with Delaware General Health District and The Strategy team, Ltd , in determining CHSA h ealth priorities that were presented to the full PHDC membership HelpLine of Delaware and Morrow Counties, Inc , Sue Hanson, executive director, co-chair of The Partnership for He althy Delaware County - (a) Member of the Partnership for Healthy Delaware County, (b) par ticipation in the Community Health Status Assessme

Section C. Supplemental Information for Part V, Section B.
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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility , 2	nt (CHSA) Committee, (c) participation in discussions related to the survey questions that were based from the Centers for Disease Control and Prevention's Behavioral Risk Factor S urveillance System (BRFSS), (d) participation in discussions regarding additional question s for the telephone survey, and (e) collaboration with Delaware General Health District an d The Strategy team, Ltd , in determining CHSA health priorities that were presented to th e full PHDC membership Kingston Township, Delaware County, Bill Shively, trustee - (a) Me mber of The Partnership for Healthy Delaware County, (b) contribution of ideas and partici pation in discussions related to identification of significant health needs as part of the Forces of Change Assessment (FOCA), and (c) Participation in discussions during the prese ntation of significant health needs identified by FOCA during the full PHDC member meeting League of Women Voters, Bobbie Burnworth, staff - (a) Member of the Partnership for Heal thy Delaware County and (b) participation in the discussions during the Forces of Change A ssessment Maryhaven, Richard Steele, clinical supervisor - (a) Member of The Partnership for Healthy Delaware County (PHDC), (b) participation in the discussions during the Forces of Change Assessment, and (c) participation in the full PHDC meeting that reviewed all he alth needs from the four assessments and prioritized top five significant health needs Oh io Department of Health, Michele Shough, coordinator, Center for Health Promotion/Healthy Communities (Ms Shough has knowledge of and expertise in public health) - (a) Member of the Partnership for Healthy Delaware County, (b) contribution of ideas and participation i n the Community Health Status Assessment (CHSA) and Community Themes and Strengths Assessm ent (CTSA) Committees, (c) participation in discussions related to the CHSA telephone surv ey questions that were based from the Centers for Disease Control and Prevention's Behavio ral Risk Factor Surveillance System (BRFSS), (d) participation in discussions regarding ad ditional questions for the CHSA telephone survey and CTSA survey questions, (e) collaborat ion with Delaware General Health District and The Strategy team, Ltd , in determining CHSA and CTSA health priorities that were presented to the full PHDC membership, and (f) parti cipation in full PHDC meetings that prioritized significant health needs OhioHealth Grady Memorial Hospital, OhioHealth Community Health and Wellness, Bill Verhoff, director, clin ical support services, Orelle Jackson, system director, community health and wellness - (a) Member of the Partnership for Healthy Delaware County, (b) contribution of ideas and par ticipation in discussions related to identification of significant health needs as part of the Forces of Change Assessment (FOCA), (c) participation in discussions during the prese ntation of significant health needs identified by FOCA during the full PHDC member meeting , and (d) participation in the full PHDC meeting to identify top five priority health need s Ohio Wesleyan University, Christopher Fink, assistant professor and chair, Department o f Health and Human Kinetics, co-chair of Partnership for Healthy Delaware County, Marsha T ilden, director of student health services - (a) Members of the Partnership for Healthy De laware County (PHDC), (b) Mr Fink served as co-chair of the PHDC, (c) Mr Fink provided l eadership in PHDC activities related to Delaware County community health assessment and de velopment of the Delaware County Community Health Improvement Plan, (d) Ms Tilden partici pated in the Local Public Health Systems Assessment (LPHSA) Committee activities and discu ssions and prioritization of public health issues, (e) Ms Tilden participated in discussi ons during the presentation of prioritized issues to the full PHDC membership, and (f) bot h Mr Fink and Ms Tilden participated in the full PHDC meetings to determine top five pri ority health needs

Section C. Supplemental Information for Part V, Section B.
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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility , 3	Facility , 3 - Grady Memorial Hospital Orange Township Fire Department, Tom Stewart, fire chief (retired) - Participated in the Forces of Change Assessment The Ohio State Univers ity Cooperative Extension, Delaware County, Barbara Brahm, faculty, family and consumer sc iences - (a) Member of The Partnership for Healthy Delaware County (PHDC) and (b) particip ation in the full PHDC meeting to review all health needs identified from four assessments and determined top five significant health needs Oxford Township, Jim Hatten, trustee - (a) Member of The Partnership for Healthy Delaware County (PHDC) and (b) participation in the full PHDC meeting to discuss the health needs identified from the four assessments and determined top five significant health needs Pathways 2 Prevention, Kelli Parrish - (a) Member of The Partnership for Healthy Delaware County and (b) participation in the full PH DC meeting to discuss the health needs identified from the four assessments and determined top five significant health needs People in Need Inc, of Delaware County, Ohio, Kevin Ja mes Crowley - (a) Member of The Partnership for Healthy Delaware County (PHDC) and (b) par ticipation in the full PHDC meeting to discuss the health needs identified from the four a ssessments and determined top five significant health needs Preservation Parks of Delawar e County, Ohio, Rita Au, executive director (retired) - (a) Participation in the discussio ns on Forces of Change Assessment, (b) participation in the Community Themes and Strengths Assessment (CTSA) Committee, (c) collaboration with Delaware General Health District and The Strategy Team Ltd, in developing survey questions and process of online and paper vers ion survey that determines community themes and strengths, (d) determining CTSA health pri orities that were presented to the full PHDC membership and (e) participation in the full PHDC meeting to prioritize significant health needs from each of the committees CG Boyce Real Estate Co, Toby Boyce, realtor - (a) Member of The Partnership for Healthy Delaware C ounty (PHDC) and (b) participation in the full PHDC meeting to discuss the health needs id entified from the four assessments and determined top five significant health needs Recre ation Unlimited Inc, Paul Huttlin - Member of the Partnership for Healthy Delaware County Salvation Army of Central Ohio, Michelle Hannan, director of professional and community s ervices - (a) Member of the Partnership for Healthy Delaware County, (b) participation in the Community Health Status Assessment (CHSA) Committee, (c) participation in discussions related to the survey questions that were based from the Centers for Disease Control and P revention's Behavioral Risk Factor Surveillance System (BRFSS), (d) participation in discu ssions regarding additional questions for the telephone survey, and (e) collaboration with Delaware General Health District and The Strategy team Ltd, in determining CHSA health pr iorities that were presented to the full PHDC membership Scioto Township, Sandra Stults, trustee - (a) Member of the Partnership for Healthy Delaware County, (b) participation in the Forces of Change Assessment, and (c) participation in the prioritization of health nee ds Second Ward Community Initiative, Temi Daramola, board member, Stephanie Saunders, pre sident - Member of The Partnership for Healthy Delaware County (PHDC) Senior Citizens Inc , of Delaware County (SourcePoint of Delaware County), Charlene Browning, director - (a) M ember of The Partnership for Healthy Delaware County (PHDC) and (b) participation in the f ull PHDC meeting to review the health needs from the community assessments and determine t op five significant health needs Sustainable Delaware, Sheila Fox, member - (a) Member of The Partnership for Healthy Delaware County (PHDC), (b) participation in the discussion d uring the Forces of Change Assessment, and (c) participation in the full PHDC meeting that reviewed all health needs identified during the four assessments and determined top five significant health needs Pregnancy Resources of Delaware County (formerly the Core Center), Cindy Violet, executive director - (a) Member of The Partnership for Healthy Delaware C ounty (PHDC), (b) participation in the discussion about the Local Public Health System Ass essment (LPHSA), and (c) participation in the full PHDC meeting to review the health needs from the four assessments and determined top five significant health needs United Way of Delaware County, Brandon Feller, president, Barb Lyon, vice-president, Brande Urban, dire ctor of community impact - (a) Member of the Partnership for Healthy Delaware County, (b) participation in the Community Health Status Assessment (CHSA) Committee and Forces of Cha nge Assessment (FOCA), (c) participation in discussions related to the CHSA survey questio ns that were based from the Centers for Disease Control and Prevention's Behavioral Risk F actor Surveillance System (BRFSS), (d) participati

Section C. Supplemental Information for Part V, Section B.
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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility , 3	on in discussions regarding additional questions for the CHSA telephone survey, (e) collab oration with Delaware General Health District and The Strategy team Ltd, in determining CH SA and FOCA health priorities that were presented to the full PHDC membership, and (f) par ticipation in the full PHDC meeting to determine top five priority health needs Delaware Community Residents - Larry Cline, Alice Frazier MD, Rand Guebert, Lois Hall, Shirley Hart , Jan Lanier, Deborah Lipscomb, Joe Mazzola, Jan Ritter, Ruth Shrock, Barb Shuman, Carolyn Slone, Tracy Sumner, Fran Veverka - Larry Cline - Member of The Partnership for Healthy D elaware County (PHDC) Alice Frazier MD - (a) Member of The Partnership for Healthy Delawa re County (PHDC), (b) participation in activities of the Community Health Status Assessmen t (CHSA), Local Public Health System Assessment (LPHSA) and Forces of Change Assessment (F OCA) Committees, (c) participation in discussions related to the CHSA survey questions tha t were based from the Centers for Disease Control and Prevention's Behavioral Risk Factor Surveillance System (BRFSS), (d) participation in discussions regarding additional questio ns for the CHSA telephone survey, (e) collaboration with Delaware General Health District and The Strategy team Ltd, in determining CHSA, LPHSA, and FOCA health priorities that wer e presented to the full PHDC membership, and (f) participation in the full PHDC meeting to determine top five priority health needs Rand Guebert - (a) Member of The Partnership fo r Healthy Delaware County (PHDC) and (b) participation in the Forces of Change Assessment Lois Hall - (a) Member of The Partnership for Healthy Delaware County (PHDC), (b) partici pation in the Community Health Status Assessment (CHSA) Committee, (c) participation in di scussions related to the survey questions that were based from the Centers for Disease Con trol and Prevention's Behavioral Risk Factor Surveillance System (BRFSS), (d) participatio n in discussions regarding additional questions for the telephone survey, (e) collaboratio n with Delaware General Health District and The Strategy team Ltd, in determining CHSA hea lth priorities that were presented to the full PHDC membership, and (f) participation in t he full PHDC meeting to determine top five priority health needs Shirley Hart - Member of The Partnership for Healthy Delaware County (PHDC) Jan Lanier - (a) Member of The Partne rship for Healthy Delaware County (PHDC) and (b) participation in the full PHDC meeting th at determined top five priority health needs Deborah Lipscomb - (a) Member of The Partner ship for Healthy Delaware County (PHDC) and (b) participation in the full PHDC meeting tha t determined top five priority health needs Joe Mazzola - Member of The Partnership for H ealthy Delaware County (PHDC) Jan Ritter - Member of The Partnership for Healthy Delaware County (PHDC) Ruth Schrock - (a) Participation in the meeting that discussed the overvie w of all four assessments, (b) participation in the Community Health Status Assessment (CH SA) Committee, (c) participation in discussions related to the survey questions that were based from the Centers for Disease Control and Prevention's Behavioral Risk Factor Surveil lance System (BRFSS), (d) participation in discussions regarding additional questions for the telephone survey, (e) collaboration with Delaware General Health District and The Stra tegy team Ltd, in determining CHSA health priorities that were presented to the full PHDC membership, and (f) participation in the discussions about the Local Public Health System Assessment Barb Shuman - Participation in the Forces of Change Assessment Carolyn Slone - Member of The Partnership for Healthy Delaware County (PHDC)

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
Schedule H, Part V, Section B, Line 5 Facility , 4	Facility , 4 - Grady Memorial Hospital Tracey Sumner - (a) Member of The Partnership for Healthy Delaware County (PHDC), (b) participation in discussions related to the CHSA telephone survey questions that were based from the Centers for Disease Control and Prevention's Behavioral Risk Factor Surveillance System (BRFSS), (d) participation in discussions regarding additional questions for the CHSA telephone survey, (e) collaboration with Delaware General Health District and The Strategy team, Ltd, in determining CHSA, CTSA, and LPHSA health priorities that were presented to the full PHDC membership, (f) participation in the Forces of Change Assessment meeting, and (g) participation in full PHDC meetings that prioritized top five significant health needs Fran Veverka - (a) Member of The Partnership for Healthy Delaware County (PHDC), (b) participation in the Community Health Status Assessment (CHSA) Committee, (c) participation in discussions related to the survey questions that were based from the Centers for Disease Control and Prevention's Behavioral Risk Factor Surveillance System (BRFSS), (d) participation in discussions regarding additional questions for the telephone survey, (e) collaboration with Delaware General Health District and The Strategy team, Ltd, in determining CHSA health priorities that were presented to the full PHDC membership, (f) participation in the discussion during the Forces of Change Assessment, and (g) participation in the full PHDC meeting that prioritized top five significant health needs

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
Schedule H, Part V, Section B, Line 6b Facility , 1	Facility , 1 - Grady Memorial Hospital Grady Memorial collaborated with The Partnership for Healthy Delaware County (PHDC), and the Delaware General Health District (DGHD) in conducting its community health needs assessment Delaware General Health District contracted with The Strategy Team, Ltd in providing overall facilitation and report writing of Delaware County's Community Health Assessment and Community Health Improvement Plan The Strategy Team, Ltd subcontracted The Ohio State University College of Public Health Center for Public Health Practice in facilitating the local public health system assessment

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

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

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 7 Facility , 1	Facility , 1 - Grady Memorial Hospital https //www ohiohealth com/siteassets/find-a-location/hospitals-and-emergency-departments/grady-memorial-hospital/about-us/community-health-needs-assessment/grady-chna pdf

Section C. Supplemental Information for Part V, Section B.
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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	Facility , 1 - Grady Memorial Hospital Grady Memorial Hospital is addressing the signific ant needs identified in its most recently conducted CHNA as follows - Need #1 - Provide ac cess to healthcare and medications, especially among residents who are Hispanic and/or dis abled, in Buckeye Valley School District or in Delaware City School District Discussions were focused on compelling health equity issues among vulnerable residents that leads to p roblems of access to quality healthcare services, especially during immediate need Specif ically, Delaware County interventions have to focus on the following outcomes - a Decreas ing the percentage of Delaware County residents who report not being able to obtain necess ary healthcare from four percent to three percent b Increasing the percentage of Hispanic (75 3 to 80 percent), Asian (78 8 to 85 percent) and African American (72 2 to 80 percent) residents of Delaware County who receive first trimester prenatal care c Decreasing the percentage of Delaware County residents who could not get dental care as needed from four to three percent and those who could not get necessary vision care from three to two perc ent d Increase percentage among Delaware County residents with diabetes who will have hem oglobin A1C checked annually from 2 5 percent to 10 percent e Increase the number of Dela ware County residents accessing prescription medications at reduced or no cost from two co mmunity agencies by five percent In order to achieve these anticipated outcomes, Delaware County strategies will need to include (i) increasing access to alternative transportatio n, (ii) development of a web-based location on available services for health-related trips , (iii) coordinated release of public health messaging related to prenatal care, diabetes and prescription medications among community stakeholders and (iv) piloting of a Mobile In tegrated Healthcare/Community Paramedicine program, which is multidisciplinary partnership between EMS agencies, hospital, primary care physicians, nurses, and mental health and so cial service providers to navigate patients to the right level of care Through Mobile Int egrated Healthcare (i) paramedics may visit patient homes to do patient education, (ii) nu rses may be available to triage for non-urgent 911 calls, (iii) EMTs can follow up with po st-hospital discharge patients to assist with disease management and avoid preventable rea dmissions and (iv) the transportation of patients to primary care offices, urgent care, me ntal health or detoxification facilities, instead of the Emergency Department (ED), is mad e easier Need #2 - Provide prevention and treatment services for alcohol abuse (binge dri nking) and drug abuse (prescription and other drugs) Discussions were focused on the goal of decreasing the health impact of substance use, misuse and abuse Specifically, Delawar e County interventions have to focus on the following outcomes - a Decreasing the percent age of binge drinkers in Delaware County from 19 to 17 percent Binge drinking means five or more drinks for men and four or more drinks for women per occasion b Decreasing the nu mber of opiate and pain reliever doses per patient per year in Delaware County from 523 36 doses per patient per year to 417 per patient per year c Decreasing death rate due to dr ug overdose from 8 1 deaths per 100,000 to 6 5 deaths per 100,000 d Decreasing the number of families and children who are assigned to out-of-home placement due to substance use, misuse and abuse from 59 to 47 2 percent In order to achieve these anticipated outcomes (i) staff members of ten Delaware County community agencies will be trained on trauma-infor med care and (ii) 10 percent of practicing primary care doctors will use the Screening, Br ief Intervention and Referral to Treatment (SBIRT) screening tool SBIRT services are an e vidence-based practice that has been shown to identify, reduce and prevent a patient's use , abuse and dependence on alcohol and or illegal drugs Need #3 - Food insecurity discussi ons were focused on increasing access to nutritious food, regardless of economic status S pecifically, Delaware County interventions have to focus on the following outcomes - a A 25 percent increase in access to fresh fruits, vegetables, lean proteins and whole grains among persons who are food insecure in Delaware County b Increase the knowledge about nut ritional food options among persons who are food insecure in Delaware County by 10 percent c A two percent decrease in food insecurity among Delaware County residents In order to achieve these anticipated outcomes, Delaware County will need to (i) increase supply of f ruits, vegetables, lean proteins and whole grains in food pantries, (ii) improve knowledge of nutritious food options through the program Cooking Matters and (iii) strengthen membe rships and tap into Delaware County Hunger Alliance resources as means of improving food e nvironments both locally and statewide Need #4 -

Section C. Supplemental Information for Part V, Section B.
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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	Provide prevention and treatment services for mental health (e g , depression, suicide, st ress, etc), especially among Delaware City School District residents The goals include c ommunity education and awareness on the importance of mental health and mental health serv ices, and improvement to access and utilization of mental health services Education initi atives will focus on improving treatments for major depressive episodes while decreasing s uicides Increase in mental health service utilization will be focused on increasing depre ssion screenings in primary practice and engaging residents with suicidal tendencies to ob tain treatment Specifically, Delaware County interventions have to focus on the following outcomes - a Increasing the number of adults seeking treatment for major depressive epis ode by five percent b Decreasing adult suicide-attempt rates from 144 per 100,000 persons to 108 per 100,000 persons c Increasing the number of new suicidal clients referred for mental health services by five percent per year d Increasing the number of healthcare pro viders in Delaware County who receive training about adult depression screenings by five p ercent each year In order to achieve these anticipated outcomes, Delaware County will need to (i) conduct at least two Mental Health First Aid trainings per year, (ii) conduct trai nings to prevent adult suicide attempts, (iii) provide community education about depressio n and promotion of mental health, (iv) train healthcare professionals and (v) increase ref errals of suicidal clients to public behavioral health treatment Need #5 - To address obe sity/overweight a goal was set to increase the number of Delaware County adults with healt hy weights Health disparities exist in health risks due to the impact of social determina nts of health on obesity Specifically, Delaware County interventions have to focus on the following outcomes - a Increasing servings of fruit from two to 2 5 per day and vegetabl e intake from 2 1 to 2 5 servings per day b Increasing the use of caloric information on restaurant menus among adults from 42 to 45 percent c Increasing physical activity of at least 30 minutes among adults from 4 2 days per week to 4 5 days per week d Increasing th e percentage of adults who use lunch or work breaks to exercise for at least 10 minutes (p er break) from 25 to 30 percent In order to achieve these anticipated outcomes, Delaware County will need to (i) develop a mechanism to enable acceptance of Supplemental Nurse Ass istance Program (SNAP) benefits at farmers markets, (ii) conduct a community-wide campaign to encourage healthy eating, (iii) increase availability of fruits and vegetables in work places (iv) expand the use of Delaware General Health District (DGHD) on menus (an initiat ive to provide caloric content of menus in local restaurants), (v) conduct a community-wid e campaign to increase awareness and understanding of caloric information in restaurant me nus, (vi) conduct a community-wide campaign to reduce time spent on computers, televisions and mobile devices, (vii) provide shared-use agreements to enable schools to allow commun ity members to use school property and equipment for exercise and (viii) conduct evidence- based weight loss programs in the workplace

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
Schedule H, Part V, Section B, Line 13 Facility , 1	Facility , 1 - Grady Memorial Hospital OhioHealth uses income level of patient and patient immediate families as a factor in determining income level

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
Schedule H, Part V, Section B, Line 13 Facility , 1	Facility , 1 - Grady Memorial Hospital 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 HCAP is an Ohio program that states that any patient whose family size and income level is below the federal poverty guidelines, receives free care for hospital services If the patient proves that their income falls below the federal poverty guidelines, OhioHealth must discount their responsibility of the claim 100% OhioHealth's internal charity policy addresses patients whose family size and income is above the federal poverty guidelines We, as an organization, do not have to discount this care at all, but we have decided to provide discounts on patient balances for patients whose family size and income is up to 400% of the federal poverty guidelines discounted care

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
Schedule H, Part V, Section B, Line 16 Facility , 1	Facility , 1 - Grady Memorial Hospital 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 from 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 Included with 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.

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
Schedule H, Part V, Section B, Line 22 Facility , 1	Facility , 1 - Grady Memorial Hospital OhioHealth Grady Memorial Hospital offers a sliding scale that provides different charity discounts depending on a patient's family size and income relative to the federal poverty limit (FPL) Any patient with income at 200% or below 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 The 45% discount was based on the average commercial and managed care discount

Section C. Supplemental Information for Part V, Section B.
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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility , 1	Facility , 1 - Hardin Memorial Hospital Hardin Memorial consulted with various persons wh o lead or represent broad interests of the community it serves by participating in communi ty health needs assessment meetings from July to August 2015 Participants were either emp loyed by government agencies, nonprofit healthcare organizations, community agencies, or r etired residents BKP Ambulance, Jason Johns, supervisor - Identification of health needs and issues, community assets and resources, and barriers and challenges for addressing the se health needs and issues Crossroads Crisis Center, Inc , Jeane Lutterbein, education co ordinator - (a) Prioritization of health needs and issues using the National Association o f County and City Health Officials (NACCHO) tool, and (b) determination of top five priori ty health needs that will be addressed in the OhioHealth Hardin Memorial Hospital implemen tation strategy Hardin County Council on Aging, Inc , Bette Bibler, executive director - Determination of top five priority health needs that will be addressed in the OhioHealth H ardin Memorial Hospital implementation strategy Health Partners of Western Ohio, Toni Lon g, center director - (a) Identification of health needs and issues, community assets and r esources, and barriers and challenges for addressing these health needs and issues, and (b) prioritization of health needs and issues using the National Association of County and C ity Health Officials (NACCHO) tool Hospital Council of Northwest Ohio, Brittney Ward, MPH , director of community health improvement (with knowledge of and expertise in public heal th) - Determination of top five priority health needs that will be addressed in the OhioHe alth Hardin Memorial Hospital implementation strategy Kenton City Schools, Brenda Jenning s, school nurse (with knowledge of and expertise in public health) - Identification of hea lth needs and issues, community assets and resources, and barriers and challenges for addr essing these health needs and issues Kenton Community Health Center, Katy Murphy, director - (a) Prioritization of health needs and issues using the National Association of County and City Health Officials (NACCHO) tool, and (b) determination of top five priority health needs to be addressed in the OhioHealth Hardin Memorial Hospital implementation strategy Kenton-Hardin Health Department, Cindy Keller, RN, MSN, director of nursing (with knowled ge of and expertise in public health) and Larry Oates, MD, member board of health (with kn owledge of and expertise in public health) - (a) Prioritization of health needs and issues using the National Association of County and City Health Officials (NACCHO) tool, and (b) determination of top five priority health needs that will be addressed in the OhioHealth Hardin Memorial Hospital implementation strategy Not by Choice Outreach, Marcia Retterer, founder and chief executive officer - (a) Identification of health needs and issues, comm unity assets and resources, and barriers and challenges for addressing these health needs and issues, (b) prioritization of health needs and issues using the National Association o f County and City Health Officials (NACCHO) tool, and (c) determination of top five priori ty health needs that will be addressed in the OhioHealth Hardin Memorial Hospital implemen tation strategy OhioHealth Community Health and Wellness, Orelle Jackson, system director community health and wellness, Mary Ann G Abiado, RN, data management and evaluation spe cialist, Amber Hetteberg, administrative assistant - (a) Facilitation and coordination of community health needs assessment meetings and (b) writing meeting minutes OhioHealth Har din Memorial Hospital, Chris Davis, public relations director and volunteer coordinator, S tephen McCullough, member of board of trustees, Matt Jennings, chairman of board of truste es and chief executive officer of Quest Federal Credit Union, Wendy Rodenberger, chief nur sing officer and vice president of patient care services, Kim Totten, administrative nurse manager, Emergency Department (ED) - (a) Identification of health needs and issues, commu nity assets and resources, and barriers and challenges for addressing these health needs a nd issues, (b) prioritization of health needs and issues using the National Association of County and City Health Officials (NACCHO) tool, and (c) determination of top five priorit y health needs that will be addressed in the OhioHealth Hardin Memorial Hospital implement ation strategy Ohio Northern University, Steve Martin, dean, Raabe College of Pharmacy an d Kami Fox, assistant professor of nursing and pediatric nurse practitioner, department of nursing - (a) Identification of health needs and issues, community assets and resources, and barriers and challenges for addressing these health needs and issues, (b) prioritizati on of health needs and issues using the National Association of County and City Health Off icials (NACCHO) tool, and (c) determination of top

Section C. Supplemental Information for Part V, Section B.
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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility , 1	five priority health needs that will be addressed in the OhioHealth Hardin Memorial Hospital implementation strategy OnPointe Strategic Insights, LLC, Michelle Vander Stouw, MPH, principal (with knowledge of and expertise in public health) - Overall facilitation of community meetings held on July 7 and July 21, 2015 The Ohio State University Hardin County Extension Office, Vicki Phillips, family nutrition program assistant - (a) Identification of health needs and issues, community assets and resources, and barriers and challenges for addressing these health needs and issues, (b) prioritization of health needs and issues using the National Association of County and City Health Officials (NACCHO) tool, and (c) determination of top five priority health needs that will be addressed in the OhioHealth Hardin Memorial Hospital implementation strategy United Way of Hardin County, Ohio, Darlene Foreman, executive director and Bonnie McBride, board president - (a) Identification of health needs and issues, community assets and resources, and barriers and challenges for addressing these health needs and issues, (b) prioritization of health needs and issues using the National Association of County and City Health Officials (NACCHO) tool, and (c) determination of top five priority health needs that will be addressed in the OhioHealth Hardin Memorial Hospital implementation strategy WKTN, Keith Gensheimer, owner - Prioritization of health needs and issues using the National Association of County and City Health Officials (NACCHO) tool

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
Schedule H, Part V, Section B, Line 6b Facility , 1	Facility , 1 - Hardin Memorial Hospital The Kenton-Hardin Health Department collaborated with the Hardin County Community Assessment Advisory Committee, The Hospital Council of Northwest Ohio and University of Toledo in completing the 2015 Hardin County Community Health Status Assessment The Hardin County Community Assessment Advisory Committee was comprised of the following (a) Kenton-Hardin Health Department, (b) OhioHealth Hardin Memorial Hospital, (c) Hardin Hills Health and Rehabilitation, (d) City of Kenton, (e) Hardin County Commissioners, (f) North Central Ohio Chapter of the American Red Cross, (g) The Ohio State University Extension at Hardin County, (h) Mental Health Board of Allen, Auglaize and Hardin counties, and (i) United Way of Hardin County Secondary data collection The Hospital Council of Northwest Ohio and University of Toledo gathered secondary data from the United States Census Bureau, Ohio Department of Job and Family Services, Ohio Development Services Agency and other sources A comprehensive list of secondary data sources are also available in the 2015 Hardin County Community Health Status Assessment

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

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

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 7 Facility , 1	Facility , 1 - Hardin Memorial Hospital https //www ohiohealth com/siteassets/find-a-location/hospitals-and-emergency-departments/hardin-memorial-hospital/about-us/community-health-needs-assessment/hardin-chna pdf

Section C. Supplemental Information for Part V, Section B.
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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	Facility , 1 - Hardin Memorial Hospital Hardin Memorial Hospital is addressing the significant needs identified in its most recently conducted CHNA as follows Need #1 Substance A buse - Enhance Hardin Memorial collaborations with community stakeholders that address su bstance abuse prevention and treatment - Screen all patients, including inpatient, outpat ient and ED patients, for drug use and offer referrals to substance abuse treatment servic es - Partner with Coleman Professional Services, which offers 24/7 treatment for mental h ealth, to refer intentional overdose patients that are first seen in the ED In addition t o Coleman Professional Services, referrals are made to We Care Regional Crisis Center, Ohi oHealth Marion General Hospital, St Rita's Medical Center, OhioHealth Riverside Methodist Hospital, and Pomegranate and Arrowhead Behavioral Health - Partner with Kenton City Pol ice Department and Hardin County Sheriff's Office by providing outreach and training on ho w to administer naloxone (Narcan) to persons who have overdosed on heroin - Work with law enforcement and Ohio Northern University to safely dispose of medications such as promoti ng the use of permanent drug disposal boxes, community medication take back events, etc N eed #2 Chronic Disease - Offer and facilitate the Diabetes Health Management Program and the Diabetes Support Group to provide current information on diabetes self-care, wellness promotion, self-motivation and how to prevent diabetes complications - Annually offer Din ing with Diabetes, which provides education about healthy eating in partnership with The O hio State University Extension office - Present F A M E (Fun Activity Motivates Everyone) annually to spotlight healthy eating and physical activity options, targeting children a ges 0 to 12 - Offer healthy food options daily in the hospital facility cafeteria - Host Farmers Markets during the growing season to increase access to fresh fruits and vegetabl es - Host the Hardin Hustle, a 5K fun run geared towards getting kids and families more p hysically active - Participate in the Healthy Lifestyles Coalition of Hardin County, whic h engages and educates community residents about healthy eating and physical activity, wit h the Kenton-Hardin Health Department - Contribute to addressing food insecurity issues t hrough providing financial support to a local food pantry - Host annual Heart Smart Day w ith free screenings for the community in February in honor of National Heart Month - In c ollaboration with other partners, provide health screenings and/or education for community members as part of the Hardin County Fair, Hardin County Council on Aging Senior Days, Oh io Northern University Tobacco Cessation Program and The Ohio State University Extension - Provide free cholesterol, glucose and other screenings as well as provide health educati on materials to community members at Hardin Memorial's Heart Smart Day, Community Health F air, and OhioHealth Employer Services and skin cancer screenings Need #3 Access to Care - Refer patients to Kenton Community Health Center if they do not have a primary care phys ician and need other services, including dental, mental, substance abuse and a pharmacy T he Kenton Community Health Center has a staff that educates patients on health insurance o ptions, Medicaid, The Marketplace or commercial insurance plans A sliding fee scale is of fered to patients with an income less than 200 percent of the Federal Poverty Guidelines - Collaborate with Kenton Community Health Center in improving access to care through prov iding a laboratory technician - Expand specialty care services to better serve the needs of the community - Partner with Ohio Northern University in operating a multidisciplinary mobile clinic to improve access to care, health literacy and health outcomes, and to refe r Hardin County residents to a medical home and acute medical care The mobile health clin ic will provide healthcare services weekly in churches, schools and other public facilitie s - Provide referral, linkage and follow-up to patients needing health insurance, transpo rtation assistance, durable medical equipment and medications - Provide health screenings (blood pressure, cholesterol, glucose, BMI, skin cancer, etc) and education at the Hardi n County Fair, the Community Health Fair and local businesses to improve access to healthc are services Need #4 Health Education and Prevention - Offer and facilitate the Diabetes Health Management Program and the Diabetes Support Group to provide current information o n diabetes self-care, wellness promotion, self-motivation and how to prevent diabetes comp lications - Annually offer Dining with Diabetes, which provides education about healthy e ating in partnership with The Ohio State University Extension office - Present F A M E (Fun Activity Motivates Everyone) annually to educate about healthy eating and physical act ivity options - Provide health education and prev

Section C. Supplemental Information for Part V, Section B.
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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	ention information to community members at Hardin Memorial's Heart Smart Day, Community He alth Fair, and OhioHealth Employer Services and skin cancer screenings - Participate in t he Healthy Lifestyles Coalition of Hardin County with the Kenton-Hardin Health Department, which engages and educates community residents about healthy eating and physical activity - In collaboration with other partners, provide health education and prevention for comm unity members as part of the Hardin County Fair, Hardin County Council on Aging Senior Day s, Ohio Northern University Tobacco Cessation Program, The Ohio State University Extension and Hardin Memorial's F A M E Program - Provide a speakers bureau, which includes hosp ital staff (nurses, physicians, diabetes educators and imaging staff) presenting health ed ucation and promotion information at community organizations and schools - Provide commun ity health education public service announcements in the local newspapers - the Kenton Tim es and Ada Herald - and on the radio WKTN 95 3 - Improve health literacy for patients se en in the Ohio Northern University mobile clinic Need #5 Behavioral and Mental Health - P artner with Coleman Professional Services, which offers 24/7 consultation for mental healt h, to refer patients that are first seen in the Emergency Department (ED) who need mental/ behavioral follow-up to various community resources for treatment In addition to Coleman, referrals are also made to We Care Regional Crisis Center, OhioHealth Marion General Hosp ital, St Rita's Medical Center, OhioHealth Riverside Methodist Hospital, and Pomegranate and Arrowhead Behavioral Health - Screen all patients, including inpatient, outpatient an d ED patients, for physical and emotional abuse as well as psychiatric history

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
Schedule H, Part V, Section B, Line 13 Facility , 1	Facility , 1 - Hardin Memorial Hospital OhioHealth uses income level of patient and patient immediate families as a factor in determining income level

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

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

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 13 Facility , 1	Facility , 1 - Hardin Memorial Hospital 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 HCAP is an Ohio program that states that any patient whose family size and income level is below the federal poverty guidelines, receives free care for hospital services If the patient proves that their income falls below the federal poverty guidelines, OhioHealth must discount their responsibility of the claim 100% OhioHealth's internal charity policy addresses patients whose family size and income is above the federal poverty guidelines We, as an organization, do not have to discount this care at all, but we have decided to provide discounts on patient balances for patients whose family size and income is up to 400% of the federal poverty guidelines discounted care

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

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

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16 Facility , 1	Facility , 1 - Hardin Memorial Hospital 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

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)
1	Kobacker House 800 McConnell Drive Columbus, OH 43214	In-Patient Hospice
1	HVP RIVERSIDE 3705 Olentangy River Road Columbus, OH 43214	Physician Practice
2	GMC ANESTHESIA 111 S Grant Avenue Columbus, OH 43215	Physician Practice
3	NEURO RIVERSIDE 931 Chatham Lane Columbus, OH 43221	Physician Practice
4	HVP MANSFIELD 335 Glessner Ave Mansfield, OH 44903	Physician Practice
5	NEUROSURGERY RIVERSIDE 3555 Olentangy River Rd Suite 2001 Columbus, OH 43214	Physician Practice
6	HVP GAHANNA 765 N Hamilton Road Suite 120 Gahanna, OH 43230	Physician Practice
7	GMC HOSPITALISTS 340 E Town Street Suite 8-300 Columbus, OH 43215	Physician Practice
8	MAX SPORTS 3705 Olentangy River Road Columbus, OH 43214	Physician Practice
9	PCP RIVERS EDGE DR 7630 Rivers Edge Drive Columbus, OH 43235	Physician Practice
10	CTVS RIVERSIDE 3535 Olentangy River Road Columbus, OH 43214	Physician Practice
11	ORTHO SURGEONS BRITTON PKWY 3663 Ridge Mill Drive Hilliard, OH 43026	Physician Practice
12	GMC TRAUMA 1 111 S Grant Avenue Columbus, OH 43215	Physician Practice
13	ORTHO TRAUMA GRANT 285 E State Street Suite 500 Columbus, OH 43215	Physician Practice
14	SURGICAL SPEC MANSFIELD 215 Wood Street Mansfield, OH 44903	Physician Practice

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)
16	NEURO GRANT 285 E State Street Suite 430 Columbus, OH 43215	Physician Practice
1	ORTHO SURGEONS ASHLAND 45 Amberwood Pkwy Ashland, OH 44805	Physician Practice
2	PCP BRITTON PARKWAY 4343 All Seasons Dr Hilliard, OH 43026	Physician Practice
3	HVP DOCTORS 5131 Beacon Hill Road Suite 120 Columbus, OH 43228	Physician Practice
4	PCP DELAWARE HEALTH CENTER 801 OhioHealth Blvd Suite 260 Delaware, OH 43015	Physician Practice
5	RHEUMATOLOGY GRANT 285 E State Street Suite 620 Columbus, OH 43215	Physician Practice
6	PCP HIGH ST AND NEIL AVE 41 S High Street Suite 25 Columbus, OH 43215	Physician Practice
7	SURGICAL SPECIALISTS GRANT 285 E State Street Suite 640 Columbus, OH 43215	Physician Practice
8	DH HOSPITALISTS 5131 Beacon Hill Road suite 210 Columbus, OH 43228	Physician Practice
9	VASCULAR SURGEONS GRANT 285 E State Street Suite 260 Columbus, OH 43215	Physician Practice
10	ORTHO SURGEONS MOS GRANT 340 E Town Street Suite 7-600 Columbus, OH 43215	Physician Practice
11	NEUROSURGERY RIVERSIDE RED 3525 Olentangy River Road Columbus, OH 43214	Physician Practice
12	COCRC 4882 E Main Suite 220 Columbus, OH 43213	Physician Practice
13	SURGICAL SPECIALISTS BING 3555 Olentangy River Road Columbus, OH 43214	Physician Practice
14	PULMONARY GRANT 111 S Grant Avenue 2nd Floor Columbus, OH 43215	Physician Practice

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)
31	PCP PICKERINGTON MED CAMPUS 1509 Stonecreek Drive South Pickerington, OH 43147	Physician Practice
1	UROLOGY RIVERSIDE 500 Thomas Lane Suite 20 Columbus, OH 43016	Physician Practice
2	OBGYN GRADY 801 OhioHealth Blvd Suite 160 Delaware, OH 43015	Physician Practice
3	OBGYN DOCTORS 5579 Hilliard Rome Office Park Hilliard, OH 43026	Physician Practice
4	URO GYN RIVERSIDE 3555 Olentangy River Road Columbus, OH 43214	Physician Practice
5	PLASTIC SURGEONS GRANT 285 E State Street Suite 600 Columbus, OH 43215	Physician Practice
6	BARIATRICS RIVERSIDE 3705 Olentangy River Road Suite 100 Columbus, OH 43214	Physician Practice
7	RMH GME OBGYN 3535 Olentangy River Road NG Columbus, OH 43214	Physician Practice
8	ROBOTIC UROLOGIC SURGEONS DMH 7450 Hospital Drive Suite 300 Dublin, OH 43016	Physician Practice
9	NEURO WESTERVILLE 300 Polaris Pkwy Suite 2350 Westerville, OH 43081	Physician Practice
10	PCP HAVENS CORNER 504 Havens Corners Road Gahanna, OH 43230	Physician Practice
11	BREAST SURGEONS RIVERSIDE 3555 Olentangy River Road Columbus, OH 43214	Physician Practice
12	NEURO MS 931 Chatham Lane Columbus, OH 43221	Physician Practice
13	GMC GME FAMILY MEDICINE EAST 4850 E Main Street Columbus, OH 43213	Physician Practice
14	MATERNAL FETAL MEDICINE 3535 Olentangy River Road 1st Floor Columbus, OH 43214	Physician Practice

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)
46	PCP HILL RD 417 Hill Road N Suite 101 Pickerington, OH 43147	Physician Practice
1	PCP EAST BROAD 7340 E Broad Street Suite B Blacklick, OH 43004	Physician Practice
2	RMH GME FAMILY MEDICINE 697 Thomas Lane Columbus, OH 43214	Physician Practice
3	NEURO RIVERSIDE SMOB 3555 Olentangy River Rd 2050 Columbus, OH 43214	Physician Practice
4	GMC GME FAMILY MEDICINE SW 2030 Stringtown Road Grove City, OH 43123	Physician Practice
5	HVP NORTH CENTRAL 1000 McKinley Park Drive Marion, OH 43302	Physician Practice
6	PCP POLARIS PARKWAY 300 Polaris Parkway Suite 3000 Westerville, OH 43081	Physician Practice
7	DELAWARE INTERNAL MEDICINE 454 W Central Ave Delaware, OH 43015	Physician Practice
8	PCP WEDGEWOOD MOB 4141 N Hampton Dr Suite 100 Powell, OH 43065	Physician Practice
9	PCP NIKE DR 5548 Hilliard Rom Office Park Hilliard, OH 43026	Physician Practice
10	GRADY HOSPITALISTS 561 W Central Avenue Delaware, OH 43015	Physician Practice
11	SURGICAL SPECIALISTS DELAWARE 801 OhioHealth Blvd Suite 160 Delaware, OH 43015	Physician Practice
12	PCP CLAIREDAN DR 70 Clairedan Dr Powell, OH 43065	Physician Practice
13	ORTHO SURGEONS MANSFIELD MOB 335 Glessner Ave Mansfield, OH 44903	Physician Practice
14	PCP SANDUSKY ST 629 N Sandusky Avenue Bucyrus, OH 44820	Physician Practice

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?

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	Name and address	Type of Facility (describe)
61	NEURO CRANIAL VASCULAR 3555 Olentangy River Rd Suite 2001 Columbus, OH 43214	Physician Practice
1	MCCONNELL SSJC 3773 Olentangy River Road Columbus, OH 43214	Physician Practice
2	GYN ONC RIVERSIDE 500 Thomas Lane Suite 4B Columbus, OH 43214	Physician Practice
3	PCP BALTIMORE REYNOLDSBURG 2014 Baltimore-Reynoldsburg Rd Reynoldsburg, OH 43068	Physician Practice
4	PEDIATRICS GRADY MOB 551 W Central Ave Suite 103 Delaware, OH 43015	Physician Practice
5	INTERNAL MED POLARIS PARKWAY 300 Polaris Parkway Suite 3400 Westerville, OH 43082	Physician Practice
6	PCP KELNOR DR 3774 Broadway Grove City, OH 43123	Physician Practice
7	GASTRO DOCTORS 5131 Beacon Hill Road Suite 200 Columbus, OH 43228	Physician Practice
8	RMH BEHAVIORAL HEALTH CONSULT 3535 Olentangy River Road Columbus, OH 43214	Physician Practice
9	BREAST SURGEONS GRANT 285 E State Street Suite 300 Columbus, OH 43215	Physician Practice
10	ENDOCRINOLOGY GRANT 500 E Main Street Suite 100 Columbus, OH 43215	Physician Practice
11	PCP WEST BROAD 5193 West Broad Street Suite 200 Columbus, OH 43228	Physician Practice
12	NEURO INTERDISCIPLINARY CLINIC 3535 Olentangy River Rd Suite S1501 Columbus, OH 43214	Physician Practice
13	CTVS GRANT 85 McNaughten Road Suite 110 Columbus, OH 43213	Physician Practice
14	PCP KENTON 60 Washington Blvd Kenton, OH 43326	Physician Practice

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?

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	Name and address	Type of Facility (describe)
76	NEURO MANSFIELD 222 Marion Avenue Mansfield, OH 44903	Physician Practice
1	HVP WESTERVILLE 260 Polaris Parkway Westerville, OH 43082	Physician Practice
2	ORTHO SURGEONS SHELBY 2180 Stumbo Rd Ontario, OH 44906	Physician Practice
3	PCP TIPPETT COURT 100 Tippett Ct Suite 101 Sunbury, OH 43074	Physician Practice
4	DH GME FAMILY PRACTICE SW 2030 Stringtown Road 3rd Floor Grove City, OH 43123	Physician Practice
5	PEDIATRICS WEDGEWOOD MOB 4141 N Hampton Dr Suite 103 Powell, OH 43065	Physician Practice
6	PCP GALLOWAY 990 Galloway Road Galloway, OH 43119	Physician Practice
7	SURGICAL SPECIALISTS DOCTORS 5131 Beacon Hill Road Suite 230 Columbus, OH 43228	Physician Practice
8	PCP HOSPITAL DR 6905 Hospital Drive Suite 200 Dublin, OH 43016	Physician Practice
9	HVP DUBLIN 7500 Hospital Dr Dublin, OH 43016	Physician Practice
10	PCP LANCASTER 784 E Main Street Lancaster, OH 43130	Physician Practice
11	ORTHO SURGEONS MIO GRANT 340 E Town Street Suite 250 Columbus, OH 43215	Physician Practice
12	PCP MARKET EXCHANGE 500 E Main Street Suite 100 Columbus, OH 43215	Physician Practice
13	PCP SCIOTO DARBY 6314 Scioto Darby Road Hilliard, OH 43026	Physician Practice
14	DH GME OBGYN 5131 Beacon Hill Road Suite 340 Columbus, OH 43228	Physician Practice

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?

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	Name and address	Type of Facility (describe)
91	VASCULAR SURGEONS DOCTORS 5131 Beacon Hill Road Suite 100 Columbus, OH 43228	Physician Practice
1	NEUROLOGY 801 OhioHealth Blvd Suite 210 Delaware, OH 43015	Physician Practice
2	OBGYN GROVE CITY 4191 Kelnor Drive Suite 300 Grove City, OH 43123	Physician Practice
3	OBGYN WEST BROAD 5193 West Broad Street Suite 200 Columbus, OH 43228	Physician Practice
4	RMH MCCONNELL HEART HEALTH CTR 3773 Olentangy River Road Columbus, OH 43214	Physician Practice
5	COLORECTAL SURGEONS RMH 3535 Olentangy River Rd Columbus, OH 43214	Physician Practice
6	RMH GME INTERNAL MEDICINE 500 Thomas Lane Suite 2-C Columbus, OH 43214	Physician Practice
7	GMC GME OP CARE CENTER TOWN ST 393 E Town Street Columbus, OH 43215	Physician Practice
8	GMC OWHP 111 S Grant Avenue Columbus, OH 43215	Physician Practice
9	NEURO APP RIVERSIDE 3555 Olentangy River Road Columbus, OH 43214	Physician Practice
10	BEHAVIORAL HEALTH IP 3535 Olentangy River Road Columbus, OH 43214	Physician Practice
11	ENT DOCTORS 5131 Beacon Hill Dr Suite 300 Columbus, OH 43228	Physician Practice
12	SURGICAL SPECIALISTS GRADY MOB 551 W Central Ave Suite 303 Delaware, OH 43015	Physician Practice
13	PCP WEXNER HERITAGE 2222 Welcome Place Columbus, OH 43209	Physician Practice
14	ORTHO SURGEONS DOCTORS 5131 Beacon Hill Road Suite 160 Columbus, OH 43228	Physician Practice

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?

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	Name and address	Type of Facility (describe)
106	ENDOCRINOLOGY MANSFIELD MOB 335 Glessner Ave Mansfield, OH 44903	Physician Practice
1	NEURO DOCTORS 3663 Ridge Mill Drive Suite 100 Hilliard, OH 43026	Physician Practice
2	PCP HIDDEN RAVINES DR 28 Hidden Ravines Dr Powell, OH 43065	Physician Practice
3	DH PULMONARY CRITICAL CARE 5100 West Broad Street Columbus, OH 43228	Physician Practice
4	INTERNAL MEDICINE 551 W Central Ave Suite 301 Delaware, OH 43015	Physician Practice
5	RMH NEUROPSYCH 223 E Town Street Columbus, OH 43215	Physician Practice
6	RMH BEHAVIORAL HEALTH OP EAP 3535 Olentangy River Road Columbus, OH 43214	Physician Practice
7	DMH OBGYN AND MIDWIVES 7500 Hospital Drive Dublin, OH 43016	Physician Practice
8	CANCER SPECIALISTS MARION 1150 Crescent Heights Rd Marion, OH 43302	Physician Practice
9	NEURO OUTREACH 3555 Olentangy River Road Columbus, OH 43214	Physician Practice
10	PCP LONDON 1076 Eagleton Blvd Suite C London, OH 43140	Physician Practice
11	NEURO SURGERY MANSFIELD 200 Park Ave West Mansfield, OH 44902	Physician Practice
12	CTVS DOCTORS 5131 Beacon Hill Road Suite 100 Columbus, OH 43228	Physician Practice
13	DMH GME FAMILY PRACTICE 6905 Hospital Drive Suite 200 Dublin, OH 43016	Physician Practice
14	CTVS MARION 1040 Delaware Avenue Marion, OH 43302	Physician Practice

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)
121	RMH CHF CLINIC 3525 Olentangy River Road 2nd Floor Columbus, OH 43214	Physician Practice
1	HVP HARDIN 921 E Franklin Street Kenton, OH 43326	Physician Practice
2	NEURO MARION 1000 McKinley Park Drive Marion, OH 43302	Physician Practice
3	NEURO ONCOLOGY 500 Thomas Lane Suite 2E Columbus, OH 43214	Physician Practice
4	HOMEREACH HOSPICE 3595 Olentangy River Road Columbus, OH 43214	Physician Practice
5	RMH GME GENERAL SURGERY 3535 Olentangy River Road NG Columbus, OH 43214	Physician Practice
6	DH GME SPECIALTY MEDICINE 50 Old Village Road Suite 201 Columbus, OH 43228	Physician Practice
7	MEDICAL ONCOLOGY NORTH MARKET 801 OhioHealth Blvd Suite 180 Delaware, OH 43015	Physician Practice
8	GMC PRIM 393 E Town Street Columbus, OH 43215	Physician Practice
9	RMH PULMONARY PHYSICIANS 3545 Olentangy River Road Suite 111 Columbus, OH 43214	Physician Practice
10	PCP WEXNER HERITAGE TCU 2222 Welcome Place Columbus, OH 43209	Physician Practice
11	RMH EXEC HLTH WELLNESS CLINIC 3773 Olentangy River Road Columbus, OH 43214	Physician Practice
12	OSTEOPATHIC MANIPULATION MED 6905 Hospital Dr Suite 200 Dublin, OH 43016	Physician Practice
13	INTEGRATIVE MEDICINE 500 Thomas Lane Columbus, OH 43214	Physician Practice
14	UROLOGY DOCTORS 5141 W Broad Street Suite 180 Columbus, OH 43228	Physician Practice

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)
136	PCP SAME DAY ACCESS CENTER 770 Jasonway Avenue Suite 1B Columbus, OH 43214	Physician Practice
1	DH GME ORTHOPEDIC MEDICINE 5131 Beacon Hill Road Suite 160 Columbus, OH 43228	Physician Practice
2	RMH SENIOR HEALTH 3724 A Olentangy River Road Columbus, OH 43214	Physician Practice
3	RMH ON CALL TRAUMA 3555 Olentangy River Road Columbus, OH 43214	Physician Practice
4	TRAUMA MANSFIELD 355 Glessner Avenue Mansfield, OH 44903	Physician Practice
5	DH GME ENT 5131 Beacon Hill Rd Suite 300 Columbus, OH 43228	Physician Practice
6	DMH NURSE PRACTITIONERS 7500 Hospital Drive Dublin, OH 43016	Physician Practice
7	ORTHO SURGEONS RIVERSIDE 3555 Olentangy River Road Columbus, OH 43214	Physician Practice
8	PCP HILLIARD SQUARE 4600 Leap Court Hilliard, OH 43026	Physician Practice
9	OPG CENTRAL BILLING OFFICE 180 East Broad Street Columbus, OH 43215	Physician Practice
10	Ontario Health & Fitness Center 1750 W Fourth St Ontario, OH 44906	Occupational MedicineFitnessCenterand Physical Therapy
11	Home CareWomens Health 1020 Cricket Lane Mansfield, OH 44906	Home Care & Hospice OH MedCentral Professional Foundation Physician Office
12	MedCentral Pediatric Therapy 2011 W Fourth St Mansfield, OH 44903	Pediatric Therapy
13	Medical Office Building 770 Balgreen Drive Mansfield, OH 44903	Physician Offices Laboratory
14	Physician Office 1 295 Glessner Avenue Mansfield, OH 44903	OhioHealth MedCentral Professional Foundation Physician Office

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

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(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)
151	Physician Office - Shelby 24 Morris Road Shelby, OH 44875	OhioHealth MedCentral Professional Foundation Physician Office
1	Crawford Health & Urgent Care 1820 E Mansfield St Bucyrus, OH 44820	Clinic and Urgent Care
2	Physician Office 2 248 Blymyer Avenue Mansfield, OH 44803	OhioHealth MedCentral Professional Foundation Physician Office
3	Physician Office 3 475 Lexington Avenue Mansfield, OH 44907	OhioHealth MedCentral Professional Foundation Physician Office
4	Physician Office 4 536 S Trimble Road Mansfield, OH 44906	OhioHealth MedCentral Professional Foundation Physician Office
5	Physician Office 5 558 S Trimble Road Mansfield, OH 44906	OhioHealth MedCentral Professional Foundation Physician Office
6	Physician Office 6 375 S Main Street Lexington, OH 44904	OhioHealth MedCentral Professional Foundation Physician Office
7	Surgery Center 1030 Cricket Lane Mansfield, OH 44906	Outpatient Surgery
8	MedCentral Radiation Therapy 330 Glessner Avenue Mansfield, OH 44903	Radiation Therapy
9	Pain Management 39 Wood Street Mansfield, OH 44903	OhioHealth MedCentral Professional Foundation Physician Office
10	Physician Office 7 1770 S Fourth St Mansfield, OH 44906	OhioHealth MedCentral Professional Foundation Physician Office
11	Athens Medical Associates LLC 55 Hospital Drive Athens, OH 45701	Physician Services
12	OhioHealth Nelsonville Medical & Emergency Services 1950 Mount Saint Marys Drive Nelsonville, OH 45764	Outpatient Department

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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," on 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

2015

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" on 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 Corporation 180 East Broad Street Columbus, OH 43215	31-4394942	501(c)(3)	608,347				General Support

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

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" on 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	280	293,675			

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
Schedule I, Part I, Line 2 Procedures for monitoring use of grant funds	Committees have been established to oversee the scholarship application & selection processes Grants are made to related organizations within the OhioHealth system for necessary general support of the respective hospitals, including the purchase of property, plant and equipment assets 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" on 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

2015

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 appropriate box(es) if the organization provided any of the following to or for a person listed on 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 indemnification 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**		
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**		
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 on 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 on 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," on line 5a or 5b, describe in Part III			
6	For persons listed on 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," on line 6a or 6b, describe in Part III			
7	For persons listed on 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 on 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" on 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 on 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 on 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
Schedule J, Part I, Line 3 Arrangement used to establish the top management official's compensation	The Parent Corporation (a related organization) used the following methods to establish the compensation of the CEO for each of the filing organizations included 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
Schedule J, Part I, Line 4a Severance or change-of-control payment	THE FOLLOWING INDIVIDUALS LISTED IN FORM 990, PART VII RECEIVED SEVERANCE PAYMENTS Joseph L Chamberlain $393,307 20, KEN DICKEN $121,980 78, GREG LONG $154,984 24, JOHN W SANDERS $272,463 24, DANIELLE (ROTH) CHICKERELLA $93,320 79, DENISE E FOLEY $145,138 75
Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan	There were no individuals listed in Form 990, Part VII that received distributions from a supplemental non-qualified retirement plan Eligible executives listed in the Form 990, Part VII participate in a supplemental non-qualified plan These arrangements are an industry standard and are unfunded Due to the substantial risk of forfeiture provision, there is no guarantee that these officers will ever receive these benefits Amounts for these arrangements are included in the deferred compensation amount
Schedule J, Part I, Line 7 Non-fixed payments	Incentive bonuses are calculated using an objective formula that includes clinical quality, patient, physician and employee satisfaction, and financial items Minor modifications to increase or decrease incentive payments, within the maximum amount established for each position, may be made based on individual performance and accountabilities In addition, one time bonuses may be awarded to recognize exemplary performance All payments are examined for reasonableness and are reviewed and approved by either the Executive Compensation Committee (for disqualified persons) or through management and the company's human resources function (for non-disqualified persons)

Additional Data

Software ID: 15000238
Software Version: 2015v3.0
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 on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 Meldrum Terri W Esq Secretary Board	(I)	0	0	0	0	0	0	0
	(II)	209,750	125,246	2,977	24,841	22,909	385,723	0
1 Morrison Karen J President Board	(I)	0	0	0	0	0	0	0
	(II)	457,555	182,000	27,063	170,789	24,576	861,982	0
2 Vanderhoff Bruce MD Sr VP and Chief Medical Officer OhioHealth	(I)	0	0	0	0	0	0	0
	(II)	646,430	290,000	25,327	235,633	23,826	1,221,216	0
3 Crane Bernie H VP Primary Care Services, OPG (start 6/15)	(I)	0	0	0	0	0	0	0
	(II)	133,417	35,000	21,774	0	12,201	202,392	0
4 Louge Michael W Executive VP & COO	(I)	0	0	0	0	0	0	0
	(II)	872,827	395,000	18,601	691,906	25,826	2,004,159	0
5 Bjerke Craig A Secretary/Treasurer Board (end 6/16)	(I)	0	0	0	0	0	0	0
	(II)	243,527	74,446	4,014	17,163	24,466	363,615	0
6 Johnson Katherine E MD Chairman Board	(I)	210,161	26,644	223	9,545	8,911	255,485	0
	(II)	0	0	0	0	0	0	0
7 Newbrough Jr James P Board	(I)	0	0	0	0	0	0	0
	(II)	245,070	76,768	14,851	19,195	21,966	377,850	0
8 Blom David P President/CEO/Board - OhioHealth	(I)	0	0	0	0	0	0	0
	(II)	1,095,551	632,414	33,476	1,026,821	19,694	2,807,956	0
9 Herbert-Sinden Cheryl L Chairman Board	(I)	0	0	0	0	0	0	0
	(II)	418,601	174,240	27,454	198,792	20,533	839,620	0
10 Snyder Ron P President Board	(I)	238,555	0	0	0	26,438	264,993	0
	(II)	0	0	0	0	0	0	0
11 Thornhill Hugh A Board	(I)	0	0	0	0	0	0	0
	(II)	405,747	171,935	26,451	151,770	26,326	782,229	0
12 Niles John P Board	(I)	0	0	0	0	0	0	0
	(II)	237,345	44,275	25,050	13,885	17,191	337,744	0
13 Yakubov Steven MD Board (end 5/16)	(I)	1,216,043	44,568	99,780	29,570	22,246	1,412,205	0
	(II)	0	0	0	0	0	0	0
14 Abel Michael Joseph Board (start 7/15)	(I)	0	0	0	0	0	0	0
	(II)	152,359	16,277	23,214	11,846	22,219	225,915	0
15 Ansel Gary MD Board (end 5/16)	(I)	1,245,318	44,265	77,745	28,300	22,386	1,418,014	0
	(II)	174,720	0	0	0	0	174,720	0
16 Bay Janet MD Board	(I)	699,827	33,075	48,324	14,414	8,911	804,551	0
	(II)	0	0	0	0	0	0	0
17 Bell Jeffrey G MD Board (end 5/16)	(I)	295,768	9,059	1,651	35,109	18,162	359,749	0
	(II)	0	0	0	0	0	0	0
18 Bianchi Michael Board	(I)	0	0	0	0	0	0	0
	(II)	220,627	69,300	2,203	7,950	21,246	321,325	0
19 Brandon Heather Board	(I)	0	0	0	0	0	0	0
	(II)	208,570	67,666	21,087	20,332	11,567	329,222	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 (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
21 Bunyard Stephen P Board	(I)	0	0	0	0	0	0	0
	(II)	324,007	110,700	6,722	58,750	- 9,713	- 509,893	0
1 Bury Peter Board	(I)	0	0	0	0	0	0	0
	(II)	293,236	91,004	20,337	20,926	- 9,761	- 435,264	0
2 Caulin-Glaser Teresa L MD Board (end 5/16)	(I)	0	0	0	0	0	0	0
	(II)	526,171	180,100	34,764	31,877	- 17,742	- 790,653	0
3 Collazo Antonio E MD Board	(I)	428,877	62,534	2,676	13,250	22,551	529,888	0
	(II)	0	0	0	0	- 0	- 0	0
4 deVillers Rebecca E DO Board	(I)	119,200	7,849	16,454	14,390	18,662	176,556	0
	(II)	0	0	0	0	- 0	- 0	0
5 Evert Barbara MD Board	(I)	0	0	0	0	0	0	0
	(II)	302,240	86,513	29,675	22,422	- 8,911	- 449,761	0
6 Ferris Frank MD Board	(I)	0	0	0	0	0	0	0
	(II)	270,655	78,076	32,215	15,900	- 14,733	- 411,579	0
7 George Peter B MD Board	(I)	880,852	780	90,925	23,681	22,386	1,018,623	0
	(II)	0	0	0	0	- 0	- 0	0
8 Geskey Joseph DO Board	(I)	0	0	0	0	0	0	0
	(II)	276,841	80,672	22,081	13,503	- 21,966	- 415,063	0
9 Gingrich Curtis MD Board (start 7/15)	(I)	0	0	0	0	0	0	0
	(II)	321,400	105,000	4,899	25,054	- 24,466	- 480,819	0
10 Hagen Bruce P Board	(I)	0	0	0	0	0	0	0
	(II)	514,910	204,872	31,660	144,089	- 17,473	- 913,004	0
11 Harmon Thomas L MD Board	(I)	0	0	0	0	0	0	0
	(II)	398,721	121,344	7,889	19,489	- 24,886	- 572,329	0
12 Herceg Milan MD Board	(I)	0	0	0	0	0	0	0
	(II)	317,019	0	0	0	- 0	- 317,019	0
13 Imm Amy MD Board	(I)	0	0	0	0	0	0	0
	(II)	408,854	120,000	24,087	25,968	- 23,986	- 602,895	0
14 Jepson Brian D Board	(I)	0	0	0	0	0	0	0
	(II)	431,613	170,000	23,847	59,803	- 24,466	- 709,729	0
15 Knutson Douglas MD Board	(I)	0	0	0	0	0	0	0
	(II)	386,159	124,370	24,753	26,878	- 10,155	- 572,315	0
16 Lawson Michael S Board	(I)	0	0	0	0	0	0	0
	(II)	418,498	165,528	5,021	57,655	- 9,631	- 656,333	0
17 Lehmuth Richard L Board	(I)	0	0	0	0	0	0	0
	(II)	344,399	110,898	32,955	35,202	- 8,911	- 532,366	0
18 Levin Howard B DO Board	(I)	459,893	444	82,967	24,857	23,586	591,746	0
	(II)	0	0	0	0	- 0	- 0	0
19 Millhon Judson S Jr MD Board	(I)	748,746	1,141	101,121	27,372	22,342	900,722	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 on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
41 Neuhauser Jeffrey L Board (start 7/15)	(I)	149,514	1,703	1,234	9,402	17,672	179,526	0
	(II)	0	0	0	0	0	0	0
1 Reichfield Michael L Board	(I)	0	0	0	0	0	0	0
	(II)	365,118	153,796	25,558	128,443	22,556	695,470	0
2 Smith Rita J RN Board	(I)	111,815	11,963	2,701	27,666	9,271	163,416	0
	(II)	0	0	0	0	0	0	0
3 Snow Richard J DO Chairman Board	(I)	0	0	0	0	0	0	0
	(II)	348,309	99,398	26,323	22,419	25,486	521,935	0
4 Urse Geraldine L DO Board	(I)	232,749	419	8,876	24,785	10,051	276,880	0
	(II)	0	0	0	0	0	0	0
5 von Gunten Charles MD Board	(I)	0	0	0	0	0	0	0
	(II)	269,865	62,027	27,704	15,893	14,733	390,223	0
6 Vora Sanjay K MD Board	(I)	260,530	63,354	20,171	13,318	23,903	381,275	0
	(II)	0	0	0	0	0	0	0
7 Wasielewski Ray MD Board	(I)	743,643	375	21,348	23,935	23,746	813,046	0
	(II)	0	0	0	0	0	0	0
8 Armstrong Stacey K VP Central Ohio Specialty OPG (start 6/15)	(I)	0	0	0	0	0	0	0
	(II)	114,045	25,000	12,266	6,804	11,160	169,275	0
9 Cecala Alan H VP Sys Serv Line Sup OPG	(I)	0	0	0	0	0	0	0
	(II)	262,893	84,715	5,943	15,900	23,925	393,376	0
10 Chickerella Danielle C (Roth) VP Operations OPG (end 7/15)	(I)	0	0	0	0	0	0	0
	(II)	118,950	0	116,040	349	18,320	253,660	0
11 Jernejcic Randy M MD VP Medical Affairs OPG	(I)	0	0	0	0	0	0	0
	(II)	283,503	70,000	22,829	13,386	22,489	412,206	0
12 Lucius Staci E COO OPG	(I)	0	0	0	0	0	0	0
	(II)	239,053	305,350	3,998	13,250	13,665	575,316	0
13 Smith Jeffrey A VP Finance OPG	(I)	0	0	0	0	0	0	0
	(II)	239,273	74,770	10,452	17,256	25,368	367,119	0
14 Yates Vinson M Senior VP & CFO	(I)	0	0	0	0	0	0	0
	(II)	550,919	229,000	27,236	215,503	26,326	1,048,984	0
15 Barnes II Earl J Esq Senior VP & General Counsel	(I)	0	0	0	0	0	0	0
	(II)	428,063	183,000	25,456	151,730	22,670	810,920	0
16 Abaza Ronney MD Physician Urology	(I)	975,193	580,735	1,217	13,250	25,886	1,596,280	0
	(II)	0	0	0	0	0	0	0
17 Bernhard Matthew Physician Core OPG	(I)	1,309,623	150,375	51,471	0	17,912	1,529,381	0
	(II)	0	0	0	0	0	0	0
18 Cassandra James C DO Physician Hand & Ortho Surgery OPG	(I)	1,351,544	233,305	18,458	20,057	26,807	1,650,171	0
	(II)	0	0	0	0	0	0	0
19 Dorbish Ronald Physician Core OPG	(I)	1,197,297	418,491	78,391	20,595	22,746	1,737,520	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 on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
61 Kovack Thomas J DO Physician Ortho Surgery (General)	(I)	2,316,311	20,603	18,512	6,143	24,886	2,386,456	0
	(II)	0	0	0	0	0	0	0
1 Bishop Thomas E FRM VP Primary Care Svcs OPG (end 4/15)	(I)	0	0	0	0	0	0	0
	(II)	107,350	24,510	30,847	0	6,387	169,094	0
2 Chamberlain Joseph L FRM President/VP - MedCentral (end 5/14)	(I)	35,281	0	393,307	0	22,224	450,813	0
	(II)	0	0	0	0	0	0	0
3 Dicken Ken FRM CFO - SAHF (end 8/14)	(I)	0	0	0	0	0	0	0
	(II)	0	0	121,981	0	0	121,981	0
4 Foley Denise E FRM VP Business Development - OPG (end 4/15)	(I)	0	0	0	0	0	0	0
	(II)	77,559	60,473	341,208	2,564	21,706	503,510	0
5 Laterro Anita A FRM Key Employee	(I)	0	0	0	0	0	0	0
	(II)	161,871	54,471	23,889	25,819	19,742	285,793	0
6 Long Greg COO - DHN (end 10/14)	(I)	0	0	0	0	0	0	0
	(II)	15,662	0	154,984	47	9,642	180,336	0
7 Rothstein Mark MD Sr VP/Executive Director - SAHF	(I)	342,666	0	36,824	20,543	21,716	421,749	0
	(II)	0	0	0	0	0	0	0
8 Sanders John W FRM President MGH (end 4/14)	(I)	0	0	0	0	0	0	0
	(II)	19,008	0	272,495	0	13,716	305,219	0
9 Millen Robert P FRM Executive VP & Chief Operating Officer OhioHlth (end 12/14)	(I)	0	0	0	0	0	0	0
	(II)	22,492	155,000	849	0	10	178,352	0
10 Seckinger Mark R FRM Secretary Board	(I)	0	0	0	0	0	0	0
	(II)	230,541	81,900	33,847	61,454	10,323	418,065	0

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

OMB No 1545-0047

2015

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	No

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

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

Part II Loans to and/or From Interested Persons.

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

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

Part III Grants or Assistance Benefiting Interested Persons.

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

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Marissa Root	Spouse of HMH Director (Chip Root)	13,602	Comp/Ben - Spouse is employed at Hardin Memorial Hospital and receives compensation		No
(2) Kaley Haas	Daughter-in-Law of MGH Vice-Chairman (Robert S Haas, Ph D)	47,118	Comp/Ben - Daughter-in-Law is employed at Marion General Hospital, Inc and receives compensation		No

Part V Supplemental Information

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

Return Reference	Explanation
Schedule L, Part IV	(a) Name of Person Marissa Root (b) Relationship Between Interested Person and Organization Spouse of HMH Director (Chip Root) (d) Description of Transaction Comp/Ben - Spouse is employed at HMH and receives compensation (a) Name of Person Kaley Haas (b) Relationship Between Interested Person and Organization Daughter-in-law of MGH Vice-Chairman (Robert S Haas, Ph D) (d) Description of Transaction Comp/Ben - Daughter-in-law is employed at Marion General Hospital and receives compensation

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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

2015

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				
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 ▶ (ICU Waiting Room Furniture)	X	1	5,000	Cost
26 Other ▶ (Cuddle Cot Infant Cooling Device)	X	5	13,628	Cost
27 Other ▶ (Other)	X	20	8,099	Cost
28 Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement — 29: 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?		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?	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	Yes	
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
Schedule M, Part I, Line 32b Third parties used to solicit, process, or sell noncash contributions	The Huntington Investment Co , HCO729, 41 S High St , Columbus, OH 43215, sells all stock and security gifts received
Schedule M, Part I Explanations of reporting method for number of contributions	Other - ICU Waiting Room Furniture Number of items received Other - Cuddle Cot Infant Cooling Device Number of items received Other - Other Combination of both methods

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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

2015

Open to Public Inspection

Name of the organization	Employer identification number
OhioHealth Corporation Group Return	32-0007056

Return Reference	Explanation
Form 990, Part III, Line 4d Description of other program services	(Expenses $ 2,924,758 including grants of $ 902,022)(Revenue $ 11,341,473) 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

Return Reference	Explanation
Form 990, Part VI, Line 2 Business Relationships	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, and Sheltering Arms Hospital Foundation, and Kerri B Anderson, Treasurer of Grady Memorial Hospital, MedCentral Mansfield Hospital, MedCentral Shelby Hospital, and Sheltering Arms Hospital Foundation, have a business relationship

Return Reference	Explanation
Form 990, Part VI, Line 6 Classes of members or stockholders	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, Line 7a Members or stockholders electing members of governing body	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, Line 7b Decisions requiring approval by members or stockholders	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, Line 11b Review of form 990 by governing body	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, Line 12c Conflict of interest policy	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, Line 15a Process to establish compensation of top management official	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 2015 base salary and his 2015 total compensation which includes all incentive plans and benefits were estimated to approximate the 76th 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 6/30/2014 was at the 85th percentile and for FY 6/30/2015 was at the 81st 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 2015 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

Return Reference	Explanation
Form 990, Part VI, Line 15b Process to establish compensation of other employees	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, Line 19 Required documents available to the public	Information is made available as required

Return Reference	Explanation
Form 990, Part VII, Section A Meldrum, Terri W , Esq ADDITIONAL POSITIONS HELD	Organization Name OhioHealth Physician Group, Inc , Title Secretary Board, AverageHours 1 000, IndividualTrusteeOrDirectorOfficer

Return Reference	Explanation
Form 990, Part VII, Section A Morrison, Karen J ADDITIONAL POSITIONS HELD	Organization Name OhioHealth Foundation Inc , Title President Board, AverageHours 20 000, IndividualTrusteeOrDirectorOfficer

Return Reference	Explanation
Form 990, Part VII, Section A Vanderhoff, Bruce, M D ADDITIONAL POSITIONS HELD	Organization Name OhioHealth Physician Group, Inc , Title Board, AverageHours 1 000, IndividualTrusteeOrDirector Organization Name OhioHealth Research Foundation, Title Sr VP CMO/Vice-Chair Board, AverageHours 1 000, IndividualTrusteeOrDirectorOfficer

Return Reference	Explanation
Form 990, Part VII, Section A Crane, Berney H ADDITIONAL POSITIONS HELD	Organization Name OhioHealth Physician Group, Inc , Title VP Primary Care Services, OPG (start 6/15), AverageHours 0 000, Officer Organization Name OhioHealth Foundation Inc , Title Board, AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Louge, Michael W ADDITIONAL POSITIONS HELD	Organization Name OhioHealth Physician Group, Inc , Title Chairman/VP Board, AverageHours 1 000, IndividualTrusteeOrDirectorOfficer

Return Reference	Explanation
Form 990, Part VII, Section A Bjerke, Craig A ADDITIONAL POSITIONS HELD	Organization Name OhioHealth Research Foundation, Title Secretary/Treasurer Board (end 6/16), AverageHours 1 000, IndividualTrusteeOrDirectorOfficer Organization Name HomeReach, Title Secretary/Treasurer Board (end 6/16), AverageHours 1 000, IndividualTrusteeOrDirectorOfficer Organization Name Home Reach HomeCare, Title Secretary/Treasurer Board (end 6/16), AverageHours 1 000, IndividualTrusteeOrDirectorOfficer Organization Name OhioHealth Physician Group, Inc , Title Treasurer Board (end 6/16), AverageHours 1 000, Officer Organization Name Appalachian Community Visiting Nurse Association, Title Secretary/Treasurer Board (end 6/16), AverageHours 1 000, IndividualTrusteeOrDirectorOfficer

Return Reference	Explanation
Form 990, Part VII, Section A Jennings, Matthew ADDITIONAL POSITIONS HELD	Organization Name Grady Memorial Hospital, Title Board, AverageHours 1 000, IndividualTrusteeOrDirector Organization Name Hardin Memorial Hospital, Title Chairman Board, AverageHours 1 000, IndividualTrusteeOrDirectorOfficer Organization Name Hardin Physician Foundation, Title Board, AverageHours 1 000, IndividualTrusteeOrDirector Organization Name MedCentral Health System, Title Board, AverageHours 1 000, IndividualTrusteeOrDirector Organization Name Sheltering Arms Hospital Foundation, Title Board, AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Johnson, Katherine E , M D ADDITIONAL POSITIONS HELD	Organization Name OhioHealth Physician Group, Inc , Title Physician Core OPG, AverageHours 40 000, Organization Name Hardin Physician Foundation, Title Chairman Board, AverageHours 1 000, IndividualTrusteeOrDirectorOfficer

Return Reference	Explanation
Form 990, Part VII, Section A New brough Jr , James P ADDITIONAL POSITIONS HELD	Organization Name OhioHealth Foundation Inc , Title Board (End 7/16), AverageHours 1 000, IndividualTrusteeOrDirector Organization Name Appalachian Community Visiting Nurse Association, Title President, AverageHours 1 000, Officer

Return Reference	Explanation
Form 990, Part VII, Section A Sanner, Robert O ADDITIONAL POSITIONS HELD	Organization Name Marion General Hospital Inc , Title Chairman Board, AverageHours 1 000, IndividualTrusteeOrDirectorOfficer Organization Name Grady Memorial Hospital, Title Board (start 7/15), AverageHours 1 000, IndividualTrusteeOrDirector Organization Name MedCentral Health System, Title Board (start 7/15), AverageHours 1 000, IndividualTrusteeOrDirector Organization Name Sheltering Arms Hospital Foundation, Title Board (start 7/15), AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Anderson, Kerrii B ADDITIONAL POSITIONS HELD	Organization Name Grady Memorial Hospital, Title Treasurer Board, AverageHours 1 000, IndividualTrusteeOrDirectorOfficer Organization Name MedCentral Health System, Title Treasurer Board, AverageHours 1 000, IndividualTrusteeOrDirectorOfficer Organization Name Sheltering Arms Hospital Foundation, Title Treasurer Board, AverageHours 1 000, IndividualTrusteeOrDirectorOfficer

Return Reference	Explanation
Form 990, Part VII, Section A Blom, David P ADDITIONAL POSITIONS HELD	Organization Name OhioHealth Foundation Inc , Title CEO/Board, AverageHours 1 000, IndividualTrusteeOrDirectorOfficer Organization Name OhioHealth Physician Group, Inc , Title CEO/Board, AverageHours 1 000, IndividualTrusteeOrDirectorOfficer Organization Name Grady Memorial Hospital, Title CEO/Board, AverageHours 1 000, IndividualTrusteeOrDirectorOfficer Organization Name MedCentral Health System, Title CEO/Board, AverageHours 1 000, IndividualTrusteeOrDirectorOfficer Organization Name Sheltering Arms Hospital Foundation, Title CEO/Board, AverageHours 1 000, IndividualTrusteeOrDirectorOfficer Organization Name Appalachian Community Visiting Nurse Association, Title CEO, AverageHours 1 000, Officer Organization Name OhioHealth Research Foundation, Title CEO, AverageHours 1 000, Officer Organization Name Hardin Memorial Hospital, Title CEO, AverageHours 1 000, Officer Organization Name Hardin Physician Foundation, Title CEO, AverageHours 1 000, Officer Organization Name Hardin Memorial Hospital Foundation, Title CEO, AverageHours 1 000, Officer Organization Name HomeReach, Title CEO, AverageHours 1 000, Officer Organization Name Home Reach HomeCare, Title CEO, AverageHours 1 000, Officer

Return Reference	Explanation
Form 990, Part VII, Section A Bradley, Kevin G ADDITIONAL POSITIONS HELD	Organization Name Marion General Hospital Inc , Title Secretary Board, AverageHours 1 000, IndividualTrusteeOrDirectorOfficer

Return Reference	Explanation
Form 990, Part VII, Section A Foreman, Ivery D Esq ADDITIONAL POSITIONS HELD	Organization Name OhioHealth Foundation Inc , Title Secretary/Treasurer Board, AverageHours 1 000, IndividualTrusteeOrDirectorOfficer

Return Reference	Explanation
Form 990, Part VII, Section A Haas, Robert S , Ph D ADDITIONAL POSITIONS HELD	Organization Name Marion General Hospital Inc , Title Vice-Chair, AverageHours 1 000, IndividualTrusteeOrDirectorOfficer

Return Reference	Explanation
Form 990, Part VII, Section A Herbert-Sinden, Cheryl L ADDITIONAL POSITIONS HELD	Organization Name HomeReach, Title Chairman Board, AverageHours 1 000, IndividualTrusteeOrDirectorOfficer Organization Name Home Reach HomeCare, Title Chairman Board, AverageHours 1 000, IndividualTrusteeOrDirectorOfficer Organization Name Marion General Hospital Inc , Title Board, AverageHours 1 000, IndividualTrusteeOrDirector Organization Name Appalachian Community Visiting Nurse Association, Title Chairman Board, AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A McConnell, John P ADDITIONAL POSITIONS HELD	Organization Name OhioHealth Foundation Inc , Title Vice-Chair Board, AverageHours 1 000, IndividualTrusteeOrDirectorOfficer Organization Name Grady Memorial Hospital, Title Vice-Chair Board, AverageHours 1 000, IndividualTrusteeOrDirectorOfficer Organization Name MedCentral Health System, Title Vice-Chair Board, AverageHours 1 000, IndividualTrusteeOrDirectorOfficer Organization Name Sheltering Arms Hospital Foundation, Title Vice-Chair Board, AverageHours 1 000, IndividualTrusteeOrDirectorOfficer

Return Reference	Explanation
Form 990, Part VII, Section A Oates, Todd, O D ADDITIONAL POSITIONS HELD	Organization Name Hardin Memorial Hospital, Title Secretary Board, AverageHours 1 000, IndividualTrusteeOrDirectorOfficer Organization Name Hardin Physician Foundation, Title Board (start 1/16), AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Parker, Mark S ADDITIONAL POSITIONS HELD	Organization Name Marion General Hospital Inc , Title Treasurer Board, AverageHours 1 000, IndividualTrusteeOrDirectorOfficer

Return Reference	Explanation
Form 990, Part VII, Section A Rasmussen, Steven ADDITIONAL POSITIONS HELD	Organization Name Grady Memorial Hospital, Title Chairman Board, AverageHours 1 000, IndividualTrusteeOrDirectorOfficer Organization Name MedCentral Health System, Title Chairman Board, AverageHours 1 000, IndividualTrusteeOrDirectorOfficer Organization Name Sheltering Arms Hospital Foundation, Title Chairman Board, AverageHours 1 000, IndividualTrusteeOrDirectorOfficer Organization Name OhioHealth Foundation Inc , Title Board, AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Root, Chip ADDITIONAL POSITIONS HELD	Organization Name Hardin Memorial Hospital, Title Treasurer Board, AverageHours 1 000, IndividualTrusteeOrDirectorOfficer Organization Name Hardin Physician Foundation, Title Board (start 1/16), AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Schwemer, John ADDITIONAL POSITIONS HELD	Organization Name Hardin Memorial Hospital, Title Vice-Chair, AverageHours 1 000, IndividualTrusteeOrDirectorOfficer Organization Name Hardin Physician Foundation, Title Board, AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Scott, Bradley N ADDITIONAL POSITIONS HELD	Organization Name Grady Memorial Hospital, Title Secretary Board, AverageHours 1 000, IndividualTrusteeOrDirectorOfficer Organization Name MedCentral Health System, Title Secretary Board, AverageHours 1 000, IndividualTrusteeOrDirectorOfficer Organization Name Sheltering Arms Hospital Foundation, Title Secretary Board, AverageHours 1 000, IndividualTrusteeOrDirectorOfficer

Return Reference	Explanation
Form 990, Part VII, Section A Snyder, Ron P ADDITIONAL POSITIONS HELD	Organization Name Hardin Memorial Hospital, Title Board, AverageHours 41 000, IndividualTrusteeOrDirector Organization Name Hardin Memorial Hospital Foundation, Title President Board, AverageHours 1 000, IndividualTrusteeOrDirectorOfficer Organization Name Hardin Physician Foundation, Title Board, AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Thornhill, Hugh A ADDITIONAL POSITIONS HELD	Organization Name OhioHealth Physician Group, Inc , Title Board, AverageHours 1 000, IndividualTrusteeOrDirectorOfficer

Return Reference	Explanation
Form 990, Part VII, Section A Gutheil, Paige D O ADDITIONAL POSITIONS HELD	Organization Name OhioHealth Physician Group, Inc , Title Administrative Physician, AverageHours 40 000, Organization Name Grady Memorial Hospital, Title Board, AverageHours 1 000, IndividualTrusteeOrDirector Organization Name MedCentral Health System, Title Board, AverageHours 1 000, IndividualTrusteeOrDirector Organization Name OhioHealth Foundation Inc , Title Board, AverageHours 1 000, IndividualTrusteeOrDirector Organization Name Sheltering Arms Hospital Foundation, Title Board, AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Niles, John P ADDITIONAL POSITIONS HELD	Organization Name OhioHealth Research Foundation, Title Board, AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Yakubov, Steven, M D ADDITIONAL POSITIONS HELD	Organization Name OhioHealth Physician Group, Inc , Title Physician Core OPG, AverageHours 40 000, Organization Name OhioHealth Research Foundation, Title Board (end 5/16), AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Abbott, Lawrence C ADDITIONAL POSITIONS HELD	Organization Name Grady Memorial Hospital, Title Board, AverageHours 1 000, IndividualTrusteeOrDirector Organization Name MedCentral Health System, Title Board, AverageHours 1 000, IndividualTrusteeOrDirector Organization Name Sheltering Arms Hospital Foundation, Title Board, AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Abel, Michael Joseph ADDITIONAL POSITIONS HELD	Organization Name OhioHealth Foundation Inc , Title Board (start 7/15), AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Abraham, Tara M ADDITIONAL POSITIONS HELD	Organization Name OhioHealth Foundation Inc , Title Board, AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Akins, Nicholas ADDITIONAL POSITIONS HELD	Organization Name Grady Memorial Hospital, Title Board, AverageHours 1 000, IndividualTrusteeOrDirector Organization Name MedCentral Health System, Title Board, AverageHours 1 000, IndividualTrusteeOrDirector Organization Name Sheltering Arms Hospital Foundation, Title Board, AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Anderson, Douglas T ADDITIONAL POSITIONS HELD	Organization Name OhioHealth Foundation Inc , Title Board, AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Anderson, Thomas, D O ADDITIONAL POSITIONS HELD	Organization Name Grady Memorial Hospital, Title Board, AverageHours 1 000, IndividualTrusteeOrDirector Organization Name MedCentral Health System, Title Board, AverageHours 1 000, IndividualTrusteeOrDirector Organization Name Sheltering Arms Hospital Foundation, Title Board, AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Andreoli, Steven ADDITIONAL POSITIONS HELD	Organization Name OhioHealth Foundation Inc , Title Board, AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Ansel, Gary, M D ADDITIONAL POSITIONS HELD	Organization Name OhioHealth Physician Group, Inc , Title Physician Cardio Interventional, AverageHours 40 000, Organization Name OhioHealth Research Foundation, Title Board (end 5/16), AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Barrett, Scott ADDITIONAL POSITIONS HELD	Organization Name Hardin Memorial Hospital, Title Board, AverageHours 1 000, IndividualTrusteeOrDirector Organization Name Hardin Memorial Hospital Foundation, Title Board, AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Basil, Brian A ADDITIONAL POSITIONS HELD	Organization Name OhioHealth Foundation Inc , Title Board, AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Bay, Janet, M D ADDITIONAL POSITIONS HELD	Organization Name OhioHealth Physician Group, Inc , Title Physician Core OPG, AverageHours 40 000, Organization Name OhioHealth Research Foundation, Title Board, AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Bell, Jeffrey G , M D ADDITIONAL POSITIONS HELD	Organization Name OhioHealth Physician Group, Inc , Title Physician GYN/ONC, AverageHours 40 000, Organization Name OhioHealth Research Foundation, Title Board (end 5/16), AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Berw anger, Joseph M ADDITIONAL POSITIONS HELD	Organization Name OhioHealth Foundation Inc , Title Board, AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Bianchi, Michael ADDITIONAL POSITIONS HELD	Organization Name OhioHealth Research Foundation, Title Board, AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Bing, Arthur G H , M D ADDITIONAL POSITIONS HELD	Organization Name OhioHealth Foundation Inc , Title Board, AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Blazyk, Jack, Ph D ADDITIONAL POSITIONS HELD	Organization Name OhioHealth Research Foundation, Title Board (end 5/16), AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Bloomfield, Toni ADDITIONAL POSITIONS HELD	Organization Name OhioHealth Foundation Inc , Title Board, AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Brandon, Heather ADDITIONAL POSITIONS HELD	Organization Name OhioHealth Foundation Inc , Title Board, AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Bright, David ADDITIONAL POSITIONS HELD	Organization Name OhioHealth Foundation Inc , Title Board, AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Buckley, Donna ADDITIONAL POSITIONS HELD	Organization Name OhioHealth Foundation Inc , Title Board (end 10/15), AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Bunyard, Stephen P ADDITIONAL POSITIONS HELD	Organization Name OhioHealth Foundation Inc , Title Board, AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Bury, Peter ADDITIONAL POSITIONS HELD	Organization Name OhioHealth Foundation Inc , Title Board, AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Butler, David ADDITIONAL POSITIONS HELD	Organization Name OhioHealth Foundation Inc , Title Board, AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Cadwallader, Patricia S ADDITIONAL POSITIONS HELD	Organization Name OhioHealth Foundation Inc , Title Board, AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Campbell, Thomas ADDITIONAL POSITIONS HELD	Organization Name OhioHealth Foundation Inc , Title Board, AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Casperson, April, Rev ADDITIONAL POSITIONS HELD	Organization Name Grady Memorial Hospital, Title Board, AverageHours 1 000, IndividualTrusteeOrDirector Organization Name MedCentral Health System, Title Board, AverageHours 1 000, IndividualTrusteeOrDirector Organization Name Sheltering Arms Hospital Foundation, Title Board, AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Caulin-Glaser, Teresa L , M D ADDITIONAL POSITIONS HELD	Organization Name OhioHealth Research Foundation, Title Board (end 5/16), AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Chambers, Linda, M D ADDITIONAL POSITIONS HELD	Organization Name OhioHealth Physician Group, Inc , Title President Elect - Medical Staff, AverageHours 40 000, Organization Name OhioHealth Foundation Inc , Title Board (end 12/15), AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Chester-Alexander, Cecily ADDITIONAL POSITIONS HELD	Organization Name OhioHealth Foundation Inc , Title Board, AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Coley-Malir, Bonnie ADDITIONAL POSITIONS HELD	Organization Name OhioHealth Foundation Inc , Title Board, AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Collazo, Antonio E , M D ADDITIONAL POSITIONS HELD	Organization Name Marion General Hospital Inc , Title Board, AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Crane, Tanny ADDITIONAL POSITIONS HELD	Organization Name OhioHealth Foundation Inc , Title Chairman Board, AverageHours 1 000, IndividualTrusteeOrDirector Organization Name Grady Memorial Hospital, Title Board, AverageHours 1 000, IndividualTrusteeOrDirector Organization Name MedCentral Health System, Title Board, AverageHours 1 000, IndividualTrusteeOrDirector Organization Name Sheltering Arms Hospital Foundation, Title Board, AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Cunningham, Jane Watson ADDITIONAL POSITIONS HELD	Organization Name OhioHealth Foundation Inc , Title Board, AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Deep, Donald P , M D ADDITIONAL POSITIONS HELD	Organization Name OhioHealth Physician Group, Inc , Title Physician President Med Staff, AverageHours 40 000, Organization Name OhioHealth Foundation Inc , Title Board, AverageHours 1 000, IndividualTrusteeOrDirector Organization Name Grady Memorial Hospital, Title Board (start 7/15), AverageHours 1 000, IndividualTrusteeOrDirector Organization Name MedCentral Health System, Title Board (start 7/15), AverageHours 1 000, IndividualTrusteeOrDirector Organization Name Sheltering Arms Hospital Foundation, Title Board (start 7/15), AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A deVillers, Rebecca E , D O ADDITIONAL POSITIONS HELD	Organization Name OhioHealth Physician Group, Inc , Title Physician Core OPG, AverageHours 40 000, Organization Name OhioHealth Foundation Inc , Title Board, AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Dew ire, Rev Dr Norman E ADDITIONAL POSITIONS HELD	Organization Name Grady Memorial Hospital, Title Board, AverageHours 1 000, IndividualTrusteeOrDirector Organization Name MedCentral Health System, Title Board, AverageHours 1 000, IndividualTrusteeOrDirector Organization Name Sheltering Arms Hospital Foundation, Title Board, AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A DiMarco, Ann M ADDITIONAL POSITIONS HELD	Organization Name OhioHealth Foundation Inc , Title Board, AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Doody Anderson, Elizabeth ADDITIONAL POSITIONS HELD	Organization Name OhioHealth Foundation Inc , Title Board, AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Englefield, Cynthia ADDITIONAL POSITIONS HELD	Organization Name OhioHealth Foundation Inc , Title Board, AverageHours 1 000, IndividualTrusteeOrDirector Organization Name HomeReach, Title Board (end 7/15), AverageHours 1 000, IndividualTrusteeOrDirector Organization Name Home Reach HomeCare, Title Board (end 7/15), AverageHours 1 000, IndividualTrusteeOrDirector Organization Name Appalachian Community Visiting Nurse Association, Title Board (end 7/15), AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Evert, Barbara, M D ADDITIONAL POSITIONS HELD	Organization Name HomeReach, Title Board, AverageHours 1 000, IndividualTrusteeOrDirector Organization Name Home Reach HomeCare, Title Board, AverageHours 1 000, IndividualTrusteeOrDirector Organization Name Appalachian Community Visiting Nurse Association, Title Board, AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Fellenz, Donald C ADDITIONAL POSITIONS HELD	Organization Name OhioHealth Foundation Inc , Title Board (end 5/16), AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Ferris, Frank, M D ADDITIONAL POSITIONS HELD	Organization Name OhioHealth Research Foundation, Title Board, AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Fields, Steven P ADDITIONAL POSITIONS HELD	Organization Name OhioHealth Foundation Inc , Title Board, AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Flesch, Thomas G ADDITIONAL POSITIONS HELD	Organization Name OhioHealth Foundation Inc , Title Board, AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Fletcher, Paul ADDITIONAL POSITIONS HELD	Organization Name Hardin Memorial Hospital, Title Board (start 11/15), AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A France, Mandy ADDITIONAL POSITIONS HELD	Organization Name Hardin Memorial Hospital, Title Board, AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Gabriel, Paul, M D ADDITIONAL POSITIONS HELD	Organization Name OhioHealth Foundation Inc , Title Board, AverageHours 1 000, IndividualTrusteeOrDirector Organization Name Grady Memorial Hospital, Title Board, AverageHours 1 000, IndividualTrusteeOrDirector Organization Name MedCentral Health System, Title Board, AverageHours 1 000, IndividualTrusteeOrDirector Organization Name Sheltering Arms Hospital Foundation, Title Board, AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Gallagher-Allred, Charlette Ph D ADDITIONAL POSITIONS HELD	Organization Name OhioHealth Foundation Inc , Title Board, AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Geese, Ronald L ADDITIONAL POSITIONS HELD	Organization Name OhioHealth Foundation Inc , Title Board , AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A George, Peter B , M D ADDITIONAL POSITIONS HELD	Organization Name OhioHealth Physician Group, Inc , Title Physician Core OPG, AverageHours 40 000, Organization Name OhioHealth Foundation Inc , Title Board , AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Geskey, Joseph, D O ADDITIONAL POSITIONS HELD	Organization Name OhioHealth Foundation Inc , Title Board , AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Gingrich, Curtis, M D ADDITIONAL POSITIONS HELD	Organization Name OhioHealth Foundation Inc , Title Board (start 7/15), AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Glandon, Philip J Sr ADDITIONAL POSITIONS HELD	Organization Name OhioHealth Foundation Inc , Title Board , AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Govekar, Michele ADDITIONAL POSITIONS HELD	Organization Name Hardin Memorial Hospital, Title Board (end 11/15), AverageHours 1 000, IndividualTrusteeOrDirector Organization Name Hardin Physician Foundation, Title Board (end 11/15), AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Gregory, Ramon ADDITIONAL POSITIONS HELD	Organization Name OhioHealth Foundation Inc , Title Board (start 1/16), AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Griffin, Scott R ADDITIONAL POSITIONS HELD	Organization Name OhioHealth Foundation Inc , Title Board , AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Habash, Stephen J ADDITIONAL POSITIONS HELD	Organization Name OhioHealth Foundation Inc , Title Board , AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Hagen, Bruce P ADDITIONAL POSITIONS HELD	Organization Name Marion General Hospital Inc , Title Board, AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Harmon, Thomas L M D ADDITIONAL POSITIONS HELD	Organization Name OhioHealth Foundation Inc , Title Board, AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Haushalter, Nikki ADDITIONAL POSITIONS HELD	Organization Name Hardin Memorial Hospital, Title Board (start 1/16), AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Heilman, Max ADDITIONAL POSITIONS HELD	Organization Name Hardin Memorial Hospital, Title Board (end 12/15), AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Heilman, Sharon ADDITIONAL POSITIONS HELD	Organization Name Hardin Memorial Hospital Foundation, Title Board, AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Herceg, Milan M D ADDITIONAL POSITIONS HELD	Organization Name OhioHealth Foundation Inc , Title Board, AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Hidaka, Yoshihiro ADDITIONAL POSITIONS HELD	Organization Name OhioHealth Foundation Inc , Title Board, AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Hinderer, Justin ADDITIONAL POSITIONS HELD	Organization Name OhioHealth Foundation Inc , Title Board, AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Imm, Amy, M D ADDITIONAL POSITIONS HELD	Organization Name OhioHealth Research Foundation, Title Board, AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Infante, Stephanie ADDITIONAL POSITIONS HELD	Organization Name OhioHealth Foundation Inc , Title Board, AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Ingram, Lisa ADDITIONAL POSITIONS HELD	Organization Name Grady Memorial Hospital, Title Board (start 7/15), AverageHours 1 000, IndividualTrusteeOrDirector Organization Name MedCentral Health System, Title Board (start 7/15), AverageHours 1 000, IndividualTrusteeOrDirector Organization Name Sheltering Arms Hospital Foundation, Title Board (start 7/15), AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Irelan, Vic ADDITIONAL POSITIONS HELD	Organization Name OhioHealth Foundation Inc , Title Board, AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A James, Donna ADDITIONAL POSITIONS HELD	Organization Name Grady Memorial Hospital, Title Board, AverageHours 1 000, IndividualTrusteeOrDirector Organization Name MedCentral Health System, Title Board, AverageHours 1 000, IndividualTrusteeOrDirector Organization Name Sheltering Arms Hospital Foundation, Title Board, AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Jepson, Brian D ADDITIONAL POSITIONS HELD	Organization Name OhioHealth Foundation Inc , Title Board, AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Johnston, Tom ADDITIONAL POSITIONS HELD	Organization Name Marion General Hospital Inc , Title Board, AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Kiger, Rev Daniel A ADDITIONAL POSITIONS HELD	Organization Name Marion General Hospital Inc , Title Board, AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Kile, Carolyn S ADDITIONAL POSITIONS HELD	Organization Name Marion General Hospital Inc , Title Board (start 7/15), AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Knutson, Douglas M D ADDITIONAL POSITIONS HELD	Organization Name OhioHealth Research Foundation, Title Board, AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Laber, Melissa ADDITIONAL POSITIONS HELD	Organization Name OhioHealth Foundation Inc , Title Board, AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A LaRocca, Nicholas J ADDITIONAL POSITIONS HELD	Organization Name OhioHealth Foundation Inc , Title Board, AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Lause, Lew ADDITIONAL POSITIONS HELD	Organization Name Marion General Hospital Inc , Title Board, AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Lawson, Michael S ADDITIONAL POSITIONS HELD	Organization Name OhioHealth Foundation Inc , Title Board, AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Lehmuth, Richard L ADDITIONAL POSITIONS HELD	Organization Name HomeReach, Title Board, AverageHours 1 000, IndividualTrusteeOrDirector Organization Name Home Reach HomeCare, Title Board, AverageHours 1 000, IndividualTrusteeOrDirector Organization Name Appalachian Community Visiting Nurse Association, Title Board, AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Levin, How ard B , D O ADDITIONAL POSITIONS HELD	Organization Name OhioHealth Physician Group, Inc , Title Physician Core OPG, AverageHours 40 000, Organization Name OhioHealth Foundation Inc , Title Board, AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Loudenslager, Roy A ADDITIONAL POSITIONS HELD	Organization Name Marion General Hospital Inc , Title Board, AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Mackessy, James P M D ADDITIONAL POSITIONS HELD	Organization Name OhioHealth Physician Group, Inc , Title Physician Family Medicine, AverageHours 40 000, Organization Name OhioHealth Foundation Inc , Title Board, AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A McCloy, George W ADDITIONAL POSITIONS HELD	Organization Name OhioHealth Foundation Inc , Title Board, AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A McComas, Janie ADDITIONAL POSITIONS HELD	Organization Name OhioHealth Foundation Inc , Title Board, AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A McCullough, Steve ADDITIONAL POSITIONS HELD	Organization Name Hardin Memorial Hospital, Title Board, AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A McFarland, James E. ADDITIONAL POSITIONS HELD	Organization Name Marion General Hospital Inc , Title Board, AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Menning, Michael E ADDITIONAL POSITIONS HELD	Organization Name OhioHealth Foundation Inc , Title Board, AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Mercker, Julie ADDITIONAL POSITIONS HELD	Organization Name OhioHealth Foundation Inc , Title Board, AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Meyer, Harlan, M D ADDITIONAL POSITIONS HELD	Organization Name Grady Memorial Hospital, Title Board, AverageHours 1 000, IndividualTrusteeOrDirector Organization Name MedCentral Health System, Title Board, AverageHours 1 000, IndividualTrusteeOrDirector Organization Name Sheltering Arms Hospital Foundation, Title Board, AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Miller, Donald M , M D ADDITIONAL POSITIONS HELD	Organization Name Marion General Hospital Inc , Title Board (start 7/15), AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Millhon, Judson S Jr , M D ADDITIONAL POSITIONS HELD	Organization Name OhioHealth Physician Group, Inc , Title Physician Core OPG, AverageHours 40 000, Organization Name OhioHealth Foundation Inc , Title Board, AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Music, William D ADDITIONAL POSITIONS HELD	Organization Name OhioHealth Foundation Inc , Title Board, AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Neuhauser, Jeffrey L ADDITIONAL POSITIONS HELD	Organization Name OhioHealth Physician Group, Inc , Title Physician Core OPG, AverageHours 40 000, Organization Name Hardin Memorial Hospital, Title Board (Start 7/15), AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A O'Mara, Shay, M D ADDITIONAL POSITIONS HELD	Organization Name OhioHealth Research Foundation, Title Board, AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Palmer, Bishop Gregory ADDITIONAL POSITIONS HELD	Organization Name Grady Memorial Hospital, Title Board, AverageHours 1 000, IndividualTrusteeOrDirector Organization Name MedCentral Health System, Title Board, AverageHours 1 000, IndividualTrusteeOrDirector Organization Name Sheltering Arms Hospital Foundation, Title Board, AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Patterson, David T ADDITIONAL POSITIONS HELD	Organization Name OhioHealth Foundation Inc , Title Board, AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Powers, James, M D ADDITIONAL POSITIONS HELD	Organization Name OhioHealth Foundation Inc , Title Board (start 7/15), AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Rader, Traci ADDITIONAL POSITIONS HELD	Organization Name Hardin Memorial Hospital, Title Board (start 1/16), AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Radway, Rob ADDITIONAL POSITIONS HELD	Organization Name Hardin Memorial Hospital, Title Board, AverageHours 1 000, IndividualTrusteeOrDirector Organization Name Hardin Physician Foundation, Title Board (end 12/15), AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Ragan, Virginia D ADDITIONAL POSITIONS HELD	Organization Name OhioHealth Foundation Inc , Title Board, AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Ravi, Srinivas P , M D ADDITIONAL POSITIONS HELD	Organization Name Marion General Hospital Inc , Title Board, AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Reddy, Sudesh S , M D ADDITIONAL POSITIONS HELD	Organization Name Marion General Hospital Inc , Title Board, AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Reichfield, Michael L ADDITIONAL POSITIONS HELD	Organization Name OhioHealth Foundation Inc , Title Board, AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Riley, Joel ADDITIONAL POSITIONS HELD	Organization Name OhioHealth Foundation Inc , Title Board (start 7/15), AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Royer, Mariann ADDITIONAL POSITIONS HELD	Organization Name Hardin Memorial Hospital Foundation, Title Board, AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Sanese, Ralph Jr ADDITIONAL POSITIONS HELD	Organization Name OhioHealth Foundation Inc , Title Board, AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Schwarz, David H ADDITIONAL POSITIONS HELD	Organization Name OhioHealth Foundation Inc , Title Board, AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Smith, Eric C ADDITIONAL POSITIONS HELD	Organization Name OhioHealth Foundation Inc , Title Board, AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Smith, Linda ADDITIONAL POSITIONS HELD	Organization Name Hardin Memorial Hospital Foundation, Title Board, AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Smith, Rita J , RN ADDITIONAL POSITIONS HELD	Organization Name OhioHealth Foundation Inc , Title Board, AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Snow , Richard J , D O ADDITIONAL POSITIONS HELD	Organization Name OhioHealth Research Foundation, Title Chairman Board, AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Swiatek, Valerie B ADDITIONAL POSITIONS HELD	Organization Name OhioHealth Foundation Inc , Title Board, AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Terapak, Richard G Esq ADDITIONAL POSITIONS HELD	Organization Name OhioHealth Foundation Inc , Title Board, AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Trell, Eugene, D O ADDITIONAL POSITIONS HELD	Organization Name OhioHealth Foundation Inc , Title Board, AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Urse, Geraldine L , D O ADDITIONAL POSITIONS HELD	Organization Name OhioHealth Physician Group, Inc , Title Director Medical Education DRS, AverageHours 40 000, Organization Name OhioHealth Foundation Inc , Title Board, AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A von Gunten, Charles, M D ADDITIONAL POSITIONS HELD	Organization Name OhioHealth Foundation Inc , Title Board, AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Vora, Sanjay K , M D ADDITIONAL POSITIONS HELD	Organization Name OhioHealth Physician Group, Inc , Title Physician - MNMAP, AverageHours 40 000, Organization Name Marion General Hospital Inc , Title Board, AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Vornbrock, Page ADDITIONAL POSITIONS HELD	Organization Name OhioHealth Foundation Inc , Title Board, AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Walter, Matt ADDITIONAL POSITIONS HELD	Organization Name Grady Memorial Hospital, Title Board, AverageHours 1 000, IndividualTrusteeOrDirector Organization Name MedCentral Health System, Title Board, AverageHours 1 000, IndividualTrusteeOrDirector Organization Name Sheltering Arms Hospital Foundation, Title Board, AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Wasielewski, Ray, M D ADDITIONAL POSITIONS HELD	Organization Name OhioHealth Physician Group, Inc , Title Physician Core OPG, AverageHours 40 000, Organization Name OhioHealth Research Foundation, Title Board, AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Weiler, Alan R ADDITIONAL POSITIONS HELD	Organization Name OhioHealth Foundation Inc , Title Board, AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Weiler, Robert ADDITIONAL POSITIONS HELD	Organization Name OhioHealth Foundation Inc , Title Board, AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Westwater, Leah ADDITIONAL POSITIONS HELD	Organization Name OhioHealth Foundation Inc , Title Board, AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A White, Aimee ADDITIONAL POSITIONS HELD	Organization Name OhioHealth Foundation Inc , Title Board, AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A White, Scott ADDITIONAL POSITIONS HELD	Organization Name OhioHealth Foundation Inc , Title Board, AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A White, Willis S Jr ADDITIONAL POSITIONS HELD	Organization Name OhioHealth Foundation Inc , Title Board, AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Young, Beverly S ADDITIONAL POSITIONS HELD	Organization Name Marion General Hospital Inc , Title Board, AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Armstrong, Stacey K ADDITIONAL POSITIONS HELD	Organization Name OhioHealth Physician Group, Inc , Title VP Central Ohio Specialty OPG (start 6/15), AverageHours , Officer

Return Reference	Explanation
Form 990, Part VII, Section A Cecala, Alan H ADDITIONAL POSITIONS HELD	Organization Name OhioHealth Physician Group, Inc , Title VP Sys Serv Line Sup OPG, AverageHours 1 000, Officer

Return Reference	Explanation
Form 990, Part VII, Section A Chickerella, Danielle C (Roth) ADDITIONAL POSITIONS HELD	Organization Name OhioHealth Physician Group, Inc , Title VP Operations OPG (end 7/15), AverageHours 0 000, Officer

Return Reference	Explanation
Form 990, Part VII, Section A Jernejcic, Randy M , M D ADDITIONAL POSITIONS HELD	Organization Name OhioHealth Physician Group, Inc , Title VP Medical Affairs OPG, AverageHours 40 000, Officer

Return Reference	Explanation
Form 990, Part VII, Section A Lucius, Staci E. ADDITIONAL POSITIONS HELD	Organization Name OhioHealth Physician Group, Inc , Title COO OPG , AverageHours 40 000, Officer

Return Reference	Explanation
Form 990, Part VII, Section A Smith, Jeffrey A ADDITIONAL POSITIONS HELD	Organization Name OhioHealth Physician Group, Inc , Title VP Finance OPG, AverageHours 40 000, Officer

Return Reference	Explanation
Form 990, Part VII, Section A Yates, Vinson M ADDITIONAL POSITIONS HELD	Organization Name OhioHealth Foundation Inc , Title CFO, AverageHours 1 000, Officer Organization Name OhioHealth Physician Group, Inc , Title CFO, AverageHours 1 000, Officer Organization Name OhioHealth Research Foundation, Title CFO, AverageHours 1 000, Officer Organization Name Grady Memorial Hospital, Title CFO, AverageHours 1 000, Officer Organization Name Hardin Memorial Hospital, Title CFO, AverageHours 1 000, Officer Organization Name Hardin Physician Foundation, Title CFO, AverageHours 1 000, Officer Organization Name HomeReach, Title CFO, AverageHours 1 000, Officer Organization Name Hardin Memorial Hospital Foundation, Title CFO, AverageHours 1 000, Officer Organization Name Home Reach HomeCare, Title CFO, AverageHours 1 000, Officer Organization Name MedCentral Health System, Title CFO, AverageHours 1 000, Officer Organization Name Sheltering Arms Hospital Foundation, Title CFO, AverageHours 1 000, Officer Organization Name Appalachian Community Visiting Nurse Association, Title CFO, AverageHours 1 000, Officer

Return Reference	Explanation
Form 990, Part VII, Section A Abaza, Ronney, M D ADDITIONAL POSITIONS HELD	Organization Name OhioHealth Physician Group, Inc , Title Physician Urology, AverageHours 40 000, HighestCompensatedEmployee

Return Reference	Explanation
Form 990, Part VII, Section A Bernhard, Matthew ADDITIONAL POSITIONS HELD	Organization Name OhioHealth Physician Group, Inc , Title Physician Core OPG, AverageHours 40 000, HighestCompensatedEmployee

Return Reference	Explanation
Form 990, Part VII, Section A Cassandra, James C , D O ADDITIONAL POSITIONS HELD	Organization Name OhioHealth Physician Group, Inc , Title Physician Hand & Ortho Surgery OPG, AverageHours 40 000, HighestCompensatedEmployee

Return Reference	Explanation
Form 990, Part VII, Section A Dorbish, Ronald ADDITIONAL POSITIONS HELD	Organization Name OhioHealth Physician Group, Inc , Title Physician Core OPG, AverageHours 40 000, HighestCompensatedEmployee

Return Reference	Explanation
Form 990, Part VII, Section A Kovack, Thomas J , D O ADDITIONAL POSITIONS HELD	Organization Name OhioHealth Physician Group, Inc , Title Physician Ortho Surgery (General), AverageHours 40 000, HighestCompensatedEmployee

Return Reference	Explanation
Form 990, Part VII, Section A Bishop, Thomas E ADDITIONAL POSITIONS HELD	Organization Name OhioHealth Physician Group, Inc (Former), Title FRM VP Primary Care Svcs OPG (end 4/15), AverageHours , KeyEmployee

Return Reference	Explanation
Form 990, Part VII, Section A Chamberlain, Joseph L ADDITIONAL POSITIONS HELD	Organization Name MedCentral Health System(Former), Title FRM President/VP - MedCentral (end 5/14), AverageHours , KeyEmployee

Return Reference	Explanation
Form 990, Part VII, Section A Dicken, Ken ADDITIONAL POSITIONS HELD	Organization Name Sheltering Arms Hospital Foundation(Former), Title FRM CFO - SAHF (end 8/14), AverageHours , KeyEmployee

Return Reference	Explanation
Form 990, Part VII, Section A Foley, Denise E ADDITIONAL POSITIONS HELD	Organization Name OhioHealth Physician Group, Inc (Former), Title FRM VP Business Development - OPG (end 4/15), AverageHours , KeyEmployee

Return Reference	Explanation
Form 990, Part VII, Section A Laterro, Anita A ADDITIONAL POSITIONS HELD	Organization Name OhioHealth Foundation Inc (Former), Title FRM Key Employee, AverageHours 0 000, KeyEmployee

Return Reference	Explanation
Form 990, Part VII, Section A Long, Greg ADDITIONAL POSITIONS HELD	Organization Name Doctors Health Corporation of Nelsonville(Former), Title COO - DHN (end 10/14), AverageHours , KeyEmployee

Return Reference	Explanation
Form 990, Part VII, Section A Rothstein, Mark, M D ADDITIONAL POSITIONS HELD	Organization Name Sheltering Arms Hospital Foundation(Former), Title Sr VP/Executive Director - SAHF, AverageHours 40 000, KeyEmployee

Return Reference	Explanation
Form 990, Part VII, Section A Sanders, John W ADDITIONAL POSITIONS HELD	Organization Name Marion General Hospital Inc (Former), Title FRM President MGH (end 4/14), AverageHours , KeyEmployee

Return Reference	Explanation
Form 990, Part VII, Section A Millen, Robert P ADDITIONAL POSITIONS HELD	Organization Name OhioHealth Physician Group, Inc (Former), Title FRM Executive VP & Chief Operating Officer OhioHlth (end 12/14), AverageHours 0 000, Officer

Return Reference	Explanation
Form 990, Part VII, Section A Seckinger, Mark R ADDITIONAL POSITIONS HELD	Organization Name Hardin Physician Foundation(Former), Title FRM Secretary Board, AverageHours , Officer

Return Reference	Explanation
Form 990, Part VIII, Line 11d Other Miscellaneous Revenue	All other revenue - Total Revenue 26262764, Related or Exempt Function Revenue 25571102, Unrelated Business Revenue 691662, Revenue Excluded from Tax Under Sections 512, 513, or 514 ,

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	Intercompany Transactions - 143644007, Net Assets Released from Restriction for PP&E - 52107, Transfers to Related Organizations - -6104494, Pension Related Changes - -6038181, Other - 554303,

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

Return Reference	Explanation
Form 990, Part VII, Section A (Compensation Disclosure)	Board members are not compensated for their role related to any OhioHealth Board However, there are several Board members who are employed by various OhioHealth entities In these particular scenarios, compensation is disclosed for their occupational role and not for their Board role

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493130005037

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

2015

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 180 East Broad Street 33rd Floor Columbus, OH 432153707 31-1206071	Property Management	OH	501(c)(2		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 180 East Broad Street Columbus, OH 432153707 31-1119936	Administrative Services	OH	NA	C Corporation					No
(2) HardinCare Inc 921 East Franklin Street Kenton, OH 43326 34-1492617	Property Management	OH	Hardin Memorial Hospital	C Corporation	10,572	855,214	100 %	Yes	
(3) Intel Health Services Ins Co (SPC) LTD PO Box 1051 Governors Square Grand Cayman KY11102 CJ 98-1288216	Insurance/Reinsurance	CJ	NA	C Corporation					No

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

		Yes	No
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**		**No**
i	Exchange of assets with related organization(s)	**1i**		**No**
j	Lease of facilities, equipment, or other assets to related organization(s)	**1j**		**No**
k	Lease of facilities, equipment, or other assets from related organization(s)	**1k**	**Yes**	
l	Performance of services or membership or fundraising solicitations for related organization(s)	**1l**		**No**
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**	**Yes**	
q	Reimbursement paid by related organization(s) for expenses	**1q**	**Yes**	
r	Other transfer of cash or property to related organization(s)	**1r**	**Yes**	
s	Other transfer of cash or property from related organization(s)	**1s**	**Yes**	

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) Intel Health Services Ins Co (SPC) Ltd	P	798,333	Actual Amount Transferred
(2) Hospital Properties Inc	K	1,926,327	Actual Amount Paid
(3) Hospital Properties Inc	Q	86,859	Actual Amount Paid
(4) OhioHealth Corporation	R	139,248,827	Actual Amount Transferred
(5) OhioHealth Corporation	S	5,983,803	Actual Amount Transferred
(6) OhioHealth Corporation	B	608,347	Actual Amount Paid

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: 15000238
Software Version: 2015v3.0
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
(1) Grant Anesthesia Services Ltd 180 East Broad Street Columbus, OH 432153707 20-1501295	Practice Management Services	OH	0	0	GrantRiverside Medical Care Foundation
(1) Orthopedic Trauma Services Ltd 180 East Broad Street Columbus, OH 432153707 56-2294320	Practice Management Services	OH	0	0	GrantRiverside Medical Care Foundation
(2) Marion Physician Billing LLC 1000 McKinley Park Drive Marion, OH 43302 61-1605305	Medical Billing	OH	1,523,293	0	Marion General Hospital
(3) Marion Ancillary Services LLC 1000 McKinley Park Drive Marion, OH 43302 31-1704991	Outpatient Services	OH	0	0	Marion General Hospital
(4) Marion Health Systems LLC 1000 McKinley Park Drive Marion, OH 43302 31-1639538	Outpatient Surgery Center	OH	0	0	Marion General Hospital
(5) Healthworks LLC 561 West Central Avenue Delaware, OH 43015 31-1435822	Medical Services Physician Practices	OH	-4,678,742	6,457,465	Grady Memorial Hospital System
(6) OhioHealth MedCentral Professional Foundation 335 Glessner Avenue Mansfield, OH 44903 26-1775665	Healthcare	OH	-25,257,025	1,898,416	MedCentral Health System
(7) Athens Medical Associates LLC 75 Hospital Drive Athens, OH 45701 02-0734615	Physician Services	OH	-5,877,314	4,566,718	O'Bleness Memorial Hospital
(8) OhioHealth Regional Physician Services LLC 180 East Broad Street Columbus, OH 432153707 47-2512005	Healthcare	OH	-14,865,440	2,427,591	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?		(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	
OhioHealth Sleep Services LLC 6185 Huntley Road Ste B Columbus, OH 43229 20-1547399	Physician Practice	OH	NA	N/A	0	0						
Polaris Surgery Center LLC 6200 Cleveland Avenue Columbus, OH 43231 20-8074623	Medical Services	OH	NA	N/A	0	0						
Upper Arlington Medical Limited Partnership 180 East Broad Street Columbus, OH 43215 31-1472667	Medical Services	OH	NA	N/A	0	0						
ESWL Real Estate & Equipment Ltd Partnership 100 W Third Ave Columbus, OH 43201 31-1138732	Equipment Rental	OH	NA	N/A	0	0						
Grant Scope Center LLC 180 East Broad Street Columbus, OH 43215 26-0765486	Endoscopy Services	OH	NA	N/A	0	0						
OhioHealth Rehabilitation Hospital LLC 4714 Gettysburg Road Mechanicsburg, OH 17055 46-2458436	Medical Services	OH	NA	N/A	0	0						
Westerville Endoscopy Center LLC 262 Neil Avenue Columbus, OH 43215 46-2755661	Endoscopy Services	OH	NA	N/A	0	0						
OhioHealth Group Ltd 155 East Broad Street Columbus, OH 43215 31-1446804	Managed Health Care	OH	NA	N/A	0	0						
O'Bleness Memorial Pain Management LLC 55 Hospital Drive Athens, OH 45701 45-4587317	Medical Services	OH	O'Bleness Hospital	Related	212,729	347,884		No		Yes		
Athens Surgery Center 75 Hospital Drive Athens, OH 45701 55-0840856	Medical Services	OH	O'Bleness Hospital	Related	521,604	951,863		No		Yes		

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

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	Intel Health Services Ins Co (SPC) Ltd	P	798,333	Actual Amount Transferred
(1)	Hospital Properties Inc	K	1,926,327	Actual Amount Paid
(2)	Hospital Properties Inc	Q	86,859	Actual Amount Paid
(3)	OhioHealth Corporation	R	139,248,827	Actual Amount Transferred
(4)	OhioHealth Corporation	S	5,983,803	Actual Amount Transferred
(5)	OhioHealth Corporation	B	608,347	Actual Amount Paid