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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

2016

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 07-01-2016 , and ending 06-30-2017

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) 180 East Broad Street 33rd Floor | Room/suite

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 $ 1,511,522,000

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**	232
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	122
5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	**5**	10,114
6	Total number of volunteers (estimate if necessary)	**6**	1,632
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	555,389
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-41,389

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	10,476,982	10,236,155
9	Program service revenue (Part VIII, line 2g)	918,659,039	1,051,923,902
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-1,328,597	10,747,549
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	144,236,533	131,985,386
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,072,043,957	1,204,892,992
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	902,022	1,564,248
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)	788,669,337	847,024,775
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶3,270,404		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	403,807,648	433,506,369
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,193,379,007	1,282,095,392
19	Revenue less expenses Subtract line 18 from line 12	-121,335,050	-77,202,400

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	1,044,475,712	1,263,289,703
21	Total liabilities (Part X, line 26)	387,418,243	536,058,237
22	Net assets or fund balances Subtract line 21 from line 20	657,057,469	727,231,466

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: 2018-05-08

Vinson M Yates Sr VP and 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
Alicia Janisch	Alicia Janisch			P00741382

Firm's name ▶ Deloitte Tax LLP — Firm's EIN ▶ 86-1065772
Firm's address ▶ 250 E FIFTH Street Suite 1900 Cincinnati, OH 452025109 — Phone no (513) 412-8221

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 $ 780,580,903 including grants of $) (Revenue $ 998,865,227)

See Additional Data

4b (Code) (Expenses $ 273,364,970 including grants of $) (Revenue $ 150,164,540)

See Additional Data

4c (Code) (Expenses $ 10,164,659 including grants of $) (Revenue $ 5,743,324)

See Additional Data

(Code) (Expenses $ 3,871,990 including grants of $ 1,564,248) (Revenue $ 15,764,030)

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

4d Other program services (Describe in Schedule O)

(Expenses $ 3,871,990 including grants of $ 1,564,248) (Revenue $ 15,764,030)

4e **Total program service expenses ▶** 1,067,982,522

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

Part IV **Checklist of Required Schedules** *(continued)*

			Yes	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	
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**	894		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	**1c**		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	10,114		
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	232		
	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	122		
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 ▶Vinson M Yates Sr VP and CFO 180 East Broad Street 33rd Floor Columbus, OH 432153707 (614) 544-4161

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) ▶								16,073,709	26,333,320	5,497,913

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 ▶ 977

			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	6,521,064
Cardinal Health - Valuelink 2320 McGaw Road Obetz, OH 43207	Pharmaceutical Compounding Services	4,195,250
The Whiting-Turner Contracting Company 300 E Joppa Road Baltimore, MD 21286	Construction Services	3,575,020
Elford Inc 1220 Dublin Road Columbus, OH 43215	Integrated Building Systems Provider	3,439,699
Daimler Group Inc 1533 Lake Shore Drive Columbus, OH 43204	Property Management Services	2,536,075

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 ▶ 309

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 287,627				
b Membership dues	1b				
c Fundraising events	1c 1,082,326				
d Related organizations	1d				
e Government grants (contributions)	1e				
f All other contributions, gifts, grants, and similar amounts not included above	1f 8,866,202				
g Noncash contributions included in lines 1a-1f $ 78,368					
h **Total.** Add lines 1a-1f ▶		10,236,155			
Program Service Revenue	Business Code				
2a Medicare and Medicaid	923130	394,020,889	394,020,889		
b Health & medical services	900099	655,153,947	655,153,947		
c Research Revenue	900099	2,572,993	2,572,993		
d Joint Venture Income	621990	176,073	119,579	56,494	
e					
f All other program service revenue		0	0	0	0
g **Total.** Add lines 2a–2f ▶		1,051,923,902			
3 Investment income (including dividends, interest, and other similar amounts) ▶		5,631,015			5,631,015
4 Income from investment of tax-exempt bond proceeds ▶					
5 Royalties ▶					
	(i) Real	(ii) Personal			
6a Gross rents	3,822,362				
b Less rental expenses	3,533,284				
c Rental income or (loss)	289,078	0			
d Net rental income or (loss) ▶		289,078			289,078
	(i) Securities	(ii) Other			
7a Gross amount from sales of assets other than inventory	297,043,911	125,000			
b Less cost or other basis and sales expenses	291,537,926	514,451			
c Gain or (loss)	5,505,985	-389,451			
d Net gain or (loss) ▶		5,116,534			5,116,534
Other Revenue 8a Gross income from fundraising events (not including $ 1,082,326 of contributions reported on line 1c) See Part IV, line 18	a 430,176				
b Less direct expenses	b 1,022,769				
c Net income or (loss) from fundraising events ▶		-592,593			-592,593
9a Gross income from gaming activities See Part IV, line 19	a				
b Less direct expenses	b				
c Net income or (loss) from gaming activities ▶					
10a Gross sales of inventory, less returns and allowances	a 19,694,531				
b Less cost of goods sold	b 10,020,578				
c Net income or (loss) from sales of inventory ▶		9,673,953			9,673,953
Miscellaneous Revenue	Business Code				
11a Intercompany administration	900099	104,368,351	104,368,351		
b Cafeteria/food service	722210	3,446,340			3,446,340
c Department Services	812930	585,004	585,004		
d All other revenue		14,215,253	13,716,358	498,895	0
e **Total.** Add lines 11a–11d ▶		122,614,948			
12 **Total revenue.** See Instructions ▶		1,204,892,992	1,170,537,121	555,389	23,564,327

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) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	1,274,150	1,274,150		
2 Grants and other assistance to domestic individuals See Part IV, line 22	290,098	290,098		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	9,704,408	8,112,219	1,592,189	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	85,253	71,101	14,152	
7 Other salaries and wages	690,523,882	550,193,322	138,280,261	2,050,299
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	22,570,866	18,553,252	3,942,309	75,305
9 Other employee benefits	85,324,290	70,136,566	14,947,689	240,035
10 Payroll taxes	38,816,076	31,906,814	6,753,945	155,317
11 Fees for services (non-employees)				
a Management				
b Legal	403,332	331,539	71,793	
c Accounting	229,526		229,526	
d Lobbying	42,645		42,645	
e Professional fundraising services See Part IV, line 17				
f Investment management fees	326,650		326,650	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	92,837,596	80,134,312	12,379,296	323,988
12 Advertising and promotion	2,128,404		1,832,522	295,882
13 Office expenses	11,093,547	9,118,896	1,891,576	83,075
14 Information technology	11,057,877	9,089,575	1,968,302	
15 Royalties . .				
16 Occupancy	32,463,872	26,685,303	5,766,775	11,794
17 Travel	6,682,788	5,493,252	1,170,210	19,326
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	86,835	71,378	74	15,383
20 Interest	5,656,607	4,649,731	1,006,876	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization . .	51,763,887	42,549,915	9,213,972	
23 Insurance . . .	6,536,773	5,373,227	1,163,546	
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	24,299,381	24,299,381		
b Medical Supply Expense	131,787,189	131,787,189		
c Intercompany Expense	42,695,631	35,095,809	7,599,822	
d Medicaid Tax Expense	9,771,489	9,771,489		
e All other expenses	3,642,340	2,994,004	648,336	0
25 **Total functional expenses.** Add lines 1 through 24e	1,282,095,392	1,067,982,522	210,842,466	3,270,404
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 IX . . . . . ☐

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	470,646	1	35,399
	2	Savings and temporary cash investments	80,938,237	2	240,510,393
	3	Pledges and grants receivable, net	9,766,023	3	10,589,138
	4	Accounts receivable, net	114,117,858	4	109,313,379
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	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	11,383,378	7	25,841,792
	8	Inventories for sale or use	18,477,635	8	19,305,838
	9	Prepaid expenses and deferred charges	14,312,688	9	12,749,219
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 776,447,540			
	b	Less accumulated depreciation — 10b: 330,007,400	419,245,466	10c	446,440,140
	11	Investments—publicly traded securities	176,657,593	11	185,267,030
	12	Investments—other securities See Part IV, line 11	43,707,693	12	61,681,814
	13	Investments—program-related See Part IV, line 11	0	13	
	14	Intangible assets	34,013,749	14	34,202,067
	15	Other assets See Part IV, line 11	121,384,746	15	117,353,494
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	1,044,475,712	16	1,263,289,703
Liabilities	17	Accounts payable and accrued expenses	133,303,657	17	153,012,311
	18	Grants payable	0	18	0
	19	Deferred revenue	5,697,274	19	16,903,680
	20	Tax-exempt bond liabilities	140,816,968	20	134,978,288
	21	Escrow or custodial account liability Complete Part IV of Schedule D	0	21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	106,736	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	107,493,608	25	231,163,958
	26	**Total liabilities.** Add lines 17 through 25	387,418,243	26	536,058,237
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	578,403,393	27	643,668,388
	28	Temporarily restricted net assets	57,311,654	28	61,515,634
	29	Permanently restricted net assets	21,342,422	29	22,047,444
		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	657,057,469	33	727,231,466
	34	Total liabilities and net assets/fund balances	1,044,475,712	34	1,263,289,703

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	1,204,892,992
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,282,095,392
3	Revenue less expenses Subtract line 2 from line 1	3	-77,202,400
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	657,057,469
5	Net unrealized gains (losses) on investments	5	10,651,659
6	Donated services and use of facilities	6	171,118
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	136,553,620
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	727,231,466

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: 16000421
Software Version: 2016v3.0
EIN: 32-0007056
Name: OhioHealth Corporation Group Return

Form 990 (2016)

Form 990, Part III, Line 4a:

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, OhioHealth MedCentral Mansfield Hospital, OhioHealth Marion General Hospital, OhioHealth O'Bleness Memorial Hospital, OhioHealth Grady Memorial Hospital, OhioHealth Hardin Memorial Hospital, OhioHealth 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

Form 990, Part III, Line 4b:

In fiscal year 2017 (July 1, 2016 through June 30, 2017), 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 $335 5 million in charity care and community benefit programs and services, reaching hundreds of thousands of people in the communities we serve Of this total, $123 4 million was provided by OhioHealth MedCentral Mansfield Hospital, Marion General Hospital, O'Bleness Memorial Hospital, Grady Memorial Hospital, Hardin Memorial Hospital, OhioHealth MedCentral Shelby Hospital and other related Group entities 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

Form 990, Part III, Line 4c:

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 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 11 Years of Improving Care Transcatheter Aortic Valve Replacement For seven 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 human 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 years - 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 eleven 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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Meldrum Terri W Esq Secretary Board	1 0 40 0	X		X				0	338,308	75,048
Morrison Karen J President Board	20 0 20 0	X		X				0	974,722	176,499
Vanderhoff Bruce MD Sr VP and Chief Medical Officer OhioHealth	2 0 40 0	X		X				0	1,400,284	239,496
Louge Michael W Executive VP & COO	1 0 41 0	X		X				0	2,111,347	618,238
Caulin-Glaser Teresa L MD Chair Board (Start 11/16)	1 0 40 0	X		X				0	1,061,941	83,945
Jennings Matthew Board - OhioHlth (End 2/17)	5 0 1 0	X		X				0	0	0
Johnson Katherine E MD Chair Board	41 0 0	X		X				209,118	0	21,865
Knutson Douglas MD Vice-Chair Board (Start 11/16)	1 0 40 0	X		X				0	556,685	48,296
Newbrough Jr James P Board (End 7/16)	2 0 40 0	X		X				0	377,895	37,724
Sanner Robert O Chair Board (End 5/17)	1 0 0	X		X				0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Snow Richard J DO Chair Board (End 10/16)	1 0 40 0	X		X				0	462,412	46,259
Anderson Kerrii 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	3,336,287	1,105,789
Bradley Kevin G Secretary Board	1 0 0	X		X				0	0	0
Crane Tanny Board - OhioHlth	4 0 1 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 Chair Board (Start 5/17)	1 0 0	X		X				0	0	0
Herbert-Sinden Cheryl L Chair Board	4 0 40 0	X		X				0	924,597	218,174
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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Parker Mark S Treasurer Board	1 0 0	X		X				0	0	0
Rasmussen Steven Chair Board - OhioHlth	4 0 1 0	X		X				0	0	0
Root Chip Chair Board	5 0 1 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 Ronald P President Board	3 0 40 0	X		X				0	238,723	145,070
Thornhill Hugh A Board	2 0 40 0	X		X				0	851,838	162,248
Gutheil Paige DO Board - OhioHlth (End 12/16)	44 0 1 0	X						0	78,663	40
Najjar Sonia Ph D Board (Start 11/16)	1 0 0	X						0	0	0
Niles John P Board	1 0 40 0	X						0	315,830	64,179

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Abel Michael Joseph Board	1 0 ..... 40 0	X						0	220,676	42,428
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	3 0 ..... 41 0	X						0	26,400	40
Andreoli Steven Board	1 0 0	X						0	0	0
Arshi Arash MD Board (Start 11/16)	41 0 0	X						671,453	0	38,664
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						765,946	0	45,458
Benseler David Board (Start 7/16)	1 0 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Berwanger Joseph M Board	1 0 0	X						0	0	0
Bianchi Michael Board	1 0 ..... 40 0	X						0	299,466	30,089
Bing Arthur GH MD Board	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	339,228	47,887
Bright David Board	1 0 0	X						0	0	0
Bunyard Stephen P Board	1 0 ..... 40 0	X						0	608,536	70,862
Bury Peter Board	1 0 ..... 40 0	X						0	427,436	35,565
Butler David Board	1 0 0	X						0	0	0
Cadwallader Patricia S Board	4 0 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Campbell Thomas Board	1 0 0	X						0	0	0
Casperson April Rev Board - OhioHlth	3 0 ..... 1 0	X						0	0	0
Chester-Alexander Cecily Board	1 0 0	X						0	0	0
Coley-Malir Bonnie Board	1 0 0	X						0	0	0
Collazo Antonio E MD Board	41 0 0	X						486,416	0	38,622
Copeland Rhonda Board (Start 7/16)	1 0 0	X						0	0	0
Cunningham Jane Watson Board	1 0 0	X						0	0	0
DeCapua Joseph C Board (Start 7/16)	1 0 0	X						0	0	0
Deep Donald P MD Board	1 0 ..... 40 0	X						0	64,070	40
DeVillers Rebecca E DO Board	41 0 0	X						143,883	0	38,495

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Dewire Rev Dr Norman E Board - OhioHlth	3 0 1 0	X						0	0	0
DiMarco Ann M Board (End 5/17)	1 0 0	X						0	0	0
Doody Anderson Elizabeth Board	1 0 0	X						0	0	0
Evert Barbara MD Board	3 0 40 0	X						0	431,973	32,037
Ferris Frank MD Board	1 0 40 0	X						0	362,816	38,387
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	1 0 0	X						0	0	0
France Mandy Board	1 0 0	X						0	0	0
Gabriel Paul MD Board	1 0 40 0	X						0	27,500	40

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Gallagher-Allred Charlette PhD Board	1 0 0	X						0	0	0
Gallaher Connie L Board (Start 7/16)	4 0 40 0	X						0	382,943	49,200
Geese Ronald L Board	1 0 0	X						0	0	0
George Peter B MD Board	41 0 0	X						959,078	0	57,521
Geskey Joseph DO Board	1 0 40 0	X						0	390,703	39,762
Gingrich Curtis MD Board	1 0 40 0	X						0	457,940	50,110
Glandon Philip J Sr Board	1 0 0	X						0	0	0
Grainger Andrew MD Board (Start 11/16)	1 0 40 0	X						0	42,450	40
Gregory Ramon Board	1 0 0	X						0	0	0
Griffin Scott R Board	1 0 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Habash Stephen J Board	1 0 0	X						0	0	0
Hagen Bruce P Board	1 0 40 0	X						0	1,007,574	104,394
Hamrock Joe Board - OhioHlth (Start 7/16)	3 0 1 0	X						0	0	0
Harmon Thomas L MD Board	1 0 40 0	X						0	553,466	47,962
Haushalter Nikki Board	1 0 0	X						0	0	0
Heilman Sharon Board	1 0 0	X						0	0	0
Herceg Milan MD Board	1 0 0	X						0	0	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	615,096	50,905

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Infante Stephanie Board	1 0 0	X						0	0	0
Ingram Lisa Board - OhioHlth	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	885,362	98,627
Johnston Tom Board	1 0 0	X						0	0	0
Kiger Rev Daniel A Board	1 0 0	X						0	0	0
Kile Carolyn S Board	1 0 0	X						0	0	0
Laber Melissa Board	1 0 0	X						0	0	0
LaRocca Nicholas J Board	1 0 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Lause Lew Board	1 0 0	X						0	0	0
Lawson Michael S Board	1 0 40 0	X						0	816,671	69,126
Lehmuth Richard L Board	3 0 40 0	X						0	549,670	59,050
Levin Howard B DO Board (End 12/16)	41 0 0	X						655,483	0	46,297
Loudenslager Roy A Board	1 0 0	X						0	0	0
Mackessy James P MD Board	1 0 40 0	X						0	90,564	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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
McQuown Richard Board (Start 7/16)	1 0 0	X						0	0	0
Melillo Jason MD Board - OhioHlth (Start 7/16)	23 0 21 0	X						34,490	95,975	291
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	3 0 41 0	X						0	44,368	40
Miller Donald M MD Board	1 0 0	X						0	0	0
Millhon Judson S Jr MD Board	41 0 0	X						835,178	0	64,739
Moorman Matthew MD Board (Start 11/16)	41 0 0	X						156,805	0	3,937
Music William D Board	1 0 0	X						0	0	0
Neuhauser Jeffrey L Board	41 0 0	X						187,224	0	29,575

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
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	1 0 ..... 40 0	X						0	33,215	9,618
Rader Traci Board	1 0 0	X						0	0	0
Radway Rob Board	1 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
Reddy Sudesh S MD Board	41 0 0	X						6,000	0	0
Reichfield Michael L Board	1 0 ..... 40 0	X						0	755,103	156,229

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Riley Joel Board	1 0 0	X						0	0	0
Robins Jr Ronald Board (Start 7/16)	1 0 0	X						0	0	0
Royer Mariann Board	1 0 0	X						0	0	0
Rudy John Board (Start 11/16)	1 0 40 0	X						0	163,218	35,765
Sanese Ralph Jr Board	1 0 0	X						0	0	0
Schwarz David H Board	1 0 0	X						0	0	0
Smith Linda Board	41 0 0	X						24,010	0	40
Smith Rita J RN Board	1 0 40 0	X						0	115,567	36,854
Steel Brian Board (Start 7/16)	1 0 0	X						0	0	0
Swiatek Valerie B Board	1 0 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Terapak Richard G Esq Board	1 0 0	X						0	0	0
Ulrey Steven Board (Start 7/16)	1 0 0	X						0	0	0
Urse Geraldine L DO Board	41 0 0	X						274,621	0	38,234
von Gunten Charles MD Board	1 0 40 0	X						0	357,076	38,388
Vora Sanjay K MD Board	41 0 0	X						353,941	0	44,853
Vornbrock Page Board	1 0 0	X						0	0	0
Walter Matt Board - OhioHlth	3 0 1 0	X						0	0	0
Walton Troy Board (Start 7/16)	1 0 0	X						0	0	0
Wasielewski Ray MD Board	41 0 0	X						743,572	0	59,399
Weihl J Todd DO Board - OhioHlth (Start 7/16)	43 0 1 0	X						247,451	0	42,128

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Weiler Alan R 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
Young Beverly S Board	1 0 0	X						0	0	0
Yates Vinson M Sr Vice President & CFO	12 0 ..... 41 0			X				0	1,229,151	241,565
Barnes II Earl J Esq Senior VP & General Counsel (End 1/17)	0 0 ..... 40 0				X			0	948,104	163,884
Ansel Gary MD Physician Cardio Interventional	40 0 ..... 0 0					X		1,355,470	174,867	58,028
BalturshotGregory W MD Physician Core OPG	40 0 0					X		2,211,816	0	29,512
BonassoChristian L MD Physician Core OPG	40 0 0					X		2,326,735	0	32,336
Dorbish Ronald Physician Core OPG	40 0 0					X		1,694,249	0	42,790

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SeamanBrian F DO Physician Ortho Surgery (General)	40 0 0					X		1,730,769	0	52,353
Seckinger Mark R FRM Secretary Board	0 ..... 40 0						X	0	418,737	100,663
Bjerke Craig A FRM Secretary/Treasurer Board (end 6/16)	0 0 ..... 0 0						X	0	367,870	42,174

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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

2016

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 12, 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university

_____

10 ☑ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

11 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

12 ☐ 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

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- 10 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						

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, 8, or 9 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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 2016 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2015 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2016.** 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—2015.** 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—2016.** 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—2015.** 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 10 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	85,108	105,000	39,007	1	1	229,117
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	200,923,354	221,535,738	245,030,301	228,468,083	331,303,544	1,227,261,020
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	201,008,462	221,640,738	245,069,308	228,468,084	331,303,545	1,227,490,137
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	0	0	14,113	0	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	231,042	29,813	0	0	0	260,855
c Add lines 7a and 7b	231,042	29,813	14,113	0	0	274,968
8 **Public support.** (Subtract line 7c from line 6)						1,227,215,169

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
9 Amounts from line 6	201,008,462	221,640,738	245,069,308	228,468,084	331,303,545	1,227,490,137
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,721	-609	599	2	2	1,715
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	1,721	-609	599	2	2	1,715
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)	201,010,183	221,640,129	245,069,907	228,468,086	331,303,547	1,227,491,852

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 2016 (line 8, column (f) divided by line 13, column (f))	15	99 98 %
16	Public support percentage from 2015 Schedule A, Part III, line 15	16	99 98 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2016** (line 10c, column (f) divided by line 13, column (f))	17	0 %
18	Investment income percentage from **2015** Schedule A, Part III, line 17	18	0 %

19a **33 1/3% support tests—2016.** 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—2015.** 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 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d 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 12a or 12b 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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 section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	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 I of Schedule L (Form 990 or 990-EZ)*	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 9a) 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 9a) 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 section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b 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		

Part IV Supporting Organizations (continued)

			Yes	No
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		

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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) 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 2016 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-2016**	**(iii) Distributable Amount for 2016**
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2017.** Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

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

990 Schedule A, Supplemental Information

Return Reference	Explanation
Schedule A, Part I, Line 3	Schedule A, Line 3 MedCentral Health System, Marion General Hospital, Grady Memorial Hosp ital, Sheltering Arms Hospital Foundation, and Hardin Memorial Hospital are hospitals as d efined under 509(a)(1) and 170(b)(1)(A)(iii)

990 Schedule A, Supplemental Information

Return Reference	Explanation
Schedule A, Part I, Line 12	OhioHealth Foundation, Hardin Memorial Hospital Foundation, and OhioHealth Research Founda tion are 509(a)(3), Type I, supporting organizations operated, supervised, or controlled b y their supported organizations As such they are required to complete the Part I, Line 11 f and Line 11g, Part IV, Section A, and Part IV Section B The responses to these question s are provided below

990 Schedule A, Supplemental Information

Return Reference	Explanation
Schedule A, Part I, Line 12f	Part I, Line 12f 11

990 Schedule A, Supplemental Information

Return Reference	Explanation
Schedule A, Part I, Line 12g	Part I, Line 12g Yes

990 Schedule A, Supplemental Information

Return Reference	Explanation
Schedule A, Part IV, Section A, Line 1	1 No - The sole member of OhioHealth Research Foundation and OhioHealth Foundation is Ohi oHealth Corporation, an Ohio nonprofit corporation, which has a historic and continuing re lationship with these entities as supporting organizations to OhioHealth Corporation, whic h is the supported organization The sole member of Hardin Memorial Hospital, which is sup ported by Hardin Memorial Hospital Foundation, is OhioHealth Corporation, an Ohio nonprofi t 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 ent ities, 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

990 Schedule A, Supplemental Information

Return Reference	Explanation
Schedule A, Part IV, Section B, Line 1	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

990 Schedule A, Supplemental Information

Return Reference	Explanation
Schedule A, Part I	Part VI, Supplemental Information Entity Name FEIN Public Charity Status for Schedule A A ppalachian Community Visiting Nurse Association dba OhioHealth Home Care in Athens 31-1045 101 509(a)(2) Sheltering Arms Hospital Foundation, Inc 31-4446959 170(b)(1)(A)(iii) MedCe ntral 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 3 1-1414276 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 23-74469 19 509(a)(3) - Type I organization OhioHealth Research Foundation 31-6059784 509(a)(3) - T ype I organization OhioHealth Physician Group, Inc 31-1351965 509(a)(2)

990 Schedule A, Supplemental Information

Return Reference	Explanation
Schedule A, Part I, Line 12g (i) - (vi)	(i) OhioHealth Corporation (ii) 31-4394942 (iii) 3 - Hospital (iv) No (v) $1,274,150 (vi) $0

990 Schedule A, Supplemental Information

Return Reference	Explanation
Schedule A, Part I, Line 12g (i) - (vi)	(I) Grady Memorial Hospital (ii) 31-4379436 (iii) 3 - Hospital (iv) No (v) $30,405 (vi) $0

990 Schedule A, Supplemental Information

Return Reference	Explanation
Schedule A, Part I, Line 12g (i) - (vi)	(I) HomeReach, Inc (ii) 31-1372702 (iii) 9 - Publicly supported organization (iv) No (v) $2,593,412 (vi) $0

990 Schedule A, Supplemental Information

Return Reference	Explanation
Schedule A, Part I, Line 12g (I) - (VI)	(I) Appalachian Community Visiting Nurse Association dba OhioHealth Home Care in Athens (I I) 31-1045101 (III) 9 - Publicly Supported Organization (IV) No (V) $0 (VI) $0

990 Schedule A, Supplemental Information

Return Reference	Explanation
Schedule A, Part I, Line 12g (I) - (VI)	(I) HARDIN PHYSICIAN FOUNDATION, INC (II) 31-1414276 (III) 9 - PUBLICLY SUPPORTED ORGANIZATION (IV) NO (V) $0 (VI) $0

990 Schedule A, Supplemental Information

Return Reference	Explanation
Schedule A, Part I, Line 12g (I) - (VI)	(I) HOMEREACH HOMECARE (II) 31-1417595 (III) 9 - PUBLICLY SUPPORTED ORGANIZATION (IV) NO (V) $0 (VI) $0

990 Schedule A, Supplemental Information

Return Reference	Explanation
Schedule A, Part I, Line 12g (I) - (VI)	(I) OHIOHEALTH PHYSICIAN GROUP, INC (II) 31-1351965 (III) 9 - PUBLICLY SUPPORTED ORGANIZATION (IV) NO (V) $0 (VI) $0

990 Schedule A, Supplemental Information

Return Reference	Explanation
Schedule A, Part I, Line 12g (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

990 Schedule A, Supplemental Information

Return Reference	Explanation
Schedule A, Part I, Line 12g (I) - (VI)	(I) MEDCENTRAL HEALTH SYSTEM (II) 34-0714456 (III) 3 - HOSPITAL DESCRIBED IN 170(B)(1)(A)(III) (IV) NO (V) $10,919 (VI) $0

990 Schedule A, Supplemental Information

Return Reference	Explanation
Schedule A, Part I, Line 12g (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

990 Schedule A, Supplemental Information

Return Reference	Explanation
Schedule A, Part I, Line 12g (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

2016

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)** 2013	**(b)** 2014	**(c)** 2015	**(d)** 2016	**(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		42,645
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			42,645
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

2016

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

b If "Yes," explain the arrangement in Part XIII and complete the following table

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

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

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

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	46,314,656	46,936,377	46,440,492	42,508,922	41,132,224
b Contributions	597,677	660,374	1,841,838	456,257	319,848
c Net investment earnings, gains, and losses	4,007,244	1,177,450	1,182,247	5,868,974	2,783,610
d Grants or scholarships	112,578	78,875	93,403	81,038	93,400
e Other expenditures for facilities and programs	751,264	1,507,505	1,374,016	1,267,588	1,059,071
f Administrative expenses	1,147,119	873,165	1,060,781	1,045,035	574,289
g End of year balance	48,908,616	46,314,656	46,936,377	46,440,492	42,508,922

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

- a Board designated or quasi-endowment ▶ 53 95 %
- b Permanent endowment ▶ 15 86 %
- c Temporarily restricted endowment ▶ 30 19 %

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' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c)Accumulated depreciation	(d)Book value
1a Land		21,394,294		21,394,294
b Buildings		293,153,888	104,058,210	189,095,678
c Leasehold improvements		15,874,953	6,985,725	8,889,228
d Equipment		381,007,499	209,129,476	171,878,023
e Other		65,016,906	9,833,989	55,182,917
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				446,440,140

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		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
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	95,787,211
(4) Investment in subsidiaries and non-program related joint ventures	16,097,625
(5) Other assets	5,468,658
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	117,353,494

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
(1) Federal income taxes	
See Additional Data Table	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	231,163,958

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
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID: 16000421
Software Version: 2016v3.0
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	11,746,909
Due to Affiliates - Loans and Notes	170,403,928
Other	628,242
Pension Liability	27,905,024
Allowance for Medical Malpractice Claims	7,495,157
INTEL Commercial Liability	5,346,157
Doctors' Put Options	3,605,567
Deferred LT Liability Tenant Allowance	1,573,982
Legal Reserves	2,458,992
Accrued LT Liability Other	0

Supplemental 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

Supplemental Information

Return Reference	Explanation
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	From the financial statements of OhioHealth Corporation (which include the activity of the OhioHealth Corporation Group Return) Management has analyzed the tax positions taken by the Corporation and its subsidiaries and has concluded that as of June 30, 2017, there are no uncertain positions taken or expected to be taken that would require recognition of an y tax benefits or liabilities, or disclosure in the financial statements

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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

2016

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.

Revenue / Direct Expenses		(a) Event #1 2016 Home in Ohio (event type)	(b) Event #2 2017 OhioHealth Foundation Invitational (event type)	(c) Other events 10 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	1,091,402	131,500	289,600	1,512,502
	2 Less Contributions	725,296	106,500	250,530	1,082,326
	3 Gross income (line 1 minus line 2)	366,106	25,000	39,070	430,176
Direct Expenses	4 Cash prizes				
	5 Noncash prizes			16,154	16,154
	6 Rent/facility costs	178,359		26,898	205,257
	7 Food and beverages	132,429		41,272	173,701
	8 Entertainment	170,800		2,200	173,000
	9 Other direct expenses	398,413		56,244	454,657
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				1,022,769
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-592,593

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.

Revenue / Direct Expenses		(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

2016

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)			21,448,007	278,222	21,169,785	1 65 %
b Medicaid (from Worksheet 3, column a)			247,437,619	149,320,605	98,117,014	7 65 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			0	0	0	0 %
d **Total** Financial Assistance and Means-Tested Government Programs	0	0	268,885,626	149,598,827	119,286,799	9 30 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			968,403	55,877	912,526	0 07 %
f Health professions education (from Worksheet 5)			2,355,930	502,211	1,853,719	0 14 %
g Subsidized health services (from Worksheet 6)			1,065,638	7,625	1,058,013	0 08 %
h Research (from Worksheet 7)			0	0	0	0 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			89,373	0	89,373	0 01 %
j **Total.** Other Benefits	0	0	4,479,344	565,713	3,913,631	0 31 %
k **Total.** Add lines 7d and 7j	0	0	273,364,970	150,164,540	123,200,430	9 61 %

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			49,022		49,022	0 %
4 Environmental improvements					0	0 %
5 Leadership development and training for community members					0	0 %
6 Coalition building			44,250		44,250	0 %
7 Community health improvement advocacy					0	0 %
8 Workforce development			82,420		82,420	0 01 %
9 Other			2,846		2,846	0 %
10 Total	0	0	178,538	0	178,538	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	42,829,890		
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	418,511,690
6	Enter Medicare allowable costs of care relating to payments on line 5	6	519,301,355
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-100,789,665
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 ☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
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
If "Yes" (list url) _____ **a**			
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
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 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	Was widely publicized 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) https //www ohiohealth com/patients-and-visitors/paying-for-your-care/financial-assistance/			
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	☑ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☑ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j	☑ Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

A

Name of hospital facility or letter of facility reporting group _____

		Yes	No
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 ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
f ☑ None of these actions or other similar actions were permitted			
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 ☐ Deferring , denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ 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 ☑ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs			
b ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
c ☑ Processed incomplete and complete FAP applications			
d ☑ Made presumptive eligibility determinations			
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)			

Part V Facility Information *(continued)*

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

A

Name of hospital facility or letter of facility reporting group

		Yes	No
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 a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b ☑	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c ☐	The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d ☐	The hospital facility used a prospective Medicare or Medicaid method		
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 ☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
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
If "Yes" (list url) **a**			
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)

OhioHealth Marion General Hospital

Name of hospital facility or letter of facility reporting group

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 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	Was widely publicized 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) HTTPS //WWW OHIOHEALTH COM/PATIENTS-AND-VISITORS/PAYING-FOR-YOUR-CARE/FINANCIAL-ASSISTANCE/			
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	☑ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☑ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j	☑ Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

OhioHealth Marion General Hospital

Name of hospital facility or letter of facility reporting group

		Yes	No
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 ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
f ☑ None of these actions or other similar actions were permitted			
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 ☐ Deferring , denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ 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 ☑ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs			
b ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
c ☑ Processed incomplete and complete FAP applications			
d ☑ Made presumptive eligibility determinations			
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)			

Part V Facility Information *(continued)*

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

OhioHealth Marion General Hospital

Name of hospital facility or letter of facility reporting group

		Yes	No
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 a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b ☑	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c ☐	The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d ☐	The hospital facility used a prospective Medicare or Medicaid method		
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 ☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
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
If "Yes" (list url) **a**			
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)

OhioHealth O'Bleness Memorial Hospital

Name of hospital facility or letter of facility reporting group

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	**13**	Yes	
If "Yes," indicate the eligibility criteria explained in the FAP			
a ☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 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 Was widely publicized 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) https //www ohiohealth com/patients-and-visitors/paying-for-your-care/financial-assistance/			
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 ☑ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h ☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i ☑ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j ☑ Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

OhioHealth O'Bleness Memorial Hospital

Name of hospital facility or letter of facility reporting group

		Yes	No
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 ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
f ☑ None of these actions or other similar actions were permitted			
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 ☐ Deferring , denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ 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 ☑ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs			
b ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
c ☑ Processed incomplete and complete FAP applications			
d ☑ Made presumptive eligibility determinations			
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)			

Part V Facility Information *(continued)*

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

OhioHealth O'Bleness Memorial Hospital

Name of hospital facility or letter of facility reporting group

		Yes	No
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 a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b ☑	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c ☐	The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d ☐	The hospital facility used a prospective Medicare or Medicaid method		
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	☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
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)

OhioHealth Grady Memorial Hospital

Name of hospital facility or letter of facility reporting group

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 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	Was widely publicized 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) https //www ohiohealth com/patients-and-visitors/paying-for-your-care/financial-assistance/			
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	☑ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☑ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j	☑ Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

OhioHealth Grady Memorial Hospital

Name of hospital facility or letter of facility reporting group

		Yes	No
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 ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
f ☑ None of these actions or other similar actions were permitted			
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 ☐ Deferring , denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ 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 ☑ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs			
b ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
c ☑ Processed incomplete and complete FAP applications			
d ☑ Made presumptive eligibility determinations			
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)			

Part V Facility Information *(continued)*

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

OhioHealth Grady Memorial Hospital

Name of hospital facility or letter of facility reporting group

		Yes	No
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 a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b ☑	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c ☐	The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d ☐	The hospital facility used a prospective Medicare or Medicaid method		
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 ☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
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
If "Yes" (list url) a			
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)

OhioHealth Hardin Memorial Hospital

Name of hospital facility or letter of facility reporting group

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	**13**	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a ☑	Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 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	Was widely publicized 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) https //www ohiohealth com/patients-and-visitors/paying-for-your-care/financial-assistance/			
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 ☑	Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h ☑	Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i ☑	The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j ☑	Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

OhioHealth Hardin Memorial Hospital

Name of hospital facility or letter of facility reporting group

		Yes	No
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 ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
f ☑ None of these actions or other similar actions were permitted			
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 ☐ Deferring , denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ 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 ☑ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs			
b ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
c ☑ Processed incomplete and complete FAP applications			
d ☑ Made presumptive eligibility determinations			
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)			

Part V Facility Information *(continued)*

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

OhioHealth Hardin Memorial Hospital

Name of hospital facility or letter of facility reporting group

		Yes	No
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 a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b ☑	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c ☐	The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d ☐	The hospital facility used a prospective Medicare or Medicaid method		
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, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
See Add'l Data	

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

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 7 Costing Methodology used to calculate financial assistance	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

990 Schedule H, Supplemental Information

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 AND SURROUNDING COUNTIES - 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 AND SURROUNDING COUNTIES - 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

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

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 ALTHOUGH OUR FINANCIAL ASSISTANCE POLICIES AND PROCEDURES MAKE EVERY EFFORT TO IDENTIFY THOSE PATIENTS WHO ARE ELIGIBLE FOR FINANCIAL ASSISTANCE BEFORE THE BILLING PROCESS BEGINS, OFTEN IT IS NOT POSSIBLE TO MAKE AN APPROPRIATE DETERMINATION UNTIL AFTER THE BILLING AND COLLECTION CYCLE HAS COMMENCED

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 8 Community benefit & methodology for determining medicare costs	OhioHealth's schedule H has been prepared IN ACCORDANCE WITH THE CATHOLIC HEALTH A SSOCIATION GUIDELINES PER "A GUIDE FOR PLANNING AND REPORTING COMMUNITY BENEFITS", AND as such, OHIOHEALTH DOES NOT REPORT MEDICARE SHORTFALL AS COMMUNITY BENEFIT However, per a 2013 study done for the American Hospital Association by Ernst & Young, the tax-exempt hospital community collectively BELIEVES THERE ARE SEVERAL REASONS WHY MEDICARE SHORTFALL could BE TREATED AS COMMUNITY BENEFIT FIRST, NON-NEGOTIABLE MEDICARE RATES ARE SOMETIMES OUT-OF-LINE WITH THE TRUE COSTS OF TREATING MEDICARE PATIENTS SECOND, BY CONTINUING TO TREAT PATIENTS ELIGIBLE FOR MEDICARE, HOSPITALS ALLEVIATE THE FEDERAL GOVERNMENT'S BURDEN FOR DIRECTLY PROVIDING MEDICAL SERVICES THIRD, IRS REVENUE RULING 69-545 STATES THAT IF A HOSPITAL SERVES PATIENTS WITH GOVERNMENT HEALTH BENEFITS, INCLUDING MEDICARE, THEN THIS IS AN INDICATION THAT THE HOSPITAL OPERATES TO PROMOTE THE HEALTH OF THE COMMUNITY

990 Schedule H, Supplemental Information

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 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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16a FAP website	A - OhioHealth MedCentral Mansfield Hospital Line 16a URL https //www ohiohealth com/patients-and-visitors/paying-for-your-care/financial-assistance/, - OhioHealth Marion General Hospital Line 16a URL HTTPS //WWW OHIOHEALTH COM/PATIENTS-AND-VISITORS/PAYING-FOR-YOUR-CARE/FINANCIAL-ASSISTANCE/, - OhioHealth O'Bleness Memorial Hospital Line 16a URL https //www ohiohealth com/patients-and-visitors/paying-for-your-care/financial-assistance/, - OhioHealth Grady Memorial Hospital Line 16a URL https //www ohiohealth com/patients-and-visitors/paying-for-your-care/financial-assistance/, - OhioHealth Hardin Memorial Hospital Line 16a URL https //www ohiohealth com/patients-and-visitors/paying-for-your-care/financial-assistance/,

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16b FAP Application website	A - OhioHealth MedCentral Mansfield Hospital Line 16b URL https //www ohiohealth com/patients-and-visitors/paying-for-your-care/financial-assistance/, - OhioHealth Marion General Hospital Line 16b URL https //www ohiohealth com/patients-and-visitors/paying-for-your-care/financial-assistance/, - OhioHealth O'Bleness Memorial Hospital Line 16b URL https //www ohiohealth com/patients-and-visitors/paying-for-your-care/financial-assistance/, - OhioHealth Grady Memorial Hospital Line 16b URL https //www ohiohealth com/patients-and-visitors/paying-for-your-care/financial-assistance/, - OhioHealth Hardin Memorial Hospital Line 16b URL https //www ohiohealth com/patients-and-visitors/paying-for-your-care/financial-assistance/,

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 3 Patient education of eligibility for assistance	Signs are posted, IN MULTIPLE LANGUAGES, 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, WHICH IS ON LARGE POSTERBOARDS (24X36 INCHES) AND CONSPICUOUSLY DISPLAYED, contains reference to the organization's Charity Care Program Information materials are available IN MULTIPLE LANGUAGES at registration locations and interpretive services can be arranged IN THOSE LANGUAGES 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 IN ADDITION, A PAPER COPY OF THE PLAIN LANGUAGE SUMMARY IS OFFERED TO EVERY PATIENT UPON INTAKE OHIOHEALTH HAS A VERY ROBUST FINANCIAL COUNSELING PROGRAM THAT AIMS TO ASSIST AND EDUCATE EVERY PATIENT THAT NEEDS FINANCIAL HELP BY INFORMING THE PATIENT OF OHIOHEALTH'S FINANCIAL ASSISTANCE PROGRAM 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 SYSTEM-WIDE, OHIOHEALTH HAS OVER 30 FINANCIAL COUNSELORS MADE UP OF SUPERVISORS AND COUNSELORS 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 Count y, Ohio 44903 OhioHealth Mansfield Hospital operates seven satellite facilities, all loca ted 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 Ma nsfield Hospital and OhioHealth Shelby Hospital is Richland County, Ohio Review of OhioHe alth data showed that for calendar year 2014, 81 1 percent of all patients who were admitt ed to OhioHealth Mansfield Hospital and 79 4 percent of all patients admitted to OhioHealt h 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 Hosp ital 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 populat ion 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 ye ars old, 28 1 percent were 45-64 years, and 16 9 percent were 65 years or older Median ag e 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 t he poverty level OhioHealth Marion General Hospital is located at 1000 McKinley Park Driv e, 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 Cal endar 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 o utpatient procedures resided in Marion County at the time when the procedure was done Dem ographics of the community Total population In 2010, actual population was 66,501 In 20 14, estimated total population was 65,720, which represents 1 2 percent decline relative t o 2010 Race/Ethnicity Among Marion County residents, 90 3 percent were White, 5 4 percen t 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 pe rcent 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 Assess ment presents additional demographic characteristics of Marion County residents OhioHealt h O'Bleness Hospital is located at 55 Hospital Drive, Athens, Ohio 45701, Athens County T he 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 faci lities (a) Castrop Center, located at 75 Hospital Drive, Athens, Ohio 45701, Athens Count y, 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 "commun ity 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 admi tted to the hospital resided in Athens County at the time of admission Similarly, 68 3 pe rcent of all patients who had outpatient procedures resided in Athens County at the time w hen the procedure was done Demographics of the community Total population In 2010, actu al population was 64,757 In 2014, the estimated, total population was 64,713 Race/Ethnic ity Among Athens County residents, 91 7 percent were White, 2 4 percent were African Amer ican, 3 2 percent were Asian, 1 7 percent were Hispanic (of any race), 0 2 percent were ot her 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 househo ld income was $33,823 and per capita income was $29,955 Approximately 17 1 percent of fam ilies 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

990 Schedule H, Supplemental Information

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 $335 5 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

990 Schedule H, Supplemental Information

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, OhioHealth O'Bleness Memorial Hospital, OhioHealth MedCentral Mansfield Hospital, and OhioHealth 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 170-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 OhioHealth O'Bleness Hospital is a 132-bed general medical and surgical hospital in 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 Athens Medical Associates (AMA) dba OhioHealth Physician Group Heritage College 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) dba OhioHealth O'Bleness HomeCare 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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 7 State filing of community benefit report	OH

Additional Data

Software ID: 16000421
Software Version: 2016v3.0
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			

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**
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 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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
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 H

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, 16j, 18e, 19e, 20e, 21c, 21d, 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
Schedule H, Part V, Section B, Line 5 Facility A, 1	ealth and Wellness, Orelle Jackson, system director, community health and wellness, Mary A nn G Abiado, RN, data management and evaluation specialist, Amber Hetteberg, administrati ve assistant - (a) Assisted OnPointe, LLC, consultant in facilitating the community meetin gs, (b) collected and summarized data for the nine significant health needs identified, (c) prioritization of health needs using the NACCHO prioritization tool based on available d ata, and (d) obtained meeting minutes and tabulated health needs and community resources OhioHealth Mansfield Hospital and OhioHealth Shelby Hospital, Jean Halpin, president, Brad Peffley, vice president - (a) Identification of significant health needs affecting Richla nd 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 implementat ion strategy OnPointe Strategic Insights, LLC, Michelle Vander Stouw - Overall facilitato r of community meetings on June 11, July 9 and July 30, 2015 Richland County Children Ser vices, 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 prioritizatio n tool Richland County Juvenile Court, Amy Bargahiser, director of probation services - (a) Prioritization of health needs using the NACCHO prioritization tool, and (b) identifica tion of top five priority health needs to be addressed in the OhioHealth Mansfield Hospita l and OhioHealth Shelby Hospital implementation strategy Richland County Mental Health an d Recovery Services Board, Joe Trolian, executive director, Sherry Branham, director of ex ternal operations - (a) Identification of significant health needs affecting Richland Coun ty 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 addres sed in the OhioHealth Mansfield Hospital and OhioHealth Shelby Hospital implementation str ategy Richland County Regional Planning Commission, Jotika Shetty, executive director - P rioritization of health needs using the NACCHO prioritization tool Richland County Youth and Family Council, Teresa Alt, executive director - Identification of significant health needs affecting Richland County and available community resources Richland Public Health, Martin Tremmel, health commissioner, Amy Schmidt, director of nursing, Selby Dorgan, mana ger of health promotion and education, Loretta Cornell, clinic nursing supervisor (all per sons have knowledge of and expertise in public health) - (a) Identification of significant health needs affecting Richland County and available community resources, (b) prioritizat ion of health needs using the

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, 16j, 18e, 19e, 20e, 21c, 21d, 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
Schedule H, Part V, Section B, Line 5 Facility A, 1	NACCHO prioritization tool, and (c) identification of top five priority health needs to be addressed in the OhioHealth Mansfield Hospital and OhioHealth Shelby Hospital implementat ion strategy Shelby City Health Department, Kim Barnes, LPN, administrative assistant (wi th knowledge of and expertise in public health) - (a) Identification of significant health needs affecting Richland County and available community resources, (b) prioritization of health needs using the NACCHO prioritization tool, and (c) identification of top five prio rity health needs to be addressed in the OhioHealth Mansfield Hospital and OhioHealth Shel by Hospital implementation strategy Third Street Family Health Services, Nicole Williams - identification of top five priority health needs to be addressed in the OhioHealth Mansf ield 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 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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
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 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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
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 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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
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/mansfield-hospital/about-us/community-health-needs-assessment/mansfield-chna pdf

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, 16j, 18e, 19e, 20e, 21c, 21d, 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
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 Str eet Family Health Clinic, Catalyst Life Services, Family Life Counseling and other mental health services providers - Refer patients to the National Alliance on Mental Illness for family support group services Need #2 - Substance Abuse - Provide referrals to substance abuse treatment programs at appropriate agencies such as Third Street Family Health Clini c, Catalyst Life Services, Family Life Counseling, and other mental health and substance a buse services providers - Provide referrals to Mansfield Urban Minority Alcohol and Drug Addiction Outreach Program (UMADAOP) for assessments, counseling, and medication assisted treatment UMADAOP serves predominantly African American and Hispanic populations - Asses sment, intervention, and referral of patients with substance abuse diagnoses seen at the E mergency Department - Hospital admission of patients with substance abuse diagnoses to Oh ioHealth Mansfield Psychiatric Department - Provide drug screenings and education provide d by OhioHealth Employer Services - 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 - Emergency Department physicians will use state databas e for narcotic use (OARRS) to limit opiate doses per patient Need #3 - Chronic Disease - Offer health and wellness programs at the OhioHealth Ontario Health and Fitness Center, in cluding (but not limited to) Delay the Disease, exercise programs, SilverSneakers, discoun ted or free access for seniors, Community Best Loser, Healthy Chef Series, and Healthy Che ck at grocery stores - Offer Diabetes Prevention Program and other diabetes and endocrino logy services to Richland County residents - Provide community- and school-based health a nd wellness programs, such as Health Matters, Speakers Bureau, Asthma-1-2-3, and other pro grams - Partner in Creating Healthy Communities Coalition led by Richland Public Health, which focuses on healthy eating, physical activity and tobacco-free living Creating Healt hy Communities Coalition partners include Community Action for Capable Youth, North End co mmunity Improvement Collaborat

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, 16j, 18e, 19e, 20e, 21c, 21d, 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
Schedule H, Part V, Section B, Line 11 Facility A, 1	ive, Mansfield YMCA, Mansfield City Schools, OhioHealth Mansfield Hospital, OhioHealth She lby Hospital, City of Shelby, Shelby YMCA and Richland County Regional Planning Commission - Partner with American Heart Association's HeartChase community adventure game to promo te community engagement in physical activity Need #4 - Infant Mortality - Provide low cos t childbirth education and breastfeeding classes - Collaborate with Daddy Boot Camp, prov ided by the Richland County Youth and Family Council, to provide expectant fathers educati on and instruction on how to care for their newborn - Offer prenatal and women's health s ervices to the broader community through a partnership with OhioHealth Community Health an d Wellness and March of Dimes Care will be provided regardless of ability to pay on the M om & Baby mobile unit - Participate in the Richland County Infant Mortality Task Force - Provide referrals to Third Street Clinic Family Health Services OB/GYN clinic for service s regardless of income - Provide referrals to the Community Health Access Project (CHAP), an evidence-based process of coordination for high-risk individuals, evaluating, and redu cing risk factors Identified risk factors are addressed with appropriate pathways that co nnect individuals in need to primary care, prevention programs, mental and behavioral heal th agencies, housing, food, clothing, adult education and employment CHAP have demonstrat ed that home visiting care coordination in an urban community in Ohio led to greater than 60% reduction in low birth weight - Provide referrals to Richland Public Health's home vi siting program for babies up to eight weeks old - Provide referrals to Cribs for Kids whi ch aims to prevent infant deaths through parental and caregiver education on the significa nce of practicing safe sleep for babies and also providing Graco Pack & Play portable crib s to low-income families - Provide referrals to Women, Infants and Children (WIC), a nutr ition education program that provides coupons for nutritious foods that promote health of pregnant and postpartum women, breastfeeding mothers, infants and children Need #5 - Chil d and Family Health - Provide referrals for children and/or families to community agencies such as Richland County Children's Services, Richland County Youth and Family Council, Sa lvation Army and other food pantries, Third Street Clinic OB/GYN, and Community Health Acc ess Project, and strengthening collaboration with these agencies to ensure success of refe rrals - Strengthen partnership with Mansfield City Schools and other school districts to enable hospitalized students to avail of a tutor/mentor and an Individualized Education Pr ogram - Provide family meetings for all child/youth psychiatric admissions to ensure unde rstanding of medical diagnoses, awareness of risk factors, triggering behaviors, availabil ity of a reliable support system, and education on available community agencies to provide ongoing support and crisis in

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, 16j, 18e, 19e, 20e, 21c, 21d, 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
Schedule H, Part V, Section B, Line 11 Facility A, 1	tervention

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 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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
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.

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, 16j, 18e, 19e, 20e, 21c, 21d, 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
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 OhioHealth has 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

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, 16j, 18e, 19e, 20e, 21c, 21d, 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
Schedule H, Part V, Section B, Line 16 Facility A, 1	Facility A, 1 - OHIOHEALTH MEDCENTRAL - MANSFIELD AND SHELBY HOSPITALS SIGNS ARE POSTED, in multiple languages, AT MULTIPLE ENTRY POINTS AND REGISTRATION LOCATIONS STATING THE INT ENT TO COMPLY WITH THE STATE OF OHIO'S HOSPITAL CARE ASSURANCE PROGRAM (HCAP) ADDITIONALL Y, THE SIGNAGE, which is on large poster boards (24x36 inches) and conspicuously displayed , CONTAINS REFERENCE TO THE ORGANIZATION'S CHARITY CARE PROGRAM INFORMATION MATERIALS SUC H AS THE FINANCIAL ASSISTANCE POLICY, PLAIN LANGUAGE SUMMARY AND BILLING BROCHURE, ARE AVA ILABLE in multiple languages AT REGISTRATION LOCATIONS AND INTERPRETIVE SERVICES CAN BE AR RANGED in those languages IF THE PATIENT/GUARANTOR HAS LIMITED ENGLISH PROFICIENCY OR DOES NOT SPEAK ENGLISH OHIOHEALTH FACILITY BILLING STATEMENTS ALSO INCLUDE INFORMATION REGARD ING FINANCIAL ASSISTANCE SUCH AS THE PLAIN LANGUAGE SUMMARY AND CAN BE USED TO APPLY FOR F INANCIAL ASSISTANCE IN ADDITION, A PAPER COPY OF THE PLAIN LANGUAGE SUMMARY IS OFFERED TO EVERY PATIENT UPON INTAKE OHIOHEALTH HAS A VERY ROBUST FINANCIAL COUNSELING PROGRAM THAT AIMS TO ASSIST AND EDUCATE EVERY PATIENT THAT NEEDS FINANCIAL HELP BY INFORMING THE PATIE NT OF OHIOHEALTH'S FINANCIAL ASSISTANCE PROGRAM FINANCIAL COUNSELORS ARE LOCATED AT EACH OF THE MAIN HOSPITAL CAMPUSES TO PROVIDE INFORMATION ABOUT THE FINANCIAL ASSISTANCE PROGRA MS TO THE PATIENTS AS WELL AS ASSIST WITH COMPLETING THE FINANCIAL ASSISTANCE APPLICATION SYSTEM-WIDE, OHIOHEALTH HAS OVER 30 FINANCIAL COUNSELORS, INCLUDING SUPERVISORS ALL SELF -PAY REGISTRATIONS ARE REFERRED TO THE FINANCIAL COUNSELORS OR ON-SITE VENDORS AND AN ATTE MPT IS MADE FOR DIRECT CONTACT TO DISCUSS AND COMPLETE THE FINANCIAL ASSISTANCE APPLICATIO N THERE MAY BE TIMES, SUCH AS VERY LATE IN THE EVENING OR VERY EARLY MORNING, WHEN ALL SE LF-PAY PATIENTS ARE NOT SEEN FACE-TO-FACE BEFORE THEY ARE DISCHARGED HOWEVER, THERE ARE P HONE ATTEMPTS AND LETTERS MAILED TO THESE PATIENTS TO EXPLAIN FINANCIAL ASSISTANCE AND ATT EMPT COMPLETION OF THE FINANCIAL ASSISTANCE APPLICATION THE FRONT OF EVERY PATIENT BILLIN G STATEMENT REFERENCES ASSISTANCE FOR AMOUNTS NOT COVERED BY INSURANCE TO THOSE INDIVIDUAL S WHOSE INCOME IS BELOW THE ESTABLISHED POVERTY LEVEL THERE ARE TELEPHONE NUMBERS FOR CUS TOMER SERVICE, WITH SERVICE HOURS, AND AN EMAIL ADDRESS PROVIDED ON THE FRONT OF EVERY PAT IENT BILLING STATEMENT INCLUDED WITH EVERY PATIENT BILLING STATEMENT IS THE FINANCIAL ASS ISTANCE APPLICATION AND THE PLAIN LANGUAGE SUMMARY WITH THE FEDERAL POVERTY GUIDELINES IN CLUDED ARE DIRECTIONS TO COMPLETE THE APPLICATION, SIGN, AND WHERE TO SEND THE APPLICATION THE CUSTOMER CALL CENTER OPENS EVERY CALL INTERACTION WITH SCRIPTING PERTAINING TO FINAN CIAL ASSISTANCE AVAILABILITY AND WILL DISCUSS FINANCIAL ASSISTANCE WITH ANY PATIENT THAT E XPRESSES NEED OR CONCERN IN PAYING THE BALANCE ON THEIR ACCOUNT OR WANTING MORE INFORMATIO N REGARDING THE FINANCIAL ASSISTANCE POLICY THE FINANCIAL ASSISTANCE APPLICATION, PLAIN L ANGUAGE SUMMARY AND FAP ARE AV

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, 16j, 18e, 19e, 20e, 21c, 21d, 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
Schedule H, Part V, Section B, Line 16 Facility A, 1	AILABLE IN ELEVEN DIFFERENT LANGUAGES BASED ON THE NEEDS OF THE COMMUNITIES

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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
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 -

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, 16j, 18e, 19e, 20e, 21c, 21d, 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
Schedule H, Part V, Section B, Line 5 Facility , 1	Opportunity to provide feedback on inclusion or exclusion of the cross-cutting issues and significant health needs in the final list for prioritization Marion Area Counseling Cent er, Bev Young, director, Elaine Miller, clinical director - (a) Identification of signific ant health needs and community resources that address these needs, (b) opportunity to prov ide feedback on inclusion or exclusion of the cross-cutting issues and significant health needs in the final list for prioritization and (c) identification of top five priority hea lth needs Marion Chamber of Commerce, Pam Hall, president - (a) Identification of signifi cant 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 hea lth needs in the final list for prioritization Marion City/County Regional Planning Commi ssion, Dan Stewart, assistant director of land development and information - (a) Identific ation 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 City Schools, Gary Barber, superintendent, Winnie Brewer, food services supervisor - (a) Identification of si gnificant health needs and community resources that address these needs and (b) opportunit y to provide feedback on inclusion or exclusion of the cross-cutting issues and significan t health needs in the final list for prioritization Marion Community Foundation, Dean Jac ob, president and chief executive officer - (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 fin al list for prioritization and (c) identification of top five priority health needs Mario n County Children's Services, Jacqueline Ringer, executive director - (a) Identification o f significant health needs and community resources that address these needs and (b) 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 Marion County Council on Aging, B ede Agner, executive director - (a) Identification of significant health needs and communi ty 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 f or prioritization Marion County Board of Developmental Disabilities, Cheryl Plaster, supe rintendent, Ruth Titter, staff - (a) Identification of significant health needs and commun ity resources that address these needs and (b) opportunity to provide feedback on inclusio n or exclusion of the cross-cutting issues and significant health needs in the final list for prioritization Marion Cou

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, 16j, 18e, 19e, 20e, 21c, 21d, 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
Schedule H, Part V, Section B, Line 5 Facility , 1	nty Help Me Grow, Jennifer Haberman-Boleyn, contract manager of early intervention and hom e visiting, Jennifer Laird Valentine, service coordinator - (a) Identification of signific ant health needs and community resources that address these needs, (b) opportunity to prov ide feedback on inclusion or exclusion of the cross-cutting issues and significant health needs in the final list for prioritization and (c) identification of top five priority hea lth needs Marion County Job and Family Services, Roxane Somerlot, director (with knowledg e of and expertise in public health) - Opportunity to provide feedback on inclusion or exc lusion of the cross-cutting issues and significant health needs in the final list for prio ritization Marion Crawford Prevention Programs, Jodi Galloway, director, Annette Holler, teen institute adviser, Erika Foster, staff - (a) Identification of significant health nee ds and community resources that address these needs, (b) opportunity to provide feedback o n inclusion or exclusion of the cross-cutting issues and significant health needs in the f inal list for prioritization and (c) identification of top five priority health needs Mar ion Family YMCA, Theresa Lubke, executive director - 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 Head Start, Debbie Schuster, director - Opportunity to pr ovide feedback on inclusion or exclusion of the cross-cutting issues and significant healt h needs in the final list for prioritization Marion Industrial Center, Sharon Baldinger, human resources manager - (a) Identification of significant health needs and community res ources that address these needs and (b) opportunity to provide feedback on inclusion or ex clusion of the cross-cutting issues and significant health needs in the final list for pri oritization Marion Matters, Heidi Jones - Opportunity to provide feedback on inclusion 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' host - 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 Marion Municipal Court, Judge Te resa Ballinger - (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

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, 16j, 18e, 19e, 20e, 21c, 21d, 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
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 cro

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, 16j, 18e, 19e, 20e, 21c, 21d, 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
Schedule H, Part V, Section B, Line 5 Facility , 2	ss-cutting issues and seven significant 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) identification of top five priority health needs, and (e) partnership with Marion Public Health in facilitating the community stakeholder meeting s OhioHealth Marion General Hospital Foundation, Phyllis S Butterworth, director of deve lopment - (a) Identification of significant health needs and community resources that addr ess 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 Oh io Heartland Community Action Commission, Tracey Rector, director - (a) Identification of significant health needs and community resources that address these needs, and (b) 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 SIKA Corporation, Marion, Alyson I ssler, regional human resources manager - (a) Identification of significant health needs a nd community resources that address these needs, and (b) opportunity to provide feedback o n inclusion or exclusion of the cross-cutting issues and significant health needs in the f inal list for prioritization The Ohio State University at Marion, 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 Way of Marion County, Pam Stone - (a) Identification of significant health needs and community resources that address the se needs, (b) opportunity to provide feedback on inclusion or exclusion of the cross-cutti ng issues and significant health needs in the final list for prioritization, and (c) ident ification of top five priority health needs Voice of Hope Pregnancy Center, Natalie Longm eier, executive director - (a) Identification of significant health needs and community re sources that address these needs, (b) opportunity to provide feedback on inclusion or excl usion of the cross-cutting issues and significant health needs in the final list for prior itization, 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. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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
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

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 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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
Schedule H, Part V, Section B, Line 7 Facility , 1	Facility , 1 - Marion General Hospital https //www ohiohealth com/siteassets/find-a-location/hospitals/marion-general-hospital/about-us/community-health-needs-assessment/marion-chna pdf

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, 16j, 18e, 19e, 20e, 21c, 21d, 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
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 - Inp atient counseling to patients who have smoked within the past 12 months - Provide inpatie nt current smokers who express interest in quitting a packet with a stress ball, gum, book let and flyer for upcoming tobacco cessation classes They are also asked if interested in the Ohio Tobacco Quit Line Inpatients who have quit within the past 12 months are asked how they are doing, dealing with being a non-smoker and counseled on relapse prevention - Marion General Hospital pharmacy provides free nicotine patches to inpatients who express the desire to quit and score a 7 or above in the Assessment of Motivation Readiness to Q uit Ladder Associates from Pulmonary Services and Pulmonary Rehab perform the assessment and contact the pharmacy who assess the patient and give the free nicotine patches upon di scharge - Make follow-up telephone calls 30 days after discharge to assess how the patien ts have been progressing with

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	their smoking cessation efforts - Educate on the negative effects of smoking on the effec tiveness of psychiatric medications - Support patients with a cancer 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 Rehabi litation Center - Educate community members through participation at health fairs and ref errals to smoking cessation programs - Refer patients to Center Street Community Health C enter for smoking cessation assistance - Continued participation in the Tobacco-Free Mari on County Coalition Need #3 Substance Abuse - Partner with Center Street Community Clinic to enhance access to care for the underserved who need medical advice, treatment, and cou nseling referrals related to alcohol and substance abuse - Provide referrals to Marion Ar ea Counseling Center, Inc for alcohol and substance abuse counseling and follow-up with p atients on referral status and progress Marion General's Partial Hospitalization and Inte nsive Outpatient Programs provide inpatients and outpatients educational opportunities and linkages to community resources such as - Provide education and support group on relapse prevention - Provide meeting place in the unit for the Narcotics Anonymous group to hold weekly meetings - Provide referral and linkages to Alcoholics Anonymous, Narcotics Anony mous and Alateen, inpatient treatment programs, and outpatient agencies that provide alcoh ol and drug follow-up - Provide opportunities for inpatients and outpatients to listen to speakers from Alcoholics Anonymous, Narcotics Anonymous, Marion County Job and Family Ser vices and the Crawford-Marion ADAMH Board, who discuss an overview of the services they pr ovide to the community and how patients could benefit from their services - The Partial H ospitalization Program and the Intensive Outpatient Program tracks drug usage on a daily b asis and assists patients in developing strategies to reduce drug use while enrolled in th e program - Improve nurses' abilities to respond to patients with substance abuse issues through nursing education provided at Grand Rounds - Partner in hosting an annual Medicat ion Disposal Day which facilitates the collection, destruction, and disposal of unwanted m edications in a legal and environmentally friendly manner Need #4 Maternal and Child Heal th - Implement "Cribs for Kids" program to provide cribs for low-income families, partneri ng with Ohio Department of Health and the group Together We Inspire Giving (TWIGS) - Low- cost tobacco cessation programs provided by Pulmonary Services - Provide referrals to Mar ion County Children Services and Voice of Hope for parenting classes - Provide referrals to Marion County Job and Family services for Women, Infants and Children (WIC) for food re sources and medical cards - Provide referrals to Ohio Buckles Buckeyes program at Marion Area Counseling Center (MARCA)

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, 16j, 18e, 19e, 20e, 21c, 21d, 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
Schedule H, Part V, Section B, Line 11 Facility , 1	that teaches child car seat safety - Provide referrals to Help Me Grow for first time mo thers - Enhanced partnerships with community agencies, especially Marion County Children Services, Voice of Hope, Center Street Community Clinic, Marion County Job and Family Serv ices, Ohio Buckles Buckeyes program, and Help Me Grow, to ensure effective and efficient r eferral process to support maternal and child health - Host a group of pregnant teens in partnership with PHC (Pioneering Healthier Communities), CHC (Community Health Council), a nd GRADS (Graduation, Reality, and Dual Role Skills), providing free education on pregnanc y including what to expect and the ill effects of smoking Need #5 Access to safe and affo rdable housing - Partner with OhioHealth Gerlach Center for Senior Health and Grant Medica l Center Injury Prevention Program in implementing falls prevention programming - Strengt hen partnership with Ohio PASSPORT Medicaid waiver program to promote home safety and prov ide support for older adults to stay in their home - Provide comprehensive home healthcar e services through OhioHealth Home Care - Provide referrals to the Ohio Heartland Communi ty Action Commission to provide air conditioning units and heating bill assistance through Ohio Home Energy Assistance Program (HEAP) program for eligible patients (e g patients w ith 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 assist ance - Strengthening partnership with Ohio Heartland Community Action Commission, Marion Public Health, Turning Point and Be Ministries, and Ohio Women, Infants and Children (WIC) to ensure effective and efficient referral process - Implement Sexual Assault Nurse Exam iner program to assist in issues of domestic violence and abuse, child abuse or elder abus e and provide referral to community agencies as needed - Strengthen partnership with Adul t 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. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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
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

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 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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
Schedule H, Part V, Section B, Line 13 Facility , 1	Facility , 1 - Marion General 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 OhioHealth has 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

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, 16j, 18e, 19e, 20e, 21c, 21d, 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
Schedule H, Part V, Section B, Line 16 Facility , 1	Facility , 1 - OHIOHEALTH MARION HOSPITAL SIGNS ARE POSTED, IN MULTIPLE LANGUAGES, AT MUL TIPLE ENTRY POINTS AND REGISTRATION LOCATIONS STATING THE INTENT TO COMPLY WITH THE STATE OF OHIO'S HOSPITAL CARE ASSURANCE PROGRAM (HCAP) ADDITIONALLY, THE SIGNAGE, WHICH IS ON L ARGE POSTER BOARDS (24X36 INCHES) AND CONSPICUOUSLY DISPLAYED, CONTAINS REFERENCE TO THE O RGANIZATION'S CHARITY CARE PROGRAM INFORMATION MATERIALS SUCH AS THE FINANCIAL ASSISTANCE POLICY, PLAIN LANGUAGE SUMMARY AND BILLING BROCHURE, ARE AVAILABLE IN MULTIPLE LANGUAGES AT REGISTRATION LOCATIONS AND INTERPRETIVE SERVICES CAN BE ARRANGED IN THOSE LANGUAGES IF THE PATIENT/GUARANTOR HAS LIMITED ENGLISH PROFICIENCY OR DOES NOT SPEAK ENGLISH OHIOHEALT H FACILITY BILLING STATEMENTS ALSO INCLUDE INFORMATION REGARDING FINANCIAL ASSISTANCE SUCH AS THE PLAIN LANGUAGE SUMMARY 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 HCA P AND THE HOSPITALS CHARITY CARE PROGRAMS, HOW TO APPLY, AND THE NUMBERS TO CALL WITH QUES TIONS HOSPITAL PATIENT BILLING BROCHURES ARE HANDED TO EVERY SELF-PAY PATIENT WITH THE FI NANCIAL ASSISTANCE APPLICATION AND AVAILABLE UPON REQUEST FOR INSURED PATIENTS IN ADDITIO N, A PAPER COPY OF THE PLAIN LANGUAGE SUMMARY IS OFFERED TO EVERY PATIENT UPON INTAKE OHI OHEALTH HAS A VERY ROBUST FINANCIAL COUNSELING PROGRAM THAT AIMS TO ASSIST AND EDUCATE EVE RY PATIENT THAT NEEDS FINANCIAL HELP BY INFORMING THE PATIENT OF OHIOHEALTH'S FINANCIAL AS SISTANCE PROGRAM FINANCIAL COUNSELORS ARE LOCATED AT EACH OF THE MAIN HOSPITAL CAMPUSES T O PROVIDE INFORMATION ABOUT THE FINANCIAL ASSISTANCE PROGRAMS TO THE PATIENTS AS WELL AS A SSIST WITH COMPLETING THE FINANCIAL ASSISTANCE APPLICATION SYSTEM-WIDE, OHIOHEALTH HS OVE R 30 FINANCIAL COUNSELORS, INCLUDING SUPERVISORS ALL SELF-PAY REGISTRATIONS ARE REFERRED TO THE FINANCIAL COUNSELORS OR ON-SITE VENDORS AND AN ATTEMPT IS MADE FOR DIRECT CONTACT T O DISCUSS AND COMPLETE THE FINANCIAL ASSISTANCE APPLICATION THERE MAY BE TIMES, SUCH AS V ERY LATE IN THE EVENING OR VERY EARLY MORNING, WHEN ALL SELF-PAY PATIENTS ARE NOT SEEN FAC E-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 ASSISTANC E FOR AMOUNTS NOT COVERED BY INSURANCE TO THOSE INDIVIDUALS WHOSE INCOME IS BELOW THE ESTA BLISHED POVERTY LEVEL THERE ARE TELEPHONE NUMBERS FOR CUSTOMER SERVICE, WITH SERVICE HOUR S, AND AN EMAIL ADDRESS PROVIDED ON THE FRONT OF EVERY PATIENT BILLING STATEMENT INCLUDED WITH EVERY PATIENT BILLING STATEMENT IS THE FINANCIAL ASSISTANCE APPLICATION AND THE PLAI N LANGUAGE SUMMARY WITH THE FEDERAL POVERTY GUIDELINES INCLUDED ARE DIRECTIONS TO COMPLET E THE APPLICATION, SIGN, AND W

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, 16j, 18e, 19e, 20e, 21c, 21d, 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
Schedule H, Part V, Section B, Line 16 Facility , 1	HERE TO SEND THE APPLICATION DURING THE PRE-REGISTRATION/PRE-ADMISSIONS PROCESS, THE REGI STRATION REPRESENTATIVE WILL INFORM SCHEDULED SELF-PAY PATIENTS VIA TELEPHONE THAT FINANCI AL 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 FINANCI AL ASSISTANCE QUEUE AND/OR WILL PROVIDE THE TELEPHONE NUMBER TO THE VERBAL FINANCIAL ASSIS TANCE QUEUE ALL INSURED PATIENTS EXPRESSING NEED FOR FINANCIAL ASSISTANCE WILL ALSO BE TR ANSFERRED 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 CENT ER OPENS EVERY CALL INTERACTION WITH SCRIPTING PERTAINING TO FINANCIAL ASSISTANCE AVAILABI LITY AND WILL DISCUSS FINANCIAL ASSISTANCE WITH ANY PATIENT THAT EXPRESSES NEED OR CONCERN IN PAYING THE BALANCE ON THEIR ACCOUNT OR WANTING MORE INFORMATION REGARDING THE FINANCIA L ASSISTANCE POLICY THE REPRESENTATIVE WILL FORWARD THE CALLER TO THE VERBAL FINANCIAL AS SISTANCE QUEUE OR HAVE A FINANCIAL ASSISTANCE APPLICATION MAILED TO THE PATIENT THE FINAN CIAL ASSISTANCE APPLICATION, PLAIN LANGUAGE SUMMARY AND FAP ARE AVAILABLE IN ELEVEN DIFFER ENT LANGUAGES BASED ON THE NEEDS OF THE COMMUNITIES

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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
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 pr

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, 16j, 18e, 19e, 20e, 21c, 21d, 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
Schedule H, Part V, Section B, Line 5 Facility , 1	iority health needs Integrated Services for Behavioral Health, Terri Gillespie, area mana ger - Identification of top five priority health needs Live Healthy Appalachia, Sherri Ol iver, executive director - (a) Identification of community health needs and community reso urces available to meet those needs as well as barriers and challenges for addressing them , (b) prioritization of community health needs using the National Association of County an d City Health Officials (NACCHO) prioritization tool, and (c) identification of top five p riority health needs Ohio University, Robert Gordon, research associate, Voinovich School of Leadership and Public Affairs, Lesli Johnson, associate professor, Voinovich School of Leadership and Public Affairs (with knowledge of and expertise in public health), Daniel Kloepfer, research associate, Robin Stewart, senior project manager, Voinovich School of L eadership and Public Affairs, Kathy Trace, director, Area Health Education Center, Communi ty Health Programs, Heritage College of Osteopathic Medicine (with knowledge of and expert ise in public health), Matt Rozier, College of Health Sciences and Professions, summer int ern at OhioHealth O'Bleness Hospital - (a) Planning for primary data collection led by Ohi o University Voinovich School of Leadership and Public Affairs, (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 resources available to meet those needs as well as barriers and challenges for addressing them, (d) prioritization of commun ity health needs using the National Association of County and City Health Officials (NACCH O) prioritization tool, and (e) identification of top five priority health needs OhioHeal th Community Health and Wellness, Mary Ann G Abiado, data management and evaluation speci alist, Amber Hetteberg, administrative assistant, Orelle Jackson, system director of commu nity health and wellness - (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 community stakeholder meetings held on July 14, August 6 and August 18, 20 15, and (d) writing of summary of discussions during community stakeholder meetings OhioH ealth Home Care (formerly Appalachian Community Visiting Nurses and Hospice), Cheryl Sharp , director, Teresa McKinley, nurse coordinator - (a) Identification of community health ne eds and community resources available to meet those needs as well as barriers and challeng es for addressing them, (b) prioritization of community health needs using the National As sociation of County and City Health Officials (NACCHO) prioritization tool, and (c) identi fication of top five priority health needs OhioHealth O'Bleness Hospital, Debra Adams, di rector of radiology, Pamela Born, physician office manager, OhioHealth Physician Group Her itage College Obstetrics and G

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, 16j, 18e, 19e, 20e, 21c, 21d, 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
Schedule H, Part V, Section B, Line 5 Facility , 1	ynecology Athens, Jane Broecker, medical director of women's health, Christina Deidesheime r, director of growth and business development, Tonya Huiss, physician practice administra tor, OhioHealth Physician Group Heritage College (fka Athens Medical Associates), Tara Gil ts, director of development, Brittany Jarvis, manager of hospital clinics and pain managem ent, Bridget Lombard, DO, resident, O'Bleness Family Medicine Residency, Candace Miller, v ice president of operations, Debra Riley, unit manager of oncology, Mark Seckinger, presid ent, Marsha Sloan-Helber, community health and wellness coordinator, Sandy Wood, chief nur sing officer and vice president of patient care services - (a) Planning for primary data c ollection led by Ohio University Voinovich School of Leadership and Public Affairs, (b) id entification of community health needs and community resources available to meet those nee ds as well as barriers and challenges for addressing them, (c) prioritization 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 OnPointe, M ichelle Vander Stouw, principal (with knowledge of and expertise in public health) - Facil itation of community stakeholder meetings held on July 14, August 6 and August 18, 2015 R ural Action, Michelle Decker, chief executive officer - Identification of community health needs and community resources available to meet those needs as well as barriers and chall enges for addressing them The Athens Foundation, Susan Urano, executive director - (a) Id entification of community health needs and community resources available to meet those nee ds as well as barriers and challenges for addressing them, (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

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, 16j, 18e, 19e, 20e, 21c, 21d, 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
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 da ta from focus groups and Web-based surveys Ohio University's report of methodology and fi ndings from the primary data collection process is included in Appendix A The participant s in the focus group discussions and Web-based survey are summarized below Focus group di scussion with Athens Maternal and Child Health Coalition - held on April 16, 2015 at OhioH ealth O'Bleness Hospital The Athens Maternal and Child Health Coalition is a group of hea lthcare 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) OhioHealt h Physician Group Heritage College Obstetrics and Gynecology Athens, (d) Integrated Servic es for Behavioral Health, (e) Athens City-County Health Department, (f) PATHWAYS (Southeas t Ohio Community HUB), (g) Athens County Help Me Grow and (h) Health Recovery Services Fo cus group discussion with Bridgebuilders - held on May 6, 2015, at Trimble High School loc ated at 1 Tomcat Drive, Glouster, Ohio 45732 Bridgebuilders is a community organization i n 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 c ommunities 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 Universit y Heritage College of Osteopathic Medicine Focus group discussion with Heart Healthy Comm unity Coalition of Athens County - held on May 14, 2015, at Athens City-County Health Depa rtment located at 278 West Union Street, Athens, Ohio 45701 The Heart Healthy Community C oalition of Athens County is a group of health professionals who address issues related to prevention and management of cardiovascular disease and associated chronic diseases Nine teen members participated from (a) Athens-City County Health Department, (b) Community Foo d Initiatives, (c) Live Healthy Appalachia, (d) Hopewell Health Center-Athens, (e) Ohio Un iversity Heritage College of Osteopathic Medicine, (f) OhioHealth O'Bleness Hospital and (g) OhioHealth Home Care Web-based survey - administered to the following (a) Bridgebuild ers 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 i n Athens County The Athens County Housing Coalition is a group of professionals who addre ss the need for affordable housing in Athens County A total of 12 persons from Bridgebuil ders and 12 housing and behavi

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, 16j, 18e, 19e, 20e, 21c, 21d, 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
Schedule H, Part V, Section B, Line 6b Facility , 1	oral health professionals completed the Web-based surveys Secondary Data Collection OhioH ealth O'Bleness Hospital in collaboration with Ohio University Voinovich School of Leaders hip and Public Affairs collected secondary data from the following sources (a) Ohio Depar tment of Health, (b) Ohio Department of Mental Health and Addiction Services, (c) Ohio Dev elopment Services Agency, (d) American Community Survey, (e) Centers for Disease Control a nd 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 p ertinent secondary data for each of the community health needs identified during the commu nity stakeholder meetings

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 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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
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/obleness-hospital/about-us/community-health-needs-assessment/obleness-chna pdf

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, 16j, 18e, 19e, 20e, 21c, 21d, 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
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 involvement with Project DAWN (Deaths Avoided with Naloxone), an overdose prevention and education pro ject for opioid users who are at risk of death from opioid overdose as well as family and friends of those who are at risk of death from opioid overdose - Provide education about safe prescribing for hospital and community physicians - Establish a multidisciplinary te am at O'Bleness Hospital to explore effective methods to reduce morbidity and mortality li nked to substance abuse - OhioHealth Physician Group Heritage College OB/GYN Athens to pa rticipate in collaborative partnership with Health Recovery Services and the Pathways Navi gation program with Ohio University Heritage College of Osteopathic Medicine (OU-HCOM) com munity services programs to provide substance abuse services - Serve as a pilot site for the Maternal Opiate Medical Support (M O M S) -Project through the state of Ohio via part nership between Health Recovery Services and OhioHealth Physician Group Heritage College O B/GYN Athens providers The M O M S Project will provide expectant mothers with counselin g, Medication-Assisted Treatment and case management - Provide free community space at th e hospital for Dual Recovery Anonymous meetings Dual Recovery Anonymous is a 12-step self -help program that is based on the principals of AA and the experiences of men and women i n recovery with a dual diagnosis of both chemical dependency and emotional or psychiatric illness - Collaborate with community partners and law enforcement to improve access to sa fe and legal medication disposal and to educate community members about safe medication di sposal Need #2 Economic Development - Provide internships, job shadowing and volunteer o pportunities for high school students - Provide in-kind and financial support to Athens C ounty Schools (Athens City School District, Alexander Local School District, Federal Hocki ng Local School District, Nels

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, 16j, 18e, 19e, 20e, 21c, 21d, 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
Schedule H, Part V, Section B, Line 11 Facility , 1	onville-York School District and Trimble Local School District) to improve educational att ainment in the region (sponsorship committee) - Act as preceptors for Ohio University and Hocking College students on clinical 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 hosp ital speakers for various Ohio University (OU) classes, workshops and seminars as well as participation in various university sponsored events and activities that promote career ex ploration and academic achievements - Collaborate with Ohio University and various commun ity agencies, such as but not limited to, Athens City-County Health Department and Live He althy Appalachia, in applying for economic development-related grants that may foster job creation in Athens County - Continue to serve as a major employer in Athens County, provi ding competitive compensation and a comprehensive benefits package (e g , health, tuition reimbursement, retirement, etc) for staff and physicians - Support business development and expansion and manpower training by providing in-kind and financial support to local bu siness incubators, including but not limited to, ACENet and the Ohio University Innovation Center - Continue serving as a Board member for the Athens Area Chamber of Commerce, whi ch facilitates a strong business climate in Athens County and promotes jobs and economic p rogress Need #3 Access to Care - Provide 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 services through primary care physicians, pediatricians , specialty care services and OhioHealth Physician Group Heritage College - Make referral s to free clinic services and the family practice residency clinic (e g , Heritage Communi ty Clinic for primary care, diabetes and dermatology, mobile clinic) for income-eligible p atients - Offer appointments through OhioHealth Physician Group Heritage College OB/GYN A thens at convenient times for patients and provides assistance with locating transportatio n to reduce barriers to accessing care - OhioHealth Physician Group Heritage College prov ides a free sports medicine clinic for middle and high school athletes - Provide gas card s to oncology patients to eliminate transportation barrier to accessing treatment - Incre ase the number of primary care and specialty care providers and services locally, includin g services accessible through telemedicine Need #4 Chronic Disease - Support community m embers and staff in becoming more active through HeartWorks, a pulmonary and cardio rehab opportunity in partnership with Ohio University and ensuring hospital and community physic ians are knowledgeable about m

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, 16j, 18e, 19e, 20e, 21c, 21d, 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
Schedule H, Part V, Section B, Line 11 Facility , 1	aking referrals to HeartWorks - Partner with Community Food Initiatives to provide weekly , healthy food deliveries to home health and hospice patients - Increase access to mammog raphy screenings in the region through the introduction of a mobile mammography unit - Of fer The Lifestyle Medicine Clinic, a program to decrease negative health impacts through a plant-based, whole-food diet, physical activity, stress reduction and elimination of unhe althy habits - Sponsor community walks and runs to support increased physical activity - Partner and/or sponsor Live Healthy Appalachia programs providing nutrition education in schools and the community in addition to physical activity opportunities - Offer SeniorBE AT (Be Educated and Active Together), a free program for Athens community members older th an 60, which provides educational, social and physical activities each week of every month - Participate in community partners' efforts around population health, including attenda nce and participation at community-based collaborative meetings - Access to the OhioHealt h Stroke Network and community education on the prevention and treatment of stroke - Supp ort clinical and community diabetes prevention and treatment programs, potentially includi ng a continued sponsorship of a Diabetes Fellowship for medical students and Ohio Universi ty Heritage College of Osteopathic Medicine Need #5 Behavioral and Mental Health - Refer patients to Hopewell Health Centers through a partnership in which crisis screeners asses s patients in the Emergency Department after they have been stabilized - Participate in t he Crisis Admission Group, which meets quarterly to collaborate at a community level - Se rve as a primary facility providing medical clearance for Appalachian Behavioral Health - Refer patients to Health Recovery Services, Hopewell Health Centers, Integrated Services and other behavioral and mental healthcare providers - Refer OB patients to a program tha t utilizes case management and maternal bonding through Hopewell - Screen all Pain Manage ment Clinic patients for mental health needs and refer to appropriate providers - Partner in a collaborative effort with Ohio University School of psychology to act as a clinical site for graduate psychology students to provide on-site, embedded psychology services, fr ee to patients and located within the practice - Provide prenatal and postpartum depressi on screenings

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 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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
Schedule H, Part V, Section B, Line 13 Facility , 1	Facility , 1 - O'Bleness 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 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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
Schedule H, Part V, Section B, Line 13 Facility , 1	Facility , 1 - O'Bleness 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 OhioHealth has 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

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, 16j, 18e, 19e, 20e, 21c, 21d, 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
Schedule H, Part V, Section B, Line 16 Facility , 1	Facility , 1 - OHIOHEALTH O'BLENESS MEMORIAL HOSPITAL SIGNS ARE POSTED, in multiple langu ages, AT MULTIPLE ENTRY POINTS AND REGISTRATION LOCATIONS STATING THE INTENT TO COMPLY WIT H THE STATE OF OHIO'S HOSPITAL CARE ASSURANCE PROGRAM (HCAP) ADDITIONALLY, THE SIGNAGE, w hich is on large poster boards (24x36 inches) and conspicuously displayed, CONTAINS REFERE NCE TO THE ORGANIZATION'S CHARITY CARE PROGRAM INFORMATION MATERIALS SUCH AS THE FINANCIA L ASSISTANCE POLICY, PLAIN LANGUAGE SUMMARY AND BILLING BROCHURE, ARE AVAILABLE in multipl e languages AT REGISTRATION LOCATIONS AND INTERPRETIVE SERVICES CAN BE ARRANGED in those l anguages IF THE PATIENT/GUARANTOR HAS LIMITED ENGLISH PROFICIENCY OR DOES NOT SPEAK ENGLIS H OHIOHEALTH FACILITY BILLING STATEMENTS ALSO INCLUDE INFORMATION REGARDING FINANCIAL ASS ISTANCE SUCH AS THE PLAIN LANGUAGE SUMMARY AND CAN BE USED TO APPLY FOR FINANCIAL ASSISTAN CE IN ADDITION, A PAPER COPY OF THE PLAIN LANGUAGE SUMMARY IS OFFERED TO EVERY PATIENT UP ON INTAKE OHIOHEALTH HAS A VERY ROBUST FINANCIAL COUNSELING PROGRAM THAT AIMS TO ASSIST A ND EDUCATE EVERY PATIENT THAT NEEDS FINANCIAL HELP BY INFORMING THE PATIENT OF OHIOHEALTH' S FINANCIAL ASSISTANCE PROGRAM FINANCIAL COUNSELORS ARE LOCATED AT EACH OF THE MAIN HOSPI TAL CAMPUSES TO PROVIDE INFORMATION ABOUT THE FINANCIAL ASSISTANCE PROGRAMS TO THE PATIENT S AS WELL AS ASSIST WITH COMPLETING THE FINANCIAL ASSISTANCE APPLICATION SYSTEM-WIDE, OHI OHEALTH HAS OVER 30 FINANCIAL COUNSELORS, INCLUDING SUPERVISORS ALL SELF-PAY REGISTRATION S ARE REFERRED TO THE FINANCIAL COUNSELORS OR ON-SITE VENDORS AND AN ATTEMPT IS MADE FOR D IRECT CONTACT TO DISCUSS AND COMPLETE THE FINANCIAL ASSISTANCE APPLICATION THERE MAY BE T IMES, SUCH AS VERY LATE IN THE EVENING OR VERY EARLY MORNING, WHEN ALL SELF-PAY PATIENTS A RE 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 O F THE FINANCIAL ASSISTANCE APPLICATION THE FRONT OF EVERY PATIENT BILLING STATEMENT REFER ENCES 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, WI TH SERVICE HOURS, AND AN EMAIL ADDRESS PROVIDED ON THE FRONT OF EVERY PATIENT BILLING STAT EMENT INCLUDED WITH EVERY PATIENT BILLING STATEMENT IS THE FINANCIAL ASSISTANCE APPLICATI ON AND THE PLAIN LANGUAGE SUMMARY WITH THE FEDERAL POVERTY GUIDELINES INCLUDED ARE DIRECT IONS TO COMPLETE THE APPLICATION, SIGN, AND WHERE TO SEND THE APPLICATION THE CUSTOMER CA LL CENTER OPENS EVERY CALL INTERACTION WITH SCRIPTING PERTAINING TO FINANCIAL ASSISTANCE A VAILABILITY AND WILL DISCUSS FINANCIAL ASSISTANCE WITH ANY PATIENT THAT EXPRESSES NEED OR CONCERN IN PAYING THE BALANCE ON THEIR ACCOUNT OR WANTING MORE INFORMATION REGARDING THE F INANCIAL ASSISTANCE POLICY THE FINANCIAL ASSISTANCE APPLICATION, PLAIN LANGUAGE SUMMARY A ND FAP ARE AVAILABLE IN ELEVEN

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, 16j, 18e, 19e, 20e, 21c, 21d, 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
Schedule H, Part V, Section B, Line 16 Facility , 1	DIFFERENT LANGUAGES BASED ON THE NEEDS OF THE COMMUNITIES

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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
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

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, 16j, 18e, 19e, 20e, 21c, 21d, 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
Schedule H, Part V, Section B, Line 5 Facility , 1	issues to the full PHDC membership, and (d) participated in the full PHDC meetings to det ermine top five priority health needs Concord Township, Karen Koch, Trustee - (a) Member of the Partnership for Healthy Delaware County, (b) participation in discussions related t o the community health assessments based on MAPP framework, and (c) participation in full PHDC prioritization meeting that determined top five significant health needs Council for Older Adults (SourcePoint of Delaware County, Ohio), Fara Waugh, director of client servi ces - (a) Member of the Partnership for Healthy Delaware County, (b) participation in the discussion about the process involved for the four assessments based on the MAPP framework , and (c) participation in the full PHDC meetings that prioritized health needs into top f ive significant health needs Delaware Area Transit Agency, Denny Schooley, executive dire ctor - (a) Member of the Partnership for Healthy Delaware County, (b) participated in the Vision and Values Committee, which worked in defining the vision and values of The Partner ship for Healthy Delaware County, and (c) participated in discussions related to process o f conducting assessments based on the MAPP framework Delaware Area Chamber of Commerce, H olly Quaine, president - (a) Member of the Partnership for Healthy Delaware County, (b) pa rticipation in discussion about significant health priorities and issues identified by the Local Public Health System Assessment, and (c) participation in the discussions about the process for conducting Community Themes and Strengths Assessment (CTSA) and Forces of Cha nge Assessment (FOCA) Delaware City Schools, Robin Moore, staff - (a) Member of the Partn ership for Healthy Delaware County and (b) participated in the prioritization of health ne eds Delaware County Auditor's Office, Shoreh Elhami, director of geographic information s ystems - (a) Participation in discussions related to conduct of assessments based on MAPP framework and (b) participation in full meetings of The Partnership for Healthy Delaware C ounty that prioritized significant health needs identified from various assessments and ca me up with top five most significant health needs Delaware County Board of Commissioners, Ken O'Brien, Commissioner - (a) Member of the Partnership for Healthy Delaware County and (b) participation in discussions related to conduct of assessments based on MAPP framewor k Delaware County Board of Developmental Disabilities, Bob Morgan, superintendent (Mr Mo rgan has knowledge of and expertise in public health) - Participation in the full PHDC me eting to identify top five priority health needs Delaware County Department of Job and Fa mily Services, Shancie Jenkins, director (resigned), Sue Ware, assistant director (These p ersons have knowledge 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) participa

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, 16j, 18e, 19e, 20e, 21c, 21d, 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
Schedule H, Part V, Section B, Line 5 Facility , 1	tion in discussions related to the survey questions that were based from the Centers for D isease Control and Prevention's Behavioral Risk Factor Surveillance System (BRFSS), (d) pa rticipation in discussions regarding additional questions for the telephone survey, (e) co llaboration with Delaware General Health District and The Strategy team, Ltd , in determin ing CHSA health priorities that were presented to the full PHDC membership, and (f) partic ipation in the discussion of the findings of the Local Public Health Assessment and proces s of the Forces of Change Assessment and Community Themes and Strengths Assessment Delawa re County Regional Planning Commission, Scott Sanders, executive director - (a) Member of The Partnership for Healthy Delaware County, (b) participation in the discussions of the C ommunications Committee of the Partnership for Healthy Delaware County (PHDC), and (c) par ticipation in the full PHDC meeting that discussed the health needs identified from the fo ur assessments, prioritization of health needs, and determining top five significant healt h needs Delaware County Sheriff's Office, Russ Martin, sheriff, Kassie Otten, program coo rdinator - (a) Member of the Partnership for Healthy Delaware County (PHDC), (b) participa tion in Forces of Change Assessment, and (c) participation in full PHDC prioritization mee ting that determined top five significant health needs Delaware General Health District, Patrick Blayney, vice president, Board of Health, Shelia Hiddleson, health commissioner, R osemary Chaudry, assessment and accreditation coordinator (retired), Susan Sutherland, pla nner, Lori Kannally, planner, Debra Sparks, administrative assistant, Kelly Bragg, health educator, Kelsey Sommers, health educator (These persons have knowledge of and expertise i n public health) - (a) Members of the Partnership for Healthy Delaware County, (b) partic ipation in the Community Health Status Assessment (CHSA), Community Themes and Strengths A ssessment (CTSA), Forces of Change Assessment and Local Public Health Systems Assessment (LPHSA), (c) participation in

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, 16j, 18e, 19e, 20e, 21c, 21d, 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
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 Lo

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, 16j, 18e, 19e, 20e, 21c, 21d, 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
Schedule H, Part V, Section B, Line 5 Facility , 2	cal Public Health Status Assessment (LPHSA) Committee, (c) worked closely with The Center for Public Health Practice at The Ohio State University College of Public Health who imple mented and facilitated LPHSA, (d) determining LPHSA health priorities that were presented to the full PHDC membership, and (e) participated in the full PHDC meeting to prioritize s ignificant health needs from each of the committees Grace Clinic Delaware, Colleen Pavar ini, board chair - (a) Member of the Partnership for Healthy Delaware County and (b) feedb ack on process and findings of community health assessment Harlem Township, Bob Singer, t rustee - (a) Member of the Partnership for Healthy Delaware County, (b) contributed ideas and participated in discussions related to identification of significant health needs as p art of the Forces of Change Assessment (FOCA), (c) participation in discussions during the presentation of significant health needs identified by FOCA during the full PHDC member m eeting, and (d) participation in the full PHDC meeting to identify top five priority healt h needs Heart of Ohio Homeless Shelter, Chuck Bulick, executive director - (a) Member of the Partnership for Healthy Delaware County, (b) participation in the Community Health Sta tus Assessment (CHSA) Committee, (c) participation in discussions related to the survey qu estions that were based from the Centers for Disease Control and Prevention's Behavioral R isk Factor Surveillance System (BRFSS), (d) participation in discussions regarding additio nal questions for the telephone survey, and (e) collaboration with Delaware General Health District and The Strategy team, Ltd , in determining CHSA health priorities that were pre sented to the full PHDC membership HelpLine of Delaware and Morrow Counties, Inc , Sue Ha nson, executive director, co-chair of The Partnership for Healthy Delaware County - (a) Me mber of the Partnership for Healthy Delaware County, (b) participation in the Community He alth Status Assessment (CHSA) Committee, (c) participation in discussions related to the s urvey questions that were based from the Centers for Disease Control and Prevention's Beha vioral Risk Factor Surveillance System (BRFSS), (d) participation in discussions regarding additional questions for the telephone survey, and (e) collaboration with Delaware Genera l Health District and The Strategy team, Ltd , in determining CHSA health priorities that were presented to the full PHDC membership Kingston Township, Delaware County, Bill Shive ly, trustee - (a) Member of The Partnership for Healthy Delaware County, (b) contribution of ideas and participation in discussions related to identification of significant health needs as part of the Forces of Change Assessment (FOCA), and (c) Participation in discussi ons during the presentation 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 Healthy Delawa

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, 16j, 18e, 19e, 20e, 21c, 21d, 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
Schedule H, Part V, Section B, Line 5 Facility , 2	re County and (b) participation in the discussions during the Forces of Change Assessment Maryhaven, Richard Steele, clinical supervisor - (a) Member of The Partnership for Health y 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 health needs from the four assessments and prioritized top five significant health needs Ohio Departm ent of Health, Michele Shough, coordinator, Center for Health Promotion/Healthy Communitie s (Ms Shough has knowledge of and expertise in public health) - (a) Member of the Partne rship for Healthy Delaware County, (b) contribution of ideas and participation in the Comm unity Health Status Assessment (CHSA) and Community Themes and Strengths Assessment (CTSA) Committees, (c) participation in discussions related to the CHSA telephone survey questio ns that were based from the Centers for Disease Control and Prevention's Behavioral Risk F actor Surveillance System (BRFSS), (d) participation in discussions regarding additional q uestions for the CHSA telephone survey and CTSA survey questions, (e) collaboration with D elaware 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) participation i n full PHDC meetings that prioritized significant health needs OhioHealth Grady Memorial Hospital, OhioHealth Community Health and Wellness, Bill Verhoff, director, clinical suppo rt services, Orelle Jackson, system director, community health and wellness - (a) Member o f the Partnership for Healthy Delaware County, (b) contribution of ideas and participation in discussions related to identification of significant health needs as part of the Force s of Change Assessment (FOCA), (c) participation 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 identify top five priority health needs Ohio We sleyan University, Christopher Fink, assistant professor and chair, Department of Health a nd Human Kinetics, co-chair of Partnership for Healthy Delaware County, Marsha Tilden, dir ector of student health services - (a) Members of the Partnership for Healthy Delaware Cou nty (PHDC), (b) Mr Fink served as co-chair of the PHDC, (c) Mr Fink provided leadership in PHDC activities related to Delaware County community health assessment and development of the Delaware County Community Health Improvement Plan, (d) Ms Tilden participated in t he Local Public Health Systems Assessment (LPHSA) Committee activities and discussions and prioritization of public health issues, (e) Ms Tilden participated in discussions during the presentation of prioritized issues to the full PHDC membership, and (f) both Mr Fink and Ms Tilden participated in the full PHDC meetings to determine top five priority heal th needs

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, 16j, 18e, 19e, 20e, 21c, 21d, 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
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 t

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, 16j, 18e, 19e, 20e, 21c, 21d, 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
Schedule H, Part V, Section B, Line 5 Facility , 3	o the full PHDC membership Scioto Township, Sandra Stults, trustee - (a) Member of the Pa rtnership for Healthy Delaware County, (b) participation in the Forces of Change Assessmen t, and (c) participation in the prioritization of health needs Second Ward Community Init iative, Temi Daramola, board member, Stephanie Saunders, president - Member of The Partner ship for Healthy Delaware County (PHDC) Senior Citizens Inc, of Delaware County (SourcePo int of Delaware County), Charlene Browning, director - (a) Member of The Partnership for H ealthy Delaware County (PHDC) and (b) participation in the full PHDC meeting to review the health needs from the community assessments and determine top five significant health nee ds Sustainable Delaware, Sheila Fox, member - (a) Member of The Partnership for Healthy D elaware County (PHDC), (b) participation in the discussion during the Forces of Change Ass essment, and (c) participation in the full PHDC meeting that reviewed all health needs ide ntified during the four assessments and determined top five significant health needs Preg nancy Resources of Delaware County (formerly the Core Center), Cindy Violet, executive dir ector - (a) Member of The Partnership for Healthy Delaware County (PHDC), (b) participatio n in the discussion about the Local Public Health System Assessment (LPHSA), and (c) parti cipation 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 Fell er, president, Barb Lyon, vice-president, Brande Urban, director 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 Change Assessment (FOCA), (c) par ticipation in discussions related to the CHSA survey questions that were based from the Ce nters for Disease Control and Prevention's Behavioral Risk Factor Surveillance System (BRF SS), (d) participation in discussions regarding additional questions for the CHSA telephon e survey, (e) collaboration with Delaware General Health District and The Strategy team Lt d, in determining CHSA and FOCA health priorities that were presented to the full PHDC mem bership, and (f) participation in the full PHDC meeting to determine top five priority hea lth needs Delaware Community Residents - Larry Cline, Alice Frazier MD, Rand Guebert, Loi s 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 Partn ership for Healthy Delaware County (PHDC) Alice Frazier MD - (a) Member of The Partnershi p for Healthy Delaware County (PHDC), (b) participation in activities of the Community Hea lth Status Assessment (CHSA), Local Public Health System Assessment (LPHSA) and Forces of Change Assessment (FOCA) Committees, (c) participation in discussions related to the CHSA survey questions that were bas

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, 16j, 18e, 19e, 20e, 21c, 21d, 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
Schedule H, Part V, Section B, Line 5 Facility , 3	ed from the Centers for Disease Control and Prevention's Behavioral Risk Factor Surveillan ce System (BRFSS), (d) participation in discussions regarding additional questions for the CHSA telephone survey, (e) collaboration with Delaware General Health District and The St rategy team Ltd, in determining CHSA, LPHSA, and FOCA health priorities that were presente d 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 for 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) 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, (e) collaboration with Del aware General Health District and The Strategy team Ltd, in determining CHSA health priori ties that were presented to the full PHDC membership, and (f) participation in the full PH DC meeting to determine top five priority health needs Shirley Hart - Member of The Partn ership for Healthy Delaware County (PHDC) Jan Lanier - (a) Member of The Partnership for Healthy Delaware County (PHDC) and (b) participation in the full PHDC meeting that determi ned top five priority health needs Deborah Lipscomb - (a) Member of The Partnership for H ealthy Delaware County (PHDC) and (b) participation in the full PHDC meeting that determin ed top five priority health needs Joe Mazzola - Member of The Partnership for Healthy Del aware County (PHDC) Jan Ritter - Member of The Partnership for Healthy Delaware County (P HDC) Ruth Schrock - (a) Participation in the meeting that discussed the overview of all f our assessments, (b) participation in the Community Health Status Assessment (CHSA) Commit tee, (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 Syst em (BRFSS), (d) participation in discussions regarding additional questions for the teleph one 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 , 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 o f 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 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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
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 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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
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. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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
Schedule H, Part V, Section B, Line 7 Facility , 1	Facility , 1 - Grady Memorial Hospital https //www ohiohealth com/siteassets/find-a-location/hospitals/grady-memorial-hospital/about-us/community-health-needs-assessment/grady-chna pdf

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, 16j, 18e, 19e, 20e, 21c, 21d, 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
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 Delaw

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, 16j, 18e, 19e, 20e, 21c, 21d, 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
Schedule H, Part V, Section B, Line 11 Facility , 1	are County from 19 to 17 percent Binge drinking means five or more drinks for men and fou r or more drinks for women per occasion b Decreasing the number of opiate and pain reliev er 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 drug overdose from 8 1 deaths pe r 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 Delawa re County community agencies will be trained on trauma-informed care and (ii) 10 percent o f practicing primary care doctors will use the Screening, Brief Intervention and Referral to Treatment (SBIRT) screening tool SBIRT services are an evidence-based practice that ha s been shown to identify, reduce and prevent a patient's use, abuse and dependence on alco hol and or illegal drugs Need #3 - Food insecurity discussions were focused on increasing access to nutritious food, regardless of economic status Specifically, Delaware County i nterventions 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 ins ecure in Delaware County b Increase the knowledge about nutritional food options among pe rsons 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 out comes, Delaware County will need to (i) increase supply of fruits, vegetables, lean protei ns and whole grains in food pantries, (ii) improve knowledge of nutritious food options th rough the program Cooking Matters and (iii) strengthen memberships and tap into Delaware C ounty Hunger Alliance resources as means of improving food environments both locally and s tatewide Need #4 - Provide prevention and treatment services for mental health (e g , dep ression, suicide, stress, etc), especially among Delaware City School District residents The goals include community education and awareness on the importance of mental health an d mental health services, and improvement to access and utilization of mental health servi ces Education initiatives will focus on improving treatments for major depressive episode s while decreasing suicides Increase in mental health service utilization will be focused on increasing depression screenings in primary practice and engaging residents with suici dal tendencies to obtain treatment Specifically, Delaware County interventions have to fo cus on the following outcomes - a Increasing the number of adults seeking treatment for m ajor depressive episode 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 c lients referred for mental hea

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, 16j, 18e, 19e, 20e, 21c, 21d, 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
Schedule H, Part V, Section B, Line 11 Facility , 1	lth services by five percent per year d Increasing the number of healthcare providers in Delaware County who receive training about adult depression screenings by five percent eac h year In order to achieve these anticipated outcomes, Delaware County will need to (i) co nduct at least two Mental Health First Aid trainings per year, (ii) conduct trainings to p revent adult suicide attempts, (iii) provide community education about depression and prom otion of mental health, (iv) train healthcare professionals and (v) increase referrals of suicidal clients to public behavioral health treatment Need #5 - To address obesity/overw eight a goal was set to increase the number of Delaware County adults with healthy weights Health disparities exist in health risks due to the impact of social determinants of hea lth 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 vegetable intake f rom 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 m inutes among adults from 4 2 days per week to 4 5 days per week d Increasing the percenta ge of adults who use lunch or work breaks to exercise for at least 10 minutes (per break) from 25 to 30 percent In order to achieve these anticipated outcomes, Delaware County wil l need to (i) develop a mechanism to enable acceptance of Supplemental Nurse Assistance Pr ogram (SNAP) benefits at farmers markets, (ii) conduct a community-wide campaign to encour age healthy eating, (iii) increase availability of fruits and vegetables in workplaces (iv) expand the use of Delaware General Health District (DGHD) on menus (an initiative to pro vide caloric content of menus in local restaurants), (v) conduct a community-wide campaign to increase awareness and understanding of caloric information in restaurant menus, (vi) conduct a community-wide campaign to reduce time spent on computers, televisions and mobil e devices, (vii) provide shared-use agreements to enable schools to allow community member s to use school property and equipment for exercise and (viii) conduct evidence-based weig ht 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 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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
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 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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
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 OhioHealth has 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

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, 16j, 18e, 19e, 20e, 21c, 21d, 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
Schedule H, Part V, Section B, Line 16 Facility , 1	Facility , 1 - OHIOHEALTH GRADY MEMORIAL HOSPITAL SIGNS ARE POSTED, IN MULTIPLE LANGUAGES , AT MULTIPLE ENTRY POINTS AND REGISTRATION LOCATIONS STATING THE INTENT TO COMPLY WITH TH E STATE OF OHIO'S HOSPITAL CARE ASSURANCE PROGRAM (HCAP) ADDITIONALLY, THE SIGNAGE, WHICH IS ON LARGE POSTER BOARDS (24X36 INCHES) AND CONSPICUOUSLY DISPLAYED, CONTAINS REFERENCE TO THE ORGANIZATION'S CHARITY CARE PROGRAM INFORMATION MATERIALS SUCH AS THE FINANCIAL AS SISTANCE POLICY, PLAIN LANGUAGE SUMMARY AND BILLING BROCHURE, ARE AVAILABLE IN MULTIPLE LA NGUAGES AT REGISTRATION LOCATIONS AND INTERPRETIVE SERVICES CAN BE ARRANGED IN THOSE LANGU AGES IF THE PATIENT/GUARANTOR HAS LIMITED ENGLISH PROFICIENCY OR DOES NOT SPEAK ENGLISH O HIOHEALTH FACILITY BILLING STATEMENTS ALSO INCLUDE INFORMATION REGARDING FINANCIAL ASSISTA NCE SUCH AS THE PLAIN LANGUAGE SUMMARY AND CAN BE USED TO APPLY FOR FINANCIAL ASSISTANCE HOSPITAL PATIENT BILLING BROCHURES EXPLAIN THAT OHIOHEALTH PROVIDES CARE TO EVERYONE WHO C OMES FOR SERVICES, REGARDLESS OF THEIR ABILITY TO PAY THE BROCHURE PROVIDES INFORMATION A BOUT HCAP AND THE HOSPITALS CHARITY CARE PROGRAMS, HOW TO APPLY, AND THE NUMBERS TO CALL W ITH QUESTIONS HOSPITAL PATIENT BILLING BROCHURES ARE HANDED TO EVERY SELF-PAY PATIENT WIT H THE FINANCIAL ASSISTANCE APPLICATION AND AVAILABLE UPON REQUEST FOR INSURED PATIENTS IN ADDITION, A PAPER COPY OF THE PLAIN LANGUAGE SUMMARY IS OFFERED TO EVERY PATIENT UPON INT AKE OHIOHEALTH HAS A VERY ROBUST FINANCIAL COUNSELING PROGRAM THAT AIMS TO ASSIST AND EDU CATE EVERY PATIENT THAT NEEDS FINANCIAL HELP BY INFORMING THE PATIENT OF OHIOHEALTH'S FINA NCIAL ASSISTANCE PROGRAM FINANCIAL COUNSELORS ARE LOCATED AT EACH OF THE MAIN HOSPITAL CA MPUSES TO PROVIDE NFORMATION ABOUT THE FINANCIAL ASSISTANCE PROGRAMS TO THE PATIENTS AS WE LL AS ASSIST WITH COMPLETING THE FINANCIAL ASSISTANCE APPLICATION SYSTEMWIDE, OHIOHEALTH HAS OVER 30 FINANCIAL COUNSELORS, INCLUDING SUPERVISORS ALL SELF-PAY REGISTRATIONS ARE RE FERRED TO THE FINANCIAL COUNSELORS OR ON-SITE VENDORS AND AN ATTEMPT IS MADE FOR DIRECT CO NTACT TO DISCUSS AND COMPLETE THE FINANCIAL ASSISTANCE APPLICATION THERE MAY BE TIMES, SU CH AS VERY LATE IN THE EVENING OR VERY EARLY MORNING, WHEN ALL SELF-PAY PATIENTS ARE NOT S EEN 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 FI NANCIAL ASSISTANCE APPLICATION THE FRONT OF EVERY PATIENT BILLING STATEMENT REFERENCES AS SISTANCE FOR AMOUNTS NOT COVERED BY INSURANCE TO THOSE INDIVIDUALS WHOSE INCOME IS BELOW T HE ESTABLISHED POVERTY LEVEL THERE ARE TELEPHONE NUMBERS FOR CUSTOMER SERVICE, WITH SERVI CE HOURS, AND AN EMAIL ADDRESS PROVIDED ON THE FRONT OF EVERY PATIENT BILLING STATEMENT I NCLUDED WITH EVERY PATIENT BILLING STATEMENT IS THE FINANCIAL ASSISTANCE APPLICATION AND T HE PLAIN LANGUAGE SUMMARY WITH THE FEDERAL POVERTY GUIDELINES INCLUDED ARE DIRECTIONS TO COMPLETE THE APPLICATION, SIGN

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, 16j, 18e, 19e, 20e, 21c, 21d, 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
Schedule H, Part V, Section B, Line 16 Facility , 1	, AND WHERE TO SEND THE APPLICATION DURING THE PRE-REGISTRATION/PRE-ADMISSIONS PROCESS, T HE 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 FINANCIA L ASSISTANCE QUEUE ALL INSURED PATIENTS EXPRESSING NEED FOR FINANCIAL ASSISTANCE WILL ALS O BE TRANSFERRED TO THE VERBAL FINANCIAL ASSISTANCE QUEUE AND/OR PROVIDED THE TELEPHONE NU MBER TO THE VERBAL FINANCIAL ASSISTANCE QUEUE IN THE CUSTOMER CALL CENTER THE CUSTOMER CA LL CENTER OPENS EVERY CALL INTERACTION WITH SCRIPTING PERTAINING TO FINANCIAL ASSISTANCE A VAILABILITY AND WILL DISCUSS FINANCIAL ASSISTANCE WITH ANY PATIENT THAT EXPRESSES NEED OR CONCERN IN PAYING THE BALANCE ON THEIR ACCOUNT OR WANTING MORE INFORMATION REGARDING THE F INANCIAL ASSISTANCE POLICY THE REPRESENTATIVE WILL FORWARD THE CALLER TO THE VERBAL FINAN CIAL ASSISTANCE QUEUE OR HAVE A FINANCIAL ASSISTANCE APPLICATION MAILED TO THE PATIENT TH E FINANCIAL ASSISTANCE APPLICATION, PLAIN LANGUAGE SUMMARY AND FAP ARE AVAILABLE IN ELEVEN DIFFERENT LANGUAGES BASED ON THE NEEDS OF THE COMMUNITIES

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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
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, an

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, 16j, 18e, 19e, 20e, 21c, 21d, 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
Schedule H, Part V, Section B, Line 5 Facility , 1	d 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 Offic ials (NACCHO) tool, and (c) determination of top five priority health needs that will be a ddressed in the OhioHealth Hardin Memorial Hospital implementation strategy OhioHealth Co mmunity Health and Wellness, Orelle Jackson, system director community health and wellness , Mary Ann G Abiado, RN, data management and evaluation specialist, Amber Hetteberg, admi nistrative assistant - (a) Facilitation and coordination of community health needs assessm ent meetings and (b) writing meeting minutes OhioHealth Hardin Memorial Hospital, Chris D avis, public relations director and volunteer coordinator, Stephen McCullough, member of b oard of trustees, Matt Jennings, chairman of board of trustees and chief executive officer of Quest Federal Credit Union, Wendy Rodenberger, chief nursing officer and vice presiden t of patient care services, Kim Totten, administrative nurse manager, Emergency Department (ED) - (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 Offici als (NACCHO) tool, and (c) determination of top five priority health needs that will be ad dressed in the OhioHealth Hardin Memorial Hospital implementation strategy Ohio Northern University, Steve Martin, dean, Raabe College of Pharmacy and Kami Fox, assistant professo r of nursing and pediatric nurse practitioner, department of nursing - (a) Identification of health needs and issues, community assets and resources, and barriers and challenges fo r 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 H ardin Memorial Hospital implementation strategy OnPointe Strategic Insights, LLC, Michell e Vander Stouw, MPH, principal (with knowledge of and expertise in public health) - Overal l facilitation of community meetings held on July 7 and July 21, 2015 The Ohio State Univ ersity Hardin County Extension Office, Vicki Phillips, family nutrition program assistant - (a) Identification of health needs and issues, community assets and resources, and barri ers and challenges for addressing these health needs and issues, (b) prioritization of hea lth needs and issues using the National Association of County and City Health Officials (N ACCHO) tool, and (c) determination of top five priority health needs that will be addresse d 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 ne

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, 16j, 18e, 19e, 20e, 21c, 21d, 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
Schedule H, Part V, Section B, Line 5 Facility , 1	eds 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 Na tional Association of County and City Health Officials (NACCHO) tool, and (c) determinatio n of top five priority health needs that will be addressed in the OhioHealth Hardin Memori al Hospital implementation strategy WKTN, Keith Gensheimer, owner - Prioritization of hea lth needs and issues using the National Association of County and City Health Officials (N ACCHO) 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 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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
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. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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
Schedule H, Part V, Section B, Line 7 Facility , 1	Facility , 1 - Hardin Memorial Hospital https //www ohiohealth com/siteassets/find-a-location/hospitals/hardin-memorial-hospital/about-us/community-health-needs-assessment/hardin-chna pdf

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, 16j, 18e, 19e, 20e, 21c, 21d, 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
Schedule H, Part V, Section B, Line 11 Facility , 1	Facility , 1 - Hardin Memorial Hospital Hardin Memorial Hospital is addressing the signif icant 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 S

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, 16j, 18e, 19e, 20e, 21c, 21d, 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
Schedule H, Part V, Section B, Line 11 Facility , 1	ervices and skin cancer screenings Need #3 Access to Care - Refer patients to Kenton Com munity Health Center if they do not have a primary care physician and need other services, including dental, mental, substance abuse and a pharmacy The Kenton Community Health Cen ter has a staff that educates patients on health insurance options, Medicaid, The Marketpl ace or commercial insurance plans A sliding fee scale is offered to patients with an inco me less than 200 percent of the Federal Poverty Guidelines - Collaborate with Kenton Comm unity Health Center in improving access to care through providing a laboratory technician - Expand specialty care services to better serve the needs of the community - Partner wi th Ohio Northern University in operating a multidisciplinary mobile clinic to improve acce ss to care, health literacy and health outcomes, and to refer Hardin County residents to a medical home and acute medical care The mobile health clinic will provide healthcare ser vices weekly in churches, schools and other public facilities - Provide referral, linkage and follow-up to patients needing health insurance, transportation assistance, durable me dical equipment and medications - Provide health screenings (blood pressure, cholesterol, glucose, BMI, skin cancer, etc) and education at the Hardin County Fair, the Community H ealth Fair and local businesses to improve access to healthcare services Need #4 Health E ducation and Prevention - 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 Di ning with Diabetes, which provides education about healthy eating in partnership with The Ohio State University Extension office - Present F A M E (Fun Activity Motivates Everyon e) annually to educate about healthy eating and physical activity options - Provide healt h education and prevention information to community members at Hardin Memorial's Heart Sma rt Day, Community Health Fair, and OhioHealth Employer Services and skin cancer screenings - Participate in the Healthy Lifestyles Coalition of Hardin County with the Kenton-Hardi n Health Department, which engages and educates community residents about healthy eating a nd physical activity - In collaboration with other partners, provide health education and prevention for community members as part of the Hardin County Fair, Hardin County Council on Aging Senior Days, 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 hospital staff (nurses, physicians, diabetes educators and imaging staff) presenting health education and promotion information at community organizations and schoo ls - Provide community health education public service announcements in the local newspap ers - the Kenton Times and Ada

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, 16j, 18e, 19e, 20e, 21c, 21d, 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
Schedule H, Part V, Section B, Line 11 Facility , 1	Herald - and on the radio WKTN 95 3 - Improve health literacy for patients seen in the Ohio Northern University mobile clinic Need #5 Behavioral and Mental Health - Partner wit h Coleman Professional Services, which offers 24/7 consultation for mental health, to refe r 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 Hospital, St Rita's Medical Center, OhioHealth Riverside Methodist Hospital, and Pomegranate and Arrowh ead Behavioral Health - Screen all patients, including inpatient, outpatient and ED patie nts, 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 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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
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. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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
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 OhioHealth has 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

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, 16j, 18e, 19e, 20e, 21c, 21d, 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
Schedule H, Part V, Section B, Line 16 Facility , 1	Facility , 1 - OHIOHEALTH HARDIN MEMORIAL HOSPITAL SIGNS ARE POSTED, IN MULTIPLE LANGUAGE S, AT MULTIPLE ENTRY POINTS AND REGISTRATION LOCATIONS STATING THE INTENT TO COMPLY WITH T HE STATE OF OHIO'S HOSPITAL CARE ASSURANCE PROGRAM (HCAP) ADDITIONALLY, THE SIGNAGE, WHIC H IS ON LARGE POSTER BOARDS (24X36 INCHES) AND CONSPICUOUSLY DISPLAYED, CONTAINS REFERENCE TO THE ORGANIZATION'S CHARITY CARE PROGRAM INFORMATION MATERIALS SUCH AS THE FINANCIAL A SSISTANCE POLICY, PLAIN LANGUAGE SUMMARY AND BILLING BROCHURE, ARE AVAILABLE IN MULTIPLE L ANGUAGES AT REGISTRATION LOCATIONS AND INTERPRETIVE SERVICES CAN BE ARRANGED IN THOSE LANG UAGES IF THE PATIENT/GUARANTOR HAS LIMITED ENGLISH PROFICIENCY OR DOES NOT SPEAK ENGLISH OHIOHEALTH FACILITY BILLING STATEMENTS ALSO INCLUDE INFORMATION REGARDING FINANCIAL ASSIST ANCE SUCH AS THE PLAIN LANGUAGE SUMMARY 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 WI TH THE FINANCIAL ASSISTANCE APPLICATION AND AVAILABLE UPON REQUEST FOR INSURED PATIENTS I N ADDITION, A PAPER COPY OF THE PLAIN LANGUAGE SUMMARY IS OFFERED TO EVERY PATIENT UPON IN TAKE OHIOHEALTH HAS A VERY ROBUST FINANCIAL COUNSELING PROGRAM THAT AIMS TO ASSIST AND ED UCATE EVERY PATIENT THAT NEEDS FINANCIAL HELP BY INFORMING THE PATIENT OF OHIOHEALTH'S FIN ANCIAL ASSISTANCE PROGRAM FINANCIAL COUNSELORS ARE LOCATED AT EACH OF THE MAIN HOSPITAL C AMPUSES TO PROVIDE INFORMATION ABOUT THE FINANCIAL ASSISTANCE PROGRAMS TO THE PATIENTS AS WELL AS ASSIST WITH COMPLETING THE FINANCIAL ASSISTANCE APPLICATION SYSTEMWIDE, OHIOHEALT H HS OVER 30 FINANCIAL COUNSELORS, INCLUDING SUPERVISORS ALL SELF-PAY REGISTRATIONS ARE R EFERRED TO THE FINANCIAL COUNSELORS OR ON-SITE VENDORS AND AN ATTEMPT IS MADE FOR DIRECT C ONTACT TO DISCUSS AND COMPLETE THE FINANCIAL ASSISTANCE APPLICATION THERE MAY BE TIMES, S UCH 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 LETTER S MAILED TO THESE PATIENTS TO EXPLAIN FINANCIAL ASSISTANCE AND ATTEMPT COMPLETION OF THE F INANCIAL ASSISTANCE APPLICATION THE FRONT OF EVERY PATIENT BILLING STATEMENT REFERENCES A SSISTANCE 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 SERV ICE 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 AND THE PLAIN LANGUAGE SUMMARY WITH THE FEDERAL POVERTY GUIDELINES INCLUDED ARE DIRECTIONS TO COMPLETE THE APPLICATION, SIG

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, 16j, 18e, 19e, 20e, 21c, 21d, 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
Schedule H, Part V, Section B, Line 16 Facility , 1	N, AND WHERE TO SEND THE APPLICATION DURING THE PRE-REGISTRATION/PRE-ADMISSIONS 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 CAL L 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 FINANCI AL ASSISTANCE QUEUE ALL INSURED PATIENTS EXPRESSING NEED FOR FINANCIAL ASSISTANCE WILL AL SO BE TRANSFERRED TO THE VERBAL FINANCIAL ASSISTANCE QUEUE AND/OR PROVIDED THE TELEPHONE N UMBER TO THE VERBAL FINANCIAL ASSISTANCE QUEUE IN THE CUSTOMER CALL CENTER THE CUSTOMER C ALL CENTER OPENS EVERY CALL INTERACTION WITH SCRIPTING PERTAINING TO FINANCIAL ASSISTANCE AVAILABILITY AND WILL DISCUSS FINANCIAL ASSISTANCE WITH ANY PATIENT THAT EXPRESSES NEED OR CONCERN IN PAYING THE BALANCE ON THEIR ACCOUNT OR WANTING MORE INFORMATION REGARDING THE FINANCIAL ASSISTANCE POLICY THE REPRESENTATIVE WILL FORWARD THE CALLER TO THE VERBAL FINA NCIAL ASSISTANCE QUEUE OR HAVE A FINANCIAL ASSISTANCE APPLICATION MAILED TO THE PATIENT T HE FINANCIAL ASSISTANCE APPLICATION, PLAIN LANGUAGE SUMMARY AND FAP ARE AVAILABLE IN ELEVE N DIFFERENT LANGUAGES BASED ON THE NEEDS OF THE COMMUNITIES

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

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

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

Name and address	Type of Facility (describe)
Kobacker House 800 McConnell Drive Columbus, OH 43214	In-Patient Hospice
HVP RIVERSIDE 3705 Olentangy River Road Columbus, OH 43214	Physician Practice
GMC ANESTHESIA 111 S Grant Avenue Columbus, OH 43215	Physician Practice
NEUROSURGERY RIVERSIDE 3555 Olentangy River Rd Suite 2001 Columbus, OH 43214	Physician Practice
GMC HOSPITALISTS 340 E Town Street Suite 8-300 Columbus, OH 43215	Physician Practice
HVP GAHANNA 765 N Hamilton Road Suite 120 Gahanna, OH 43230	Physician Practice
MAX SPORTS 3705 Olentangy River Road Columbus, OH 43214	Physician Practice
HVP MANSFIELD 335 Glessner Ave Mansfield, OH 44903	Physician Practice
PCP RIVERS EDGE DR 7630 Rivers Edge Drive Columbus, OH 43235	Physician Practice
NEURO RIVERSIDE 931 Chatham Lane Columbus, OH 43221	Physician Practice
CTVS RIVERSIDE 3535 Olentangy River Road Suite 530 0 Columbus, OH 43214	Physician Practice
NEUROSURGERY RIVERSIDE RED 3525 Olentangy River Road Suite 531 0 Columbus, OH 43214	Physician Practice
Sports Medicine Grant 323 E Town Street Columbus, OH 43215	Physician Practice
OB GYN 75 Hospital Dr Suite 260 Athens, OH 45701	Physician Practice
ORTHO SURGEONS MOS GRANT 340 E Town Street Suite 7-600 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)
GMC TRAUMA 1 111 S Grant Avenue Columbus, OH 43215	Physician Practice
ORTHO TRAUMA GRANT 285 E State Street Suite 500 Columbus, OH 43215	Physician Practice
ORTHO SURGEONS BRITTON PKWY 3663 Ridge Mill Drive Hilliard, OH 43026	Physician Practice
ORTHO SURGEONS ASHLAND 45 Amberwood Pkwy Ashland, OH 44805	Physician Practice
RHEUMATOLOGY GRANT 285 E State Street Suite 620 Columbus, OH 43215	Physician Practice
SURGICAL SPEC MANSFIELD 215 Wood Street Mansfield, OH 44903	Physician Practice
NEURO GRANT 285 E State Street Suite 430 Columbus, OH 43215	Physician Practice
HVP DOCTORS 5131 Beacon Hill Road Suite 120 Columbus, OH 43228	Physician Practice
DH HOSPITALISTS 5131 Beacon Hill Road suite 210 Columbus, OH 43228	Physician Practice
PCP HIGH ST AND NEIL AVE 41 S High Street Suite 25 Columbus, OH 43215	Physician Practice
PCP DELAWARE HEALTH CENTER 801 OhioHealth Blvd Suite 260 Delaware, OH 43015	Physician Practice
UROLOGY RIVERSIDE 500 Thomas Lane Suite 20 Columbus, OH 43016	Physician Practice
PCP BRITTON PARKWAY 4343 All Seasons Dr Hilliard, OH 43026	Physician Practice
OBGYN GRADY 801 OhioHealth Blvd Suite 160 Delaware, OH 43015	Physician Practice
SURGICAL SPECIALISTS GRANT 285 E State Street Suite 640 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)
VASCULAR SURGEONS GRANT 285 E State Street Suite 260 Columbus, OH 43215	Physician Practice
SPORTS MEDICINE 75 Hospital Dr Suite 140 Athens, OH 45701	Physician Practice
PCP ATHENS 75 Hospital Dr Suite 350 Athens, OH 45701	Physician Practice
PULMONARY GRANT 111 S Grant Avenue 2nd Floor Columbus, OH 43215	Physician Practice
SURGICAL SPECIALISTS BING 3555 Olentangy River Road Suite 200 0 Columbus, OH 43214	Physician Practice
PLASTIC SURGEONS GRANT 285 E State Street Suite 600 Columbus, OH 43215	Physician Practice
COCRC 4882 E Main Suite 220 Columbus, OH 43213	Physician Practice
PCP PICKERINGTON MED CAMPUS 1509 Stonecreek Drive South Pickerington, OH 43147	Physician Practice
BARIATRICS RIVERSIDE 3705 Olentangy River Road Suite 100 Columbus, OH 43214	Physician Practice
ROBOTIC UROLOGIC SURGEONS DMH 7450 Hospital Drive Suite 300 Dublin, OH 43016	Physician Practice
URO GYN RIVERSIDE 3555 Olentangy River Road Suite 405 0 Columbus, OH 43214	Physician Practice
PCP North Hamilton Road 765 Hamilton Rd Suite 255 Gahanna, OH 43230	Physician Practice
RMH GME OBGYN 3535 Olentangy River Road NG Columbus, OH 43214	Physician Practice
PCP HAVENS CORNER 504 Havens Corners Road Gahanna, OH 43230	Physician Practice
NEURO RIVERSIDE SMOB 3555 Olentangy River Rd 2050 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)
PCP HILL RD 417 Hill Road N Suite 101 Pickerington, OH 43147	Physician Practice
OBGYN DOCTORS 5579 Hilliard Rome Office Park Hilliard, OH 43026	Physician Practice
NEURO WESTERVILLE 300 Polaris Pkwy Suite 2350 Westerville, OH 43081	Physician Practice
NEURO MS 931 Chatham Lane Columbus, OH 43221	Physician Practice
PCP POLARIS PARKWAY 300 Polaris Parkway Suite 3000 Westerville, OH 43081	Physician Practice
GRADY ANESTHESIA SERVICES 561 West Central Avenue Delaware, OH 43015	Physician Practice
BREAST SURGEONS RIVERSIDE 3555 Olentangy River Road Suite 202 0 Columbus, OH 43214	Physician Practice
GMC GME FAMILY MEDICINE EAST 4850 E Main Street Columbus, OH 43213	Physician Practice
RMH GME FAMILY MEDICINE 697 Thomas Lane Columbus, OH 43214	Physician Practice
DELAWARE INTERNAL MEDICINE 454 W Central Ave Delaware, OH 43015	Physician Practice
PCP TRIMBLE RD 558 S Trimble Road Mansfield, OH 44903	Physician Practice
PCP EAST BROAD 7340 E Broad Street Suite B Blacklick, OH 43004	Physician Practice
PCP CLAIREDAN DR 70 Clairedan Dr Powell, OH 43065	Physician Practice
ORTHO SURGEONS MANSFIELD MOB 335 Glessner Ave Mansfield, OH 44903	Physician Practice
PALLIATIVE CARE 111 S Grant Avenue 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)
PCP NIKE DR 5548 Hilliard Rom Office Park Hilliard, OH 43026	Physician Practice
GMC GME FAMILY MEDICINE SW 2030 Stringtown Road Grove City, OH 43123	Physician Practice
PCP WEDGEWOOD MOB 4141 N Hampton Dr Suite 100 Powell, OH 43065	Physician Practice
MCCONNELL SSJC 3773 Olentangy River Road Columbus, OH 43214	Physician Practice
SURGICAL SPECIALISTS DELAWARE 801 OhioHealth Blvd Suite 160 Delaware, OH 43015	Physician Practice
PCP WEST BROAD 5193 West Broad Street Suite 200 Columbus, OH 43228	Physician Practice
PCP LEXINGTON 375 West Main Street Mansfield, OH 44904	Physician Practice
MATERNAL FETAL MEDICINE 3535 Olentangy River Road 1st Floor Columbus, OH 43214	Physician Practice
NEURO MANSFIELD 222 Marion Avenue Mansfield, OH 44903	Physician Practice
PCP SANDUSKY ST 629 N Sandusky Avenue Bucyrus, OH 44820	Physician Practice
ORTHO SURGEONS SHELBY 2180 Stumbo Rd Ontario, OH 44906	Physician Practice
PEDIATRICS GRADY MOB 551 W Central Ave Suite 103 Delaware, OH 43015	Physician Practice
PCP BALTIMORE REYNOLDSBURG 2014 Baltimore-Reynoldsburg Rd Reynoldsburg, OH 43068	Physician Practice
GYN ONC RIVERSIDE 500 Thomas Lane Suite 4B Columbus, OH 43214	Physician Practice
GASTRO DOCTORS 5131 Beacon Hill Road Suite 200 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

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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)
HVP NORTH CENTRAL 1000 McKinley Park Drive Marion, OH 43302	Physician Practice
CTVS GRANT 85 McNaughten Road Suite 110 Columbus, OH 43213	Physician Practice
NEURO INTERDISCIPLINARY CLINIC 3535 Olentangy River Rd Suite S1501 Columbus, OH 43214	Physician Practice
BREAST SURGEONS GRANT 285 E State Street Suite 300 Columbus, OH 43215	Physician Practice
PCP KELNOR DR 3774 Broadway Grove City, OH 43123	Physician Practice
INTERNAL MED POLARIS PARKWAY 300 Polaris Parkway Suite 3400 Westerville, OH 43082	Physician Practice
ENDOCRINOLOGY GRANT 500 E Main Street Suite 100 Columbus, OH 43215	Physician Practice
PCP MARKET EXCHANGE 500 E Main Street Suite 100 Columbus, OH 43215	Physician Practice
ENT Mansfield MOB 335 Glessner Ave Mansfield, OH 44903	Physician Practice
PCP GALLOWAY 990 Galloway Road Galloway, OH 43119	Physician Practice
PCP KENTON 60 Washington Blvd Kenton, OH 43326	Physician Practice
GRADY HOSPITALISTS 561 W Central Avenue Delaware, OH 43015	Physician Practice
PCP HOSPITAL DR 6905 Hospital Drive Suite 200 Dublin, OH 43016	Physician Practice
SURGICAL SPECIALISTS DOCTORS 5131 Beacon Hill Road Suite 230 Columbus, OH 43228	Physician Practice
HVP DUBLIN 7500 Hospital Dr Dublin, OH 43016	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)
ENT DOCTORS 5131 Beacon Hill Dr Suite 300 Columbus, OH 43228	Physician Practice
DH GME FAMILY PRACTICE SW 2030 Stringtown Road 3rd Floor Grove City, OH 43123	Physician Practice
PCP TIPPETT COURT 100 Tippett Ct Suite 101 Sunbury, OH 43074	Physician Practice
INTERNAL MEDICINE 551 W Central Ave Suite 301 Delaware, OH 43015	Physician Practice
PEDIATRICS WEDGEWOOD MOB 4141 N Hampton Dr Suite 103 Powell, OH 43065	Physician Practice
RMH BEHAVIORAL HEALTH CONSULT 3535 Olentangy River Road NMB Suite 220 Columbus, OH 43214	Physician Practice
PCP NELSONVILLE 11 John Lloyd Evans Memorial Dr Sui te 200 Nelsonville, OH 45764	Physician Practice
DH GME OBGYN 5131 Beacon Hill Road Suite 340 Columbus, OH 43228	Physician Practice
PCP LANCASTER 784 E Main Street Lancaster, OH 43130	Physician Practice
PCP SCIOTO DARBY 6314 Scioto Darby Road Hilliard, OH 43026	Physician Practice
ONCOLOGY 474 Lexington Ave Mansfield, OH 44903	Physician Practice
VASCULAR SURGEONS DOCTORS 5131 Beacon Hill Road Suite 100 Columbus, OH 43228	Physician Practice
PCP WOMENS HEALTH MANSFIELD 1020 Cricket Lane Mansfield, OH 44903	Physician Practice
CLINIC 86 Columbus Circle Suite 203 Athens, OH 45701	Physician Practice
HVP WESTERVILLE 260 Polaris Parkway Westerville, OH 43082	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)
GMC GME OP CARE CENTER TOWN ST 393 E Town Street Columbus, OH 43215	Physician Practice
UROLOGY 75 Hospital Dr Suite 240 Athens, OH 45701	Physician Practice
OBGYN GROVE CITY 4191 Kelnor Drive Suite 300 Grove City, OH 43123	Physician Practice
BEHAVIORAL HEALTH IP 3535 Olentangy River Road RMH 9 Nor th Columbus, OH 43214	Physician Practice
GENERAL SURGERY 75 Hospital Dr Suite 310 Athens, OH 45701	Physician Practice
RMH ADV PRACTICE PROVIDERS 3535 Olentangy River Road Columbus, OH 43214	Physician Practice
NEURO DOCTORS 3663 Ridge Mill Drive Suite 100 Hilliard, OH 43026	Physician Practice
NEUROLOGY 801 OhioHealth Blvd Suite 210 Delaware, OH 43015	Physician Practice
PCP ONTARIO 1750 West Fourth Street Mansfield, OH 44903	Physician Practice
RMH GME INTERNAL MEDICINE 500 Thomas Lane Suite 2-C Columbus, OH 43214	Physician Practice
ENDOCRINOLOGY MANSFIELD MOB 335 Glessner Ave Mansfield, OH 44903	Physician Practice
PCP HIDDEN RAVINES DR 28 Hidden Ravines Dr Powell, OH 43065	Physician Practice
COLORECTAL SURGEONS RMH 3535 Olentangy River Rd Columbus, OH 43214	Physician Practice
SURGICAL SPECIALISTS GRADY MOB 551 W Central Ave Suite 303 Delaware, OH 43015	Physician Practice
Neuro Spine 3555 Olentangy River Rd Suite 2001 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)
OBGYN WEST BROAD 5193 West Broad Street Suite 200 Columbus, OH 43228	Physician Practice
RMH NEUROPSYCH 223 E Town Street Columbus, OH 43215	Physician Practice
DH PULMONARY CRITICAL CARE 5100 West Broad Street Columbus, OH 43228	Physician Practice
UROLOGY DOCTORS 5141 W Broad Street Suite 180 Columbus, OH 43228	Physician Practice
NELSONVILLE URGENT CARE 11 John Lloyd Evans Memorial Dr Nelsonville, OH 45764	Physician Practice
RMH MCCONNELL HEART HEALTH CTR 3773 Olentangy River Road Columbus, OH 43214	Physician Practice
PCP Tremont Road 3363 Tremont Rd Upper Arlington, OH 43221	Physician Practice
ORTHO SURGEONS DOCTORS 5131 Beacon Hill Road Suite 160 Columbus, OH 43228	Physician Practice
DMH GME FAMILY PRACTICE 6905 Hospital Drive Suite 200 Dublin, OH 43016	Physician Practice
PCP BLYMYER 248 Blymyer Avenue Mansfield, OH 44903	Physician Practice
PATHOLOGY 55 Hospital Dr 1st Fl Lab Athens, OH 45701	Physician Practice
INFECTIOUS DISEASE 295 Glessner Avenue Mansfield, OH 44903	Physician Practice
RMH BEHAVIORAL HEALTH OP EAP 3535 Olentangy River Road RMH 9 Nor th Columbus, OH 43214	Physician Practice
PODIATRY 75 Hospital Dr Athens, OH 45701	Physician Practice
CANCER SPECIALISTS MARION 1150 Crescent Heights Rd 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)
PCP WEXNER HERITAGE 2222 Welcome Place Columbus, OH 43209	Physician Practice
ENT 75 Hospital Dr Suite 360 Athens, OH 45701	Physician Practice
GMC OWHP 111 S Grant Avenue Columbus, OH 43215	Physician Practice
ENT ONTARIO 1770 West Fourth Street Mansfield, OH 44903	Physician Practice
PCP LONDON 1076 Eagleton Blvd Suite C London, OH 43140	Physician Practice
ANESTHESIOLOGY 199 W Main St Shelby, OH 44875	Physician Practice
HOSPITALISTS 55 Hospital Dr Athens, OH 45701	Physician Practice
MANSFIELD CARDIAC ANESTHESIA 335 Glessner Avenue Mansfield, OH 44903	Physician Practice
PCP RACINE 207 5th St Racine, OH 45771	Physician Practice
PCP Amberwood Parkway 45 Amberwood Pkwy Ashland, OH 44805	Physician Practice
MEDICAL ONCOLOGY NORTH MARKET 801 OhioHealth Blvd Suite 180 Delaware, OH 43015	Physician Practice
RMH CHF CLINIC 3525 Olentangy River Road 2nd Floor Columbus, OH 43214	Physician Practice
NEURO APP RIVERSIDE 3555 Olentangy River Road Suite 205 0 Columbus, OH 43214	Physician Practice
DMH OBGYN AND MIDWIVES 7500 Hospital Drive Dublin, OH 43016	Physician Practice
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)
PEDIATRICS W GREEN DR 24 W Green Dr Suite 329 Athens, OH 45701	Physician Practice
Neuro Pickerington 1010 Refugee Rd Suite 310 Pickerington, OH 43147	Physician Practice
GMC WOUND CARE 285 E State Street Suite 460 Columbus, OH 43215	Physician Practice
HVP HARDIN 921 E Franklin Street Kenton, OH 43326	Physician Practice
CTVS DOCTORS 5131 Beacon Hill Road Suite 100 Columbus, OH 43228	Physician Practice
NEURO MARION 1000 McKinley Park Drive Marion, OH 43302	Physician Practice
NEURO ONCOLOGY 500 Thomas Lane Suite 2E Columbus, OH 43214	Physician Practice
DH GME SPECIALTY MEDICINE 50 Old Village Road Suite 201 Columbus, OH 43228	Physician Practice
RMH GME GENERAL SURGERY 3535 Olentangy River Road NG Columbus, OH 43214	Physician Practice
TRAUMA MANSFIELD 355 Glessner Avenue Mansfield, OH 44903	Physician Practice
PCP Balgreen Drive 770 Balgreen Dr Mansfield, OH 44903	Physician Practice
PCP SAME DAY ACCESS CENTER 770 Jasonway Avenue Suite 1B Columbus, OH 43214	Physician Practice
MANSFIELD PULMONARY 770 Ballgreen Drive Mansfield, OH 44903	Physician Practice
PCP Perimeter Drive 6870 Perimeter Dr Suite B Dublin, OH 43016	Physician Practice
PCP GLOUSTER 5 Cararas Dr Glouster, OH 45732	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)
PAIN MANAGEMENT PHYSICIANS 39 Wood St Mansfield, OH 44903	Physician Practice
PCP W GREEN DR 24 W Green Dr Suite 230 Athens, OH 45701	Physician Practice
Pain Management Doctors 3663 Ridge Mill Dr Suite 100 Hilliard, OH 43026	Physician Practice
GRADY PROFESSIONAL SERVICES 801 OhioHealth Blvd Delaware, OH 43015	Physician Practice
HOMEREACH HOSPICE 3595 Olentangy River Road Columbus, OH 43214	Physician Practice
EXPRESS CARE ATHENS 265 W Union St Suite A Athens, OH 45701	Physician Practice
INTERNAL MEDICINE W UNION ST 542 W Union St Suite B Athens, OH 45701	Physician Practice
CAMPUS CARE OHIO UNIVERSITY 2 Health Center Dr Athens, OH 45701	Physician Practice
OMM W GREEN DR 24 W Green DrSuite 408 Athens, OH 45701	Physician Practice
OSTEOPATHIC MANIPULATION MED 6905 Hospital Dr Suite 200 Dublin, OH 43016	Physician Practice
ENDOCRINOLOGY ATHENS 75 Hospital Dr Suite 200 Athens, OH 45701	Physician Practice
PCP CRAWFORD 1820 E Mansfield Ave Mansfield, OH 44903	Physician Practice
RMH EXEC HLTH WELLNESS CLINIC 3773 Olentangy River Road Columbus, OH 43214	Physician Practice
Mansfield Behavioral Health 335 Glessner Ave Mansfield, OH 44903	Physician Practice
DH GME ORTHOPEDIC MEDICINE 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?_____

Name and address	Type of Facility (describe)
RMH PULMONARY PHYSICIANS 3545 Olentangy River Road Suite 111 Columbus, OH 43214	Physician Practice
RMH SENIOR HEALTH 3724 A Olentangy River Road Gerlach Center Columbus, OH 43214	Physician Practice
GERIATRICS W GREEN DR 24 W Green Dr Suite 230 Athens, OH 45701	Physician Practice
RMH Infectious Disease 3555 Olentangy River Rd Suite 3020 Columbus, OH 43214	Physician Practice
NEURO OUTREACH 3555 Olentangy River Road Suite 205 0 Columbus, OH 43214	Physician Practice
RMH ON CALL TRAUMA 3555 Olentangy River Road Suite 201 0 Columbus, OH 43214	Physician Practice
PCP Concierge Medicine 3363 Tremont Rd Upper Arlington, OH 43221	Physician Practice
RADIOLOGY NELSONVILLE 11 John Lloyd Evans Memorial Dr Nelsonville, OH 45764	Physician Practice
WOUND CARE ATHENS 444 W Union St Suite D Athens, OH 45701	Physician Practice
PCP Wellness on Wheels 393 E Town Street Columbus, OH 43215	Physician Practice
Radiation Oncology North 801 OhioHealth Blvd Delaware, OH 43015	Physician Practice
GMC PRIM 393 E Town Street Columbus, OH 43215	Physician Practice
PCP WEXNER HERITAGE TCU 2222 Welcome Place Columbus, OH 43209	Physician Practice
ORTHO SURGEONS MANSFIELD MOB 335 Glessner Ave Mansfield, OH 44903	Physician Practice
DMH NURSE PRACTITIONERS 7500 Hospital Drive Dublin, OH 43016	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)
NEURO SURGERY MANSFIELD 200 Park Ave West Mansfield, OH 44902	Physician Practice
ORTHO SURGEONS MIO GRANT 340 E Town Street Suite 250 Columbus, OH 43215	Physician Practice

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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

2016

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 E Broad Street Columbus, OH 43215	31-4394942	501(c)(3)	1,274,150				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	256	290,098		General Support	
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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 and 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 appropiate 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 idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		No
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☐ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☐ Compensation survey or study		
	☐ Form 990 of other organizations	☐ Approval by the board or compensation committee		
4	During the year, did any person listed 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
See Additional Data	

Additional Data

Software ID: 16000421
Software Version: 2016v3.0
EIN: 32-0007056
Name: OhioHealth Corporation Group Return

Part III, Supplemental Information

Return Reference	Explanation
Schedule J, Part I, Line 1a Tax indemnification and gross-up payments	Tax indemnification and gross up payments OhioHealth Corporation and its subsidiaries do not provide tax gross ups to executives Non-executives receive tax gross ups when receiving various taxable incentive or recognition awards, non-cash gifts, or gift cards that are available to all employees Occasionally, non-executives are reported in Form 990 During 2016, there were five reported individuals that received immaterial tax indemnification and gross up payments These payments are included in reportable compensation when made

Part III, Supplemental 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

Part III, Supplemental Information

Return Reference	Explanation
Schedule J, Part I, Line 4a Severance or change-of-control payment	THE FOLLOWING INDIVIDUALS LISTED IN FORM 990, PART VII RECEIVED SEVERANCE PAYMENTS JAMES Newbrough, Jr $102,026 20, CRAIG BJERKE $104,876 40, AND RICHARD SNOW $7,565 70

Part III, Supplemental Information

Return Reference	Explanation
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

Part III, Supplemental Information

Return Reference	Explanation
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)

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
1 Meldrum Terri W Esq Secretary Board	(I)	0	0	0	0	0	0	0
	(II)	250,717	83,895	3,697	51,589	-23,459	-413,356	0
1 Morrison Karen J President Board	(I)	0	0	0	0	0	0	0
	(II)	457,451	489,780	27,491	151,373	-25,126	-1,151,221	0
2 Vanderhoff Bruce MD Sr VP and Chief Medical Officer OhioHealth	(I)	0	0	0	0	0	0	0
	(II)	664,795	711,482	24,007	215,120	-24,376	-1,639,779	0
3 Louge Michael W Executive VP & COO	(I)	0	0	0	0	0	0	0
	(II)	897,306	1,196,570	17,471	591,862	-26,376	-2,729,585	0
4 Caulin-Glaser Teresa L MD Chair Board (Start 11/16)	(I)	0	0	0	0	0	0	0
	(II)	541,974	484,664	35,303	65,750	-18,195	-1,145,886	0
5 Johnson Katherine E MD Chair Board	(I)	209,041	0	78	12,720	9,146	230,984	0
	(II)	0	0	0	0	-0	-0	0
6 Knutson Douglas MD Vice-Chair Board (Start 11/16)	(I)	0	0	0	0	0	0	0
	(II)	397,486	135,117	24,081	37,906	-10,389	-604,980	0
7 Newbrough Jr James P Board (End 7/16)	(I)	0	0	0	0	0	0	0
	(II)	158,938	100,802	118,155	18,125	-19,599	-415,619	0
8 Snow Richard J DO Chair Board (End 10/16)	(I)	0	0	0	0	0	0	0
	(II)	341,572	55,000	65,840	22,888	-23,371	-508,671	0
9 Blom David P President/CEO/Board - OhioHealth	(I)	0	0	0	0	0	0	0
	(II)	1,139,616	2,163,781	32,890	1,085,642	-20,147	-4,442,076	0
10 Herbert-Sinden Cheryl L Chair Board	(I)	0	0	0	0	0	0	0
	(II)	431,967	465,663	26,968	198,389	-19,786	-1,142,772	0
11 Snyder Ronald P President Board	(I)	0	0	0	0	0	0	0
	(II)	181,387	50,528	6,808	126,876	-18,195	-383,793	0
12 Thornhill Hugh A Board	(I)	0	0	0	0	0	0	0
	(II)	427,246	398,512	26,079	135,372	-26,876	-1,014,086	0
13 Niles John P Board	(I)	0	0	0	0	0	0	0
	(II)	242,995	47,631	25,204	45,036	-19,143	-380,009	0
14 Abel Michael Joseph Board	(I)	0	0	0	0	0	0	0
	(II)	168,615	48,825	3,236	17,912	-24,516	-263,103	0
15 Arshi Arash MD Board (Start 11/16)	(I)	619,261	768	51,425	15,521	23,143	710,118	0
	(II)	0	0	0	0	-0	-0	0
16 Bay Janet MD Board	(I)	695,389	37,195	33,362	36,313	9,146	811,404	0
	(II)	0	0	0	0	-0	-0	0
17 Bianchi Michael Board	(I)	0	0	0	0	0	0	0
	(II)	225,563	72,050	1,852	8,293	-21,796	-329,555	0
18 Brandon Heather Board	(I)	0	0	0	0	0	0	0
	(II)	234,656	82,810	21,762	27,192	-20,695	-387,114	0
19 Bunyard Stephen P Board	(I)	0	0	0	0	0	0	0
	(II)	342,036	260,559	5,941	60,914	-9,948	-679,397	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 Bury Peter Board	(i)	0	0	0	0	0	0	0
	(ii)	300,328	103,332	23,776	25,569	- 9,996	- 463,000	0
1 Collazo Antonio E MD Board	(i)	420,932	63,177	2,308	15,900	22,722	525,038	0
	(ii)	0	0	0	0	- 0	- 0	0
2 DeVillers Rebecca E DO Board	(i)	120,771	11,317	11,795	20,114	18,381	182,379	0
	(ii)	0	0	0	0	- 0	- 0	0
3 Evert Barbara MD Board	(i)	0	0	0	0	0	0	0
	(ii)	311,218	90,912	29,843	22,891	- 9,146	- 464,010	0
4 Ferris Frank MD Board	(i)	0	0	0	0	0	0	0
	(ii)	278,752	52,384	31,680	23,420	- 14,968	- 401,203	0
5 Gallaher Connie L Board (Start 7/16)	(i)	0	0	0	0	0	0	0
	(ii)	274,107	80,653	28,183	28,248	- 20,952	- 432,144	0
6 George Peter B MD Board	(i)	876,213	3,268	79,597	34,585	22,936	1,016,599	0
	(ii)	0	0	0	0	- 0	- 0	0
7 Geskey Joseph DO Board	(i)	0	0	0	0	0	0	0
	(ii)	285,157	82,930	22,615	17,246	- 22,516	- 430,464	0
8 Gingrich Curtis MD Board	(i)	0	0	0	0	0	0	0
	(ii)	342,295	110,614	5,032	25,594	- 24,516	- 508,050	0
9 Hagen Bruce P Board	(i)	0	0	0	0	0	0	0
	(ii)	515,326	460,766	31,482	86,469	- 17,926	- 1,111,968	0
10 Harmon Thomas L MD Board	(i)	0	0	0	0	0	0	0
	(ii)	410,016	132,434	11,016	22,526	- 25,436	- 601,429	0
11 Imm Amy MD Board	(i)	0	0	0	0	0	0	0
	(ii)	438,881	150,029	26,186	26,534	- 24,371	- 666,001	0
12 Jepson Brian D Board	(i)	0	0	0	0	0	0	0
	(ii)	445,494	416,055	23,813	73,611	- 25,016	- 983,989	0
13 Lawson Michael S Board	(i)	0	0	0	0	0	0	0
	(ii)	430,075	382,222	4,374	59,260	- 9,866	- 885,797	0
14 Lehmuth Richard L Board	(i)	0	0	0	0	0	0	0
	(ii)	355,601	150,000	44,069	49,905	- 9,146	- 608,720	0
15 Levin Howard B DO Board (End 12/16)	(i)	578,888	1,214	75,381	27,951	18,346	701,780	0
	(ii)	0	0	0	0	- 0	- 0	0
16 Millhon Judson S Jr MD Board	(i)	747,389	768	87,021	41,804	22,936	899,917	0
	(ii)	0	0	0	0	- 0	- 0	0
17 Moorman Matthew MD Board (Start 11/16)	(i)	156,567	0	238	0	3,937	160,741	0
	(ii)	0	0	0	0	- 0	- 0	0
18 Neuhauser Jeffrey L Board	(i)	177,328	6,875	3,022	11,450	18,125	216,799	0
	(ii)	0	0	0	0	- 0	- 0	0
19 Reichfield Michael L Board	(i)	0	0	0	0	0	0	0
	(ii)	376,433	351,538	27,132	135,534	- 20,695	- 911,332	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
41 Rudy John Board (Start 11/16)	(I)	0	0	0	0	0	0	0
	(II)	143,286	16,993	2,938	13,249	-22,516	-198,982	0
1 Smith Rita J RN Board	(I)	0	0	0	0	0	0	0
	(II)	101,540	12,718	1,309	27,424	-9,431	-152,421	0
2 Urse Geraldine L DO Board	(I)	238,137	27,608	8,876	27,948	10,286	312,855	0
	(II)	0	0	0	0	-0	-0	0
3 von Gunten Charles MD Board	(I)	0	0	0	0	0	0	0
	(II)	276,412	49,013	31,650	23,420	-14,968	-395,463	0
4 Vora Sanjay K MD Board	(I)	275,017	58,997	19,928	19,901	24,953	398,795	0
	(II)	0	0	0	0	-0	-0	0
5 Wasielewski Ray MD Board	(I)	722,497	768	20,308	35,104	24,296	802,971	0
	(II)	0	0	0	0	-0	-0	0
6 Weihl J Todd DO Board - OhioHlth (Start 7/16)	(I)	239,053	7,707	691	19,193	22,936	289,579	0
	(II)	0	0	0	0	-0	-0	0
7 Yates Vinson M Sr Vice President & CFO	(I)	0	0	0	0	0	0	0
	(II)	579,999	622,501	26,651	217,182	-24,383	-1,470,716	0
8 Barnes II Earl J Esq Senior VP & General Counsel (End 1/17)	(I)	0	0	0	0	0	0	0
	(II)	440,378	482,812	24,914	138,432	-25,452	-1,111,988	0
9 Ansel Gary MD Physician Cardio Interventional	(I)	1,244,494	44,448	66,528	35,093	22,936	1,413,498	0
	(II)	174,720	0	147	0	-0	-174,867	0
10 BalturshotGregory W MD Physician Core OPG	(I)	1,295,631	896,867	19,318	9,589	19,922	2,241,328	0
	(II)	0	0	0	0	-0	-0	0
11 BonassoChristian L MD Physician Core OPG	(I)	1,304,144	1,022,094	498	13,250	19,086	2,359,071	0
	(II)	0	0	0	0	-0	-0	0
12 Dorbish Ronald Physician Core OPG	(I)	1,533,286	82,871	78,092	20,994	21,796	1,737,039	0
	(II)	0	0	0	0	-0	-0	0
13 SeamanBrian F DO Physician Ortho Surgery (General)	(I)	1,218,589	481,846	30,334	30,210	22,143	1,783,122	0
	(II)	0	0	0	0	-0	-0	0
14 Seckinger Mark R FRM Secretary Board	(I)	0	0	0	0	0	0	0
	(II)	249,712	144,376	24,650	90,366	-10,297	-519,400	0
15 Bjerke Craig A FRM Secretary/Treasurer Board (end 6/16)	(I)	0	0	0	0	0	0	0
	(II)	151,215	70,000	146,654	19,723	-22,451	-410,044	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

2016

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)	17,734	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)	39,217	Comp/Ben - Daughter-in-Law was employed at Marion General Hospital, Inc and received 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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493134018618

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

2016

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 ▶ (Custom jewelry and gift bags for charitable event)	X	2	37,500	Cost
26 Other ▶ (Food for charitable event)	X	500	7,000	Cost
27 Other ▶ (Donation of live oak tree and planting)	X	1	3,075	Cost
28 Other ▶ (Various other noncash donations)	X	26	30,793	Cost

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

		Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		No
b If "Yes," describe the arrangement in Part II			
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a	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 - Custom jewelry and gift bags for charitable event Number of contributions Other - Food for charitable event Number of items received Other - Donation of live oak tree and planting Number of items received Other - Various other noncash donations Combination of number of contributions and items received

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493134018618

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

2016

Open to Public Inspection

Name of the organization
OhioHealth Corporation Group Return

Employer identification number
32-0007056

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4d Description of other program services	(Expenses $ 3,871,990 including grants of $ 1,564,248)(Revenue $ 15,764,030) 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

990 Schedule O, Supplemental Information

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 liabilit y 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 s uch LLCs As a result, these individuals may be deemed to have a "business relationship" w ith each other for purposes of Part VI, Section A, Line 2 Douglas T Anderson, Director o f 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 Health System, Appalachian Community V isiting Nurse Association, and Sheltering Arms Hospital Foundation, and Kerri B Anderson , Treasurer of Grady Memorial Hospital, MedCentral Health System, Appalachian Community Vi siting Nurse Association, and Sheltering Arms Hospital Foundation, have a business relatio nship

990 Schedule O, Supplemental Information

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 C orporation, and this membership is permissible under Ohio Revised Code Section 1702 13

990 Schedule O, Supplemental Information

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 OhioH ealth Corporation which in turn is the sole voting member of all subsidiary organizations This membership is permissible under Ohio Revised Code Section 1702 13

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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 lev els of internal review occur, as well as a presentation to the OhioHealth Board Finance an d Audit Committee prior to copies being provided to the OhioHealth Corporation Board befor e filing Each entity within Group is a wholly owned or controlled subsidiary of OhioHealt h and requires the approval of OhioHealth for major financial transactions Due to the adm inistrative 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 membe r entity Any board member requesting a copy will be provided a copy in full compliance wi th public inspection requirements

990 Schedule O, Supplemental Information

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 c onflicts of interest The questionnaire is administered by the General Counsel of OhioHeal th, 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 inter im between questionnaires, conflicts are to be reported to the General Counsel, who will a dvise 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 t o clear the conflict, constitutes grounds for disciplinary action Members of the governin g board with a transactional conflict are required to recuse themselves from any discussio n and/or vote pertaining to the conflicted transaction, and this is reflected in the minut es of the organization Legal counsel attends Board meetings and Board committee meetings with the instruction to assure the conflict of interest policy is followed

990 Schedule O, Supplemental Information

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 2016 base salary and his 2016 total compensation which includes all incentive plans and benefits were estimated to approximate the 77th percentile of a peer group of comparable high performing health systems across the United States In 2014, OhioHealth implemented an incentive plan to reward achievement of long-term strategic priorities for certain key senior executives The payout reflects performance over a two year period The organization's performance for FY 6/30/2015 was at the 81st percentile and for FY 6/30/2016 was at the 86th 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 2016 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

990 Schedule O, Supplemental Information

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 employme nt 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 19 Required documents available to the public	Information is made available as required

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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, I ndividualTrusteeOrDirector Organization Name OhioHealth Research Foundation, Title Vice-Chair Board (End 11/16), AverageHours 1 000, IndividualTrusteeOrDirectorOfficer

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VII, Section A Caulin-Glaser, Teresa L , M D ADDITIONAL POSITIONS HELD	Organization Name OhioHealth Research Foundation, Title Chair Board (Start 11/16), AveragеHours 1 000, IndividualTrusteeOrDirectorOfficer

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VII, Section A Jennings, Matthew ADDITIONAL POSITIONS HELD	Organization Name Grady Memorial Hospital, Title Board (End 2/17), AverageHours 1 000, IndividualTrusteeOrDirector Organization Name MedCentral Health System, Title Board (End 2/17), AverageHours 1 000, IndividualTrusteeOrDirector Organization Name Sheltering Arm s Hospital Foundation, Title Board (End 2/17), AverageHours 1 000, IndividualTrusteeOrDi rector Organization Name Hardin Memorial Hospital, Title Treasurer Board, AverageHours 1 000, IndividualTrusteeOrDirectorOfficer Organization Name Hardin Physician Foundation, Title Board, AverageHours 1 000, IndividualTrusteeOrDirector

990 Schedule O, Supplemental Information

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, AverageHo urs 40 000, Organization Name Hardin Physician Foundation, Title Chair Board, AverageHo urs 1 000, IndividualTrusteeOrDirectorOfficer

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VII, Section A Knutson, Douglas M D ADDITIONAL POSITIONS HELD	Organization Name OhioHealth Research Foundation, Title Vice-Chair Board (Start 11/16), AverageHours 1 000, IndividualTrusteeOrDirectorOfficer

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VII, Section A Sanner, Robert O ADDITIONAL POSITIONS HELD	Organization Name Marion General Hospital Inc , Title Chair Board (End 5/17), AverageHours 1 000, IndividualTrusteeOrDirectorOfficer

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VII, Section A Snow, Richard J , D O ADDITIONAL POSITIONS HELD	Organization Name OhioHealth Research Foundation, Title Chair Board (End 10/16), AverageHours 1 000, IndividualTrusteeOrDirectorOfficer

990 Schedule O, Supplemental Information

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, I ndividualTrusteeOrDirectorOfficer Organization Name MedCentral Health System, Title Trea surer Board, AverageHours 1 000, IndividualTrusteeOrDirectorOfficer Organization Name Sh eltering Arms Hospital Foundation, Title Treasurer Board, AverageHours 1 000, Individual TrusteeOrDirectorOfficer

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VII, Section A Blom, David P ADDITIONAL POSITIONS HELD	Organization Name Appalachian Community Visiting Nurse Association, Title CEO, AverageHo urs 1 000, Officer Organization Name Grady Memorial Hospital, Title CEO/Board, AverageH ours 1 000, IndividualTrusteeOrDirectorOfficer Organization Name Home Reach HomeCare, Ti tle CEO, AverageHours 1 000, Officer Organization Name HomeReach, Title CEO, AverageHo urs 1 000, Officer Organization Name MedCentral Health System, Title CEO/Board, Average Hours 1 000, IndividualTrusteeOrDirectorOfficer Organization Name OhioHealth Foundation Inc , Title CEO/Board, AverageHours 1 000, IndividualTrusteeOrDirectorOfficer Organizati on Name OhioHealth Physician Group, Inc , Title CEO/Board, AverageHours 1 000, Individ ualTrusteeOrDirectorOfficer Organization Name OhioHealth Research Foundation, Title CEO, AverageHours 1 000, Officer Organization Name Sheltering Arms Hospital Foundation, Titl e CEO/Board, AverageHours 1 000, IndividualTrusteeOrDirectorOfficer Organization Name H ardin Memorial Hospital, Title CEO, AverageHours 1 000, Officer Organization Name Hardi n Memorial Hospital Foundation, Title CEO, AverageHours 1 000, Officer Organization Name Hardin Physician Foundation, Title CEO, AverageHours 1 000, Officer

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VII, Section A Crane, Tanny ADDITIONAL POSITIONS HELD	Organization Name Grady Memorial Hospital, Title Board, AverageHours 1 000, IndividualT rusteeOrDirector Organization Name MedCentral Health System, Title Board, AverageHours 1 000, IndividualTrusteeOrDirector Organization Name OhioHealth Foundation Inc , Title C hair Board, AverageHours 1 000, IndividualTrusteeOrDirectorOfficer Organization Name She ltering Arms Hospital Foundation, Title Board, AverageHours 1 000, IndividualTrusteeOrDi rector

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VII, Section A Haas, Robert S , Ph D ADDITIONAL POSITIONS HELD	Organization Name Marion General Hospital Inc , Title Chair Board (Start 5/17), AverageHours 1 000, IndividualTrusteeOrDirectorOfficer

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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, AverageHours 1 000, IndividualTrusteeOrDirector

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VII, Section A Rasmussen, Steven ADDITIONAL POSITIONS HELD	Organization Name Grady Memorial Hospital, Title Chair Board, AverageHours 1 000, Indiv idualTrusteeOrDirectorOfficer Organization Name MedCentral Health System, Title Chair Bo ard, AverageHours 1 000, IndividualTrusteeOrDirectorOfficer Organization Name OhioHealth Foundation Inc , Title Board, AverageHours 1 000, IndividualTrusteeOrDirector Organizat ion Name Sheltering Arms Hospital Foundation, Title Chair Board, AverageHours 1 000, In dividualTrusteeOrDirectorOfficer

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VII, Section A Root, Chip ADDITIONAL POSITIONS HELD	Organization Name Grady Memorial Hospital, Title Board (Start 3/17), AverageHours 1 000 , IndividualTrusteeOrDirector Organization Name MedCentral Health System, Title Board (S tart 3/17), AverageHours 1 000, IndividualTrusteeOrDirector Organization Name Sheltering Arms Hospital Foundation, Title Board (Start 3/17), AverageHours 1 000, IndividualTrust eeOrDirector Organization Name Hardin Memorial Hospital, Title Chair Board, AverageHours 1 000, IndividualTrusteeOrDirectorOfficer Organization Name Hardin Physician Foundation , Title Board, AverageHours 1 000, IndividualTrusteeOrDirector

990 Schedule O, Supplemental Information

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, Indiv idualTrusteeOrDirectorOfficer Organization Name Hardin Physician Foundation, Title Board , AverageHours 1 000, IndividualTrusteeOrDirector

990 Schedule O, Supplemental Information

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, I ndividualTrusteeOrDirectorOfficer Organization Name MedCentral Health System, Title Secr etary Board, AverageHours 1 000, IndividualTrusteeOrDirectorOfficer Organization Name Sh eltering Arms Hospital Foundation, Title Secretary Board, AverageHours 1 000, Individual TrusteeOrDirectorOfficer

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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, I ndividualTrusteeOrDirectorOfficer Organization Name OhioHealth Research Foundation, Title Board (Start 11/16), AverageHours 1 000, IndividualTrusteeOrDirector

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VII, Section A Guthell, Paige D O ADDITIONAL POSITIONS HELD	Organization Name Grady Memorial Hospital, Title Board (End 12/16), AverageHours 1 000, IndividualTrusteeOrDirector Organization Name MedCentral Health System, Title Board (En d 12/16), AverageHours 1 000, IndividualTrusteeOrDirector Organization Name OhioHealth F oundation Inc , Title Board, AverageHours 1 000, IndividualTrusteeOrDirector Organizatio n Name OhioHealth Physician Group, Inc , Title Administrative Physician, AverageHours 40 000, Organization Name Sheltering Arms Hospital Foundation, Title Board (End 12/16), AverageHours 1 000, IndividualTrusteeOrDirector

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VII, Section A Najjar, Sonia, Ph D , ADDITIONAL POSITIONS HELD	Organization Name OhioHealth Research Foundation, Title Board (Start 11/16), AverageHours 1 000, IndividualTrusteeOrDirector

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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, IndividualT rusteeOrDirector Organization Name MedCentral Health System, Title Board, AverageHours 1 000, IndividualTrusteeOrDirector Organization Name Sheltering Arms Hospital Foundation, Title Board, AverageHours 1 000, IndividualTrusteeOrDirector

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VII, Section A Arshi, Arash, M D , ADDITIONAL POSITIONS HELD	Organization Name OhioHealth Physician Group, Inc , Title Phys Cardio Interventional, A verageHours 40 000, Organization Name OhioHealth Research Foundation, Title Board (Star t 11/16), AverageHours 1 000, IndividualTrusteeOrDirector

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VII, Section A Benseler, David ADDITIONAL POSITIONS HELD	Organization Name OhioHealth Foundation Inc , Title Board (Start 7/16), AverageHours 1 000, IndividualTrusteeOrDirector

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VII, Section A Cadwallader, Patricia S ADDITIONAL POSITIONS HELD	Organization Name Appalachian Community Visiting Nurse Association, Title Board (Start 8 /16), AverageHours 1 000, IndividualTrusteeOrDirector Organization Name Home Reach HomeC are, Title Board (Start 8/16), AverageHours 1 000, IndividualTrusteeOrDirector Organizat ion Name HomeReach, Title Board (Start 8/16), AverageHours 1 000, IndividualTrusteeOrDi rector Organization Name OhioHealth Foundation Inc , Title Board, AverageHours 1 000, I ndividualTrusteeOrDirector

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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, IndividualT rusteeOrDirector Organization Name MedCentral Health System, Title Board, AverageHours 1 000, IndividualTrusteeOrDirector Organization Name Sheltering Arms Hospital Foundation, Title Board, AverageHours 1 000, IndividualTrusteeOrDirector

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VII, Section A Copeland, Rhonda ADDITIONAL POSITIONS HELD	Organization Name OhioHealth Foundation Inc , Title Board (Start 7/16), AverageHours 1 000, IndividualTrusteeOrDirector

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VII, Section A DeCapua, Joseph C ADDITIONAL POSITIONS HELD	Organization Name OhioHealth Foundation Inc , Title Board (Start 7/16), AverageHours 1 000,

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VII, Section A DiMarco, Ann M ADDITIONAL POSITIONS HELD	Organization Name OhioHealth Foundation Inc , Title Board (End 5/17), AverageHours 1 000, IndividualTrusteeOrDirector

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VII, Section A Gallaher, Connie L ADDITIONAL POSITIONS HELD	Organization Name Appalachian Community Visiting Nurse Association, Title Board (Start 7 /16), AverageHours 1 000, IndividualTrusteeOrDirector Organization Name Home Reach HomeC are, Title Board (Start 7/16), AverageHours 1 000, IndividualTrusteeOrDirector Organizat ion Name HomeReach, Title Board (Start 7/16), AverageHours 1 000, IndividualTrusteeOrDi rector Organization Name OhioHealth Foundation Inc , Title Board (Start 7/16), AverageHo urs 1 000, IndividualTrusteeOrDirector

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VII, Section A Grainger, Andrew, M D , ADDITIONAL POSITIONS HELD	Organization Name OhioHealth Research Foundation, Title Board (Start 11/16), AverageHours 1 000, IndividualTrusteeOrDirector

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VII, Section A Hamrock, Joe ADDITIONAL POSITIONS HELD	Organization Name Grady Memorial Hospital, Title Board (Start 7/16), AverageHours 1 000 , IndividualTrusteeOrDirector Organization Name MedCentral Health System, Title Board (S tart 7/16), AverageHours 1 000, IndividualTrusteeOrDirector Organization Name Sheltering Arms Hospital Foundation, Title Board (Start 7/16), AverageHours 1 000, IndividualTrust eeOrDirector

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VII, Section A Levin, Howard B , D O ADDITIONAL POSITIONS HELD	Organization Name OhioHealth Foundation Inc , Title Board (End 12/16), AverageHours 1 0 00, IndividualTrusteeOrDirector Organization Name OhioHealth Physician Group, Inc , Titl e Physician Core OPG, AverageHours 40 000,

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VII, Section A McQuown, Richard ADDITIONAL POSITIONS HELD	Organization Name OhioHealth Foundation Inc , Title Board (Start 7/16), AverageHours 1 000, IndividualTrusteeOrDirector

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VII, Section A Melillo, Jason, M D , ADDITIONAL POSITIONS HELD	Organization Name Grady Memorial Hospital, Title Board, AverageHours 1 000, IndividualT rusteeOrDirector Organization Name MedCentral Health System, Title Board, AverageHours 1 000, IndividualTrusteeOrDirector Organization Name OhioHealth Physician Group, Inc , T itle Physician Core OPG, AverageHours 20 000, Organization Name Sheltering Arms Hospita l Foundation, Title Board, AverageHours 1 000, IndividualTrusteeOrDirector

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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, IndividualT rusteeOrDirector Organization Name MedCentral Health System, Title Board, AverageHours 1 000, IndividualTrusteeOrDirector Organization Name Sheltering Arms Hospital Foundation, Title Board, AverageHours 1 000, IndividualTrusteeOrDirector

990 Schedule O, Supplemental Information

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, AverageHours 1 000, IndividualTrusteeOrDirector

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VII, Section A Moorman, Matthew, 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 (Start 11/16) , AverageHours 1 000, IndividualTrusteeOrDirector

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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, AverageHours 1 000, IndividualTrusteeOrDirector

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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, IndividualT rusteeOrDirector Organization Name MedCentral Health System, Title Board, AverageHours 1 000, IndividualTrusteeOrDirector Organization Name Sheltering Arms Hospital Foundation, Title Board, AverageHours 1 000, IndividualTrusteeOrDirector

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VII, Section A Reddy, Sudesh S , M D ADDITIONAL POSITIONS HELD	Organization Name OhioHealth Physician Group, Inc , Title Physician Administrative, Ave rageHours 40 000, Organization Name Marion General Hospital Inc , Title Board, Average Hours 1 000, IndividualTrusteeOrDirector

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VII, Section A Robins Jr , Ronald ADDITIONAL POSITIONS HELD	Organization Name OhioHealth Foundation Inc , Title Board (Start 7/16), AverageHours 1 000, IndividualTrusteeOrDirector

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VII, Section A Rudy, John ADDITIONAL POSITIONS HELD	Organization Name OhioHealth Research Foundation, Title Board (Start 11/16), AverageHours 1 000, IndividualTrusteeOrDirector

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VII, Section A Smith, Linda ADDITIONAL POSITIONS HELD	Organization Name Hardin Memorial Hospital, Title Volunteer Coordinator, AverageHours 4 0 000, Organization Name Hardin Memorial Hospital Foundation, Title Board, AverageHours 1 000, IndividualTrusteeOrDirector

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VII, Section A Steel, Brian ADDITIONAL POSITIONS HELD	Organization Name OhioHealth Foundation Inc , Title Board (Start 7/16), AverageHours 1 000, IndividualTrusteeOrDirector

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VII, Section A Ulrey, Steven ADDITIONAL POSITIONS HELD	Organization Name OhioHealth Foundation Inc , Title Board (Start 7/16), AverageHours 1 000, IndividualTrusteeOrDirector

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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, AverageHou rs 40 000, Organization Name Marion General Hospital Inc , Title Board, AverageHours 1 000, IndividualTrusteeOrDirector

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VII, Section A Walton, Troy ADDITIONAL POSITIONS HELD	Organization Name OhioHealth Foundation Inc , Title Board (Start 7/16), AverageHours 1 000, IndividualTrusteeOrDirector

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VII, Section A Weihl, J Todd, D O , ADDITIONAL POSITIONS HELD	Organization Name Grady Memorial Hospital, Title Board (Start 7/16), AverageHours 1 000 , IndividualTrusteeOrDirector Organization Name MedCentral Health System, Title Board (S tart 7/16), AverageHours 1 000, IndividualTrusteeOrDirector Organization Name OhioHealth Physician Group, Inc , Title Director Medical Education DRS, AverageHours 40 000, Orga nization Name Sheltering Arms Hospital Foundation, Title Board (Start 7/16), AverageHour s 1 000, IndividualTrusteeOrDirector

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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 Intervention al, AverageHours 40 000, HighestCompensatedEmployee

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VII, Section A Baltarshot,Gregory W , M D ADDITIONAL POSITIONS HELD	Organization Name OhioHealth Physician Group, Inc , Title Physician Core OPG, AverageHours 40 000, HighestCompensatedEmployee

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VII, Section A Bonasso,Christian L , M D ADDITIONAL POSITIONS HELD	Organization Name OhioHealth Physician Group, Inc , Title Physician Core OPG, AverageHours 40 000, HighestCompensatedEmployee

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VIII, Line 11d Other Miscellaneous Revenue	All Other Revenue - Total Revenue 14215253, Related or Exempt Function Revenue 13716358, Unrelated Business Revenue 498895, Revenue Excluded from Tax Under Sections 512, 513, or 514 ,

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	Intercompany Transactions - 139668379, Net Assets Released from Restriction for PP&E - 247 3822, Transfers to Related Organizations - -565000, Pension Related Changes - 2448526, Oth er - -7511275, Change in Fair Value of Interest Rate Swap - 39168,

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XII, Line 3b Single Audit (FKA A-133 Audit)	OhioHealth Corporation was required to undergo a Single Audit (formerly referred to as an A-133 audit) due to federal awards received by OhioHealth Corporation and several of its w holly-owned subsidiaries

990 Schedule O, Supplemental Information

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 t heir Board role

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

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

OMB No 1545-0047

2016

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.

See Additional Data Table

(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

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.

See Additional Data Table

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity? Yes	(i) No
(1) OhioHealth Star Corporation 180 East Broad Street 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			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		No
r Other transfer of cash or property to related organization(s)	1r	Yes	
s Other transfer of cash or property from related organization(s)	1s	Yes	

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)OHIOHEALTH CORPORATION	B	1,274,150	ACTUAL AMOUNT PAID
(2)INTEL HEALTH SERVICES INS CO (SPC) LTD	P	598,340	ACTUAL AMOUNT PAID
(3)OHIOHEALTH CORPORATION	R	82,666,050	ACTUAL AMOUNT TRANSFERRED
(4)OHIOHEALTH CORPORATION	S	46,800,674	ACTUAL AMOUNT TRANSFERRED
(5)HOSPITAL PROPERTIES INC	K	3,013,385	ACTUAL AMOUNT PAID
(6)HOSPITAL PROPERTIES INC	R	478,517	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)

Additional Data

Software ID: 16000421
Software Version: 2016v3.0
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	0	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	-5,281,467	12,742,733	Grady Memorial Hospital System
(6) OhioHealth MedCentral Professional Foundation 335 Glessner Avenue Mansfield, OH 44903 26-1775665	Healthcare	OH	-28,414,547	3,406,326	MedCentral Health System
(7) Athens Medical Associates LLC DBA OhioHealth Physician Group Heritage Colle ge 75 Hospital Drive Athens, OH 45701 02-0734615	Physician Services	OH	-582,873	2,294,021	O'Bleness Memorial Hospital
(8) OhioHealth Regional Physician Services LLC 180 East Broad Street Columbus, OH 432153707 47-2512005	Healthcare	OH	-9,153,316	10,612,467	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	
(1) OhioHealth Sleep Services LLC 6185 Huntley Road Ste B Columbus, OH 43229 20-1547399	Physician Practice	OH	NA	N/A	0	0						0 %
(1) Polaris Surgery Center LLC 6200 Cleveland Avenue Columbus, OH 43231 20-8074623	Medical Services	OH	NA	N/A	0	0						0 %
(2) Upper Arlington Medical Limited Partnership 180 East Broad Street Columbus, OH 43215 31-1472667	Medical Services	OH	NA	N/A	0	0						0 %
(3) Grant Scope Center LLC 180 East Broad Street Columbus, OH 43215 26-0765486	Endoscopy Services	OH	NA	N/A	0	0						0 %
(4) OhioHealth Rehabilitation Hospital LLC 4714 Gettysburg Road Mechanicsburg, OH 17055 46-2458436	Medical Services	OH	NA	N/A	0	0						0 %
(5) Westerville Endoscopy Center LLC 262 Neil Avenue Columbus, OH 43215 46-2755661	Endoscopy Services	OH	NA	N/A	0	0						0 %
(6) OhioHealth Group Ltd 155 East Broad Street Columbus, OH 43215 31-1446804	Managed Health Care	OH	NA	N/A	0	0						0 %
(7) O'Bleness Memorial Pain Management LLC 55 Hospital Drive Athens, OH 45701 45-4587317	Medical Services	OH	O'Bleness Hospital	Related	181,089	449,472		No		Yes		51 %
(8) Athens Surgery Center 75 Hospital Drive Athens, OH 45701 55-0840856	Medical Services	OH	O'Bleness Hospital	Related	1,189,748	1,062,503		No		Yes		92 %
(9) GROVE CITY SURGERY CENTER LLC 180 E BROAD ST COLUMBUS, OH 43215 81-2096173	MEDICAL SERVICES	OH	NA	N/A	0	0						0 %

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)	OHIOHEALTH CORPORATION	B	1,274,150	ACTUAL AMOUNT PAID
(1)	INTEL HEALTH SERVICES INS CO (SPC) LTD	P	598,340	ACTUAL AMOUNT PAID
(2)	OHIOHEALTH CORPORATION	R	82,666,050	ACTUAL AMOUNT TRANSFERRED
(3)	OHIOHEALTH CORPORATION	S	46,800,674	ACTUAL AMOUNT TRANSFERRED
(4)	HOSPITAL PROPERTIES INC	K	3,013,385	ACTUAL AMOUNT PAID
(5)	HOSPITAL PROPERTIES INC	R	478,517	ACTUAL AMOUNT PAID