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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

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2018 , and ending 06-30-2019

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) 3430 OhioHealth Parkway

Room/suite

City or town, state or province, country, and ZIP or foreign postal code
Columbus, OH 43202

D Employer identification number
32-0007056

E Telephone number
(614) 544-4052

G Gross receipts $ 1,748,085,756

F Name and address of principal officer
David P Blom
3430 OhioHealth Parkway
Columbus, OH 43202

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**	214
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	127
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	**5**	9,314
6	Total number of volunteers (estimate if necessary)	**6**	1,340
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	891,105
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-658,108

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	15,492,821	18,293,127
9	Program service revenue (Part VIII, line 2g)	1,134,869,252	1,198,099,770
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	11,648,099	16,757,275
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	172,815,115	176,501,036
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,334,825,287	1,409,651,208
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3,908,383	1,983,660
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)	934,402,633	1,001,824,838
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶3,732,748		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	494,584,878	519,381,382
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,432,895,894	1,523,189,880
19	Revenue less expenses Subtract line 18 from line 12	-98,070,607	-113,538,672

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	1,089,457,288	1,135,645,239
21	Total liabilities (Part X, line 26)	393,066,660	492,266,987
22	Net assets or fund balances Subtract line 21 from line 20	696,390,628	643,378,252

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

****** 2020-05-14
Signature of officer Date

MIKE P BROWNING 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
				P01222873

Firm's name ▶ Deloitte Tax LLP — Firm's EIN ▶ 86-1065772

Firm's address ▶ 111 Monument Circle Suite 4200
Indianapolis, IN 462045108 — Phone no (317) 464-8600

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 $ 917,773,416 including grants of $) (Revenue $ 1,196,904,579)

See Additional Data

4b (Code) (Expenses $ 307,878,978 including grants of $) (Revenue $ 151,231,022)

See Additional Data

4c (Code) (Expenses $ 14,180,797 including grants of $) (Revenue $ 7,279,861)

See Additional Data

(Code) (Expenses $ 3,669,476 including grants of $ 1,983,660) (Revenue $ 4,334,448)

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 $ 3,669,476 including grants of $ 1,983,660) (Revenue $ 4,334,448)

4e **Total program service expenses ▶** 1,243,502,667

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		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Yes	
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	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
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**	848		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	**1c**		Yes	

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	9,314		
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**	Yes
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**	
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N			**15**	No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O			**16**	No

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**	214		
	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**	127		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		**2**	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		**5**		No
6	Did the organization have members or stockholders?		**6**	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		**7a**	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		**7b**	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?		**8b**	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		**9**		No

Section B. Policies (*This Section B requests information about policies not required by the Internal Revenue Code.*)

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**		No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did the organization have a written document retention and destruction policy?	**14**	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	**15a**		No
b	Other officers or key employees of the organization	**15b**		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**16a**	Yes	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	**16b**	Yes	

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A 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 ▶OHIOHEALTH CORPORATE FINANCE DEPARTMENT 3430 OHIOHEALTH PARKWAY Columbus, OH 43202 (614) 544-4137

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, **Section A** ▶										
d Total (add lines 1b and 1c) ▶								18,701,691	25,947,568	5,781,798

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 ▶ 1,193

			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
CERNER HEALTH SERVICES INC PO BOX 959167 ST LOUIS, MO 631959167	HEALTH INFORMATION TECHNOLOGY SERVICES	3,692,292
ATHENA HEALTH INC 311 ARSENAL STREET WATERTOWN, MA 02472	HEALTHCARE NETWORK-ENABLED SERVICES	1,987,098
HURON CONSULTING SERVICES LLC 550 W VAN BUREN STREET CHICAGO, IL 60607	BUSINESS CONSULTING SERVICES	1,777,572
DAWSON RESOURCES PO BOX 711503 CINCINNATI, OH 452711503	PROFESSIONAL STAFFING SERVICES	1,635,150
PHILIPS MEDICAL SYSTEMS NORTH AMERICA CO 22100 BOTHELL EVERETT HIGHWAY BOTHELL, WA 980218431	HEALTHCARE TECHNOLOGY SERVICES	1,623,214

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 ▶ 313

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	89,278			
	b Membership dues	1b				
	c Fundraising events	1c	883,902			
	d Related organizations	1d	340,000			
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	16,979,947			
	g Noncash contributions included in lines 1a - 1f $ 382,403					
	h Total. Add lines 1a-1f		18,293,127			
Program Service Revenue		Business Code				
	2a Medicare and Medicaid	923130	713,095,085	713,095,085		
	b Health & medical services	900099	481,837,369	481,837,369		
	c Research Revenue	900099	3,167,316	3,167,316		
	d					
	e					
	f All other program service revenue		0	0	0	0
	g Total. Add lines 2a–2f		1,198,099,770			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		12,800,805			12,800,805
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real	(ii) Personal			
	6a Gross rents	3,396,636				
	b Less rental expenses	3,158,362				
	c Rental income or (loss)	238,274	0			
	d Net rental income or (loss)			238,274		238,274
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	322,268,624	7,400,819			
	b Less cost or other basis and sales expenses	319,639,829	6,073,144			
	c Gain or (loss)	2,628,795	1,327,675			
	d Net gain or (loss)			3,956,470		3,956,470
	8a Gross income from fundraising events (not including $ 883,902 of contributions reported on line 1c) See Part IV, line 18	a 154,382				
	b Less direct expenses	b 1,034,842				
	c Net income or (loss) from fundraising events			-880,460		-880,460
	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 19,744,467				
	b Less cost of goods sold	b 8,528,371				
	c Net income or (loss) from sales of inventory			11,216,096		11,216,096
	Miscellaneous Revenue	Business Code				
	11a Intercompany administration	900099	151,286,073	151,286,073		
	b Cafeteria/food service	722210	3,385,881			3,385,881
	c Department Services	812930	98,617	98,617		
	d All other revenue		11,156,555	10,265,450	891,105	0
	e Total. Add lines 11a–11d		165,927,126			
	12 Total revenue. See Instructions		1,409,651,208	1,359,749,910	891,105	30,717,066

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	1,667,660	1,667,660		
2 Grants and other assistance to domestic individuals See Part IV, line 22	316,000	316,000		
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	8,560,898	7,558,248	1,002,650	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	19,553	16,131	3,422	
7 Other salaries and wages	820,638,930	648,304,755	170,237,547	2,096,628
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	29,031,440	22,934,838	5,989,098	107,504
9 Other employee benefits	99,550,774	78,645,111	20,447,354	458,309
10 Payroll taxes	44,023,243	34,778,362	9,073,932	170,949
11 Fees for services (non-employees)				
a Management				
b Legal	181,651	143,504	38,147	
c Accounting	275,867		275,867	
d Lobbying	41,974		41,974	
e Professional fundraising services See Part IV, line 17				
f Investment management fees	581,565		581,565	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	109,979,344	86,883,682	22,503,674	591,988
12 Advertising and promotion	1,558,197	1,230,976	216,654	110,567
13 Office expenses	12,214,389	9,649,367	2,537,414	27,608
14 Information technology	9,730,954	7,687,454	2,043,500	
15 Royalties . .				
16 Occupancy	42,809,783	33,819,729	8,974,384	15,670
17 Travel	5,607,430	4,429,870	1,108,617	68,943
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	1,134,684	896,400	153,757	84,527
20 Interest	7,353,129	5,808,972	1,544,157	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization . .	63,621,510	50,260,993	13,360,517	
23 Insurance . . .	8,957,228	7,076,210	1,880,963	55
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	26,450,032	26,450,032		
b Medical Supply Expense	151,852,720	151,852,720		
c Intercompany Expense	63,421,169	50,102,724	13,318,445	
d Medicaid Tax Expense	10,653,437	10,653,437		
e All other expenses	2,956,319	2,335,492	620,827	0
25 **Total functional expenses.** Add lines 1 through 24e	1,523,189,880	1,243,502,667	275,954,465	3,732,748
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	46,429	1	22,002
	2	Savings and temporary cash investments	42,465,448	2	41,891,166
	3	Pledges and grants receivable, net	20,019,105	3	18,604,825
	4	Accounts receivable, net	121,038,763	4	127,744,114
	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	11,284,698	7	26,474,762
	8	Inventories for sale or use	22,162,068	8	22,449,060
	9	Prepaid expenses and deferred charges	9,484,275	9	4,758,731
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 854,484,681			
	b	Less accumulated depreciation — 10b: 412,566,841	456,967,812	10c	441,917,840
	11	Investments—publicly traded securities	266,185,597	11	275,183,287
	12	Investments—other securities See Part IV, line 11	94,392,031	12	121,883,963
	13	Investments—program-related See Part IV, line 11	1,227,209	13	978,211
	14	Intangible assets	24,884,404	14	24,420,995
	15	Other assets See Part IV, line 11	19,299,449	15	29,316,283
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	1,089,457,288	16	1,135,645,239
Liabilities	17	Accounts payable and accrued expenses	157,509,920	17	165,592,594
	18	Grants payable	0	18	
	19	Deferred revenue	6,956,769	19	1,889,615
	20	Tax-exempt bond liabilities	0	20	
	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	0
	23	Secured mortgages and notes payable to unrelated third parties	0	23	
	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	228,599,971	25	324,784,778
	26	**Total liabilities.** Add lines 17 through 25	393,066,660	26	492,266,987
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	601,667,230	27	542,669,641
	28	Temporarily restricted net assets	70,036,897	28	72,418,676
	29	Permanently restricted net assets	24,686,501	29	28,289,935
		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	0	30	
	31	Paid-in or capital surplus, or land, building or equipment fund	0	31	
	32	Retained earnings, endowment, accumulated income, or other funds	0	32	
	33	Total net assets or fund balances	696,390,628	33	643,378,252
	34	Total liabilities and net assets/fund balances	1,089,457,288	34	1,135,645,239

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	1,409,651,208
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,523,189,880
3	Revenue less expenses Subtract line 2 from line 1	3	-113,538,672
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	696,390,628
5	Net unrealized gains (losses) on investments	5	2,531,562
6	Donated services and use of facilities	6	138,874
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	57,855,860
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	643,378,252

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: 18007697
Software Version: 2018v3.1
EIN: 32-0007056
Name: OhioHealth Corporation Group Return

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, integrity, and diversity and inclusion 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 2019 (July 1, 2018 through June 30, 2019), 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 $449 9 million in charity care and community benefit programs and services, reaching hundreds of thousands of people in the communities we serve Of this total, $156 8 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 13 Years of Improving Care Transcatheter Aortic Valve Replacement For nine 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 thirteen 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			
Akins Nicholas Board - OhioHlth	3 0 ..... 1 0	X		X				0	0	0
Anderson Kerrii B Treasurer Board - OhioHlth	3 0 ..... 1 0	X		X				0	0	0
Blom David P President/CEO/Board - OhioHealth	12 0 ..... 42 0	X		X				0	2,991,550	1,728,105
Bradley Kevin G Vice-Chair Board	1 0 0	X		X				0	0	0
Caulin-Glaser Teresa L MD Chair Board	1 0 ..... 40 0	X		X				0	1,192,898	32,601
Crane Tanny Chair Board	4 0 ..... 1 0	X		X				0	0	0
Dewire Rev Dr Norman E Secretary Board - OhioHlth	3 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	4 0 ..... 1 0	X		X				0	0	0
Herbert-Sinden Cheryl L Chair Board	4 0 ..... 40 0	X		X				0	859,024	197,315

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			
Jennings Matthew Secretary Board (Start 1/19)	2 0 0	X		X				0	0	0
Johnson Katherine E MD Chair Board	41 0 0	X		X				205,333	0	22,026
Knutson Douglas MD Vice-Chair Board	1 0 ..... 40 0	X		X				0	585,103	26,268
Louge Michael W Executive VP & COO/CFO (Start 8/18, End 6/19)	1 0 ..... 42 0	X		X				0	1,906,542	685,969
McConnell John P Chair - OhioHlth (Start 7/18)	4 0 ..... 1 0	X		X				0	0	0
McCullough Steve Treasurer Board	2 0 0	X		X				0	0	0
McFarland James E Sec/Treas Board	1 0 0	X		X				0	0	0
Meldrum Terri W Esq Secretary Board	1 0 ..... 41 0	X		X				0	646,886	97,348
Morrison Karen J President Board	20 0 ..... 20 0	X		X				0	869,208	155,773
Oates Todd OD Vice-Chair 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			
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
Snyder Ronald P President Board	3 0 40 0	X		X				0	249,090	37,365
Thornhill Hugh A President Board	2 0 41 0	X		X				0	816,603	152,942
Abel Michael Joseph Board	1 0 40 0	X						0	236,929	43,938
Arshi Arash MD Board	41 0 0	X						710,163	0	34,373
Barrett Scott Board	2 0 0	X						0	0	0
Recchie Nancy A Board	1 0 0	X						0	0	0
Berwanger Joseph M Board	1 0 0	X						0	0	0
Bing Arthur GH MD 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			
Bloomfield Toni Board	1 0 0	X						0	0	0
Brandon Heather Board	1 0 ..... 40 0	X						0	357,025	35,038
Bright David Board	1 0 0	X						0	0	0
Bunyard Stephen P Board	1 0 ..... 40 0	X						0	631,489	87,543
Butler David Board	1 0 0	X						0	0	0
Cadwallader Patricia S Board	1 0 0	X						0	0	0
Campbell Thomas Board	1 0 0	X						0	0	0
Cook Karen 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

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			
Collazo Antonio E MD Board	41 0 0	X						505,375	0	36,950
Copeland Rhonda Board	1 0 0	X						0	0	0
Watson-Cunningham Jane Board	1 0 0	X						0	0	0
DeCapua Joseph C Board	1 0 0	X						0	0	0
Deep Donald P MD Board	1 0 ..... 40 0	X						0	32,760	40
DeVillers Rebecca E DO Board	41 0 0	X						173,418	0	12,590
Doody Anderson Elizabeth Board	1 0 0	X						0	0	0
Ferris Frank MD Board	1 0 ..... 40 0	X						0	420,021	22,434
Fields Steven P Board	1 0 0	X						0	0	0
Flesch Thomas G 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			
Fletcher Paul Board	1 0 0	X						0	0	0
France Mandy Board	1 0 0	X						0	0	0
Gallagher-Allred Charlette PhD Board	1 0 0	X						0	0	0
Gallaher Connie L Board	4 0 40 0	X						0	476,027	41,310
Geese Ronald L Board	1 0 0	X						0	0	0
Geskey Joseph DO Board	1 0 40 0	X						0	360,861	31,998
Gingrich Curtis MD Board	4 0 40 0	X						0	506,838	40,980
Glandon Philip J Sr Board	1 0 0	X						0	0	0
Grainger Andrew MD Board	1 0 40 0	X						0	90,148	40
Morgan Mary Beth 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	2 0 ..... 40 0	X						0	899,279	96,408
Hamrock Joe Board - OhioHlth	3 0 ..... 1 0	X						0	0	0
Haushalter Nikki Board	1 0 0	X						0	0	0
Heilman Sharon Board	1 0 0	X						0	0	0
Hidaka Yoshihiro Board	1 0 0	X						0	0	0
Imm Amy MD Board	3 0 ..... 40 0	X						0	672,953	60,549
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

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			
James Donna Board - OhioHlth	3 0 ..... 1 0	X						0	0	0
Jepson Brian D Board	1 0 ..... 40 0	X						0	874,925	79,260
Kiger Rev Daniel A Board	1 0 0	X						0	0	0
Kile Carolyn S Board	1 0 0	X						0	0	0
Rayburn Anamarie Board	1 0 0	X						0	0	0
LaRocca Nicholas J Board	1 0 0	X						0	0	0
Smith Howard N Board	1 0 0	X						0	0	0
Lawson Michael S Board	1 0 ..... 40 0	X						0	791,201	80,187
Loudenslager Roy A Board	1 0 0	X						0	0	0
Grewal Karanvir S MD Board	41 0 0	X						940,585	0	41,148

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			
Markovich Stephen E MD Board	3 0 40 0	X						0	1,533,708	478,577
McCloy George W Board	1 0 0	X						0	0	0
McComas Janie Board	1 0 0	X						0	0	0
McQuown Richard Board	1 0 0	X						0	0	0
Melillo Jason MD Board - OhioHlth	3 0 40 0	X						0	119,851	877
Meyer Harlan MD Board	1 0 40 0	X						0	34,235	40
Strine Douglas L Board	1 0 0	X						0	0	0
Moorman Matthew MD Board	41 0 0	X						428,871	0	55,846
Music William D Board	1 0 0	X						0	0	0
Niles John P Board (End 11/18)	1 0 40 0	X						0	347,641	17,976

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			
Palmer Bishop Gregory Board - OhioHlth	3 0 ..... 1 0	X						0	0	0
Parker Mark S Board	1 0 0	X						0	0	0
Powers James MD Board	1 0 ..... 40 0	X						0	18,525	40
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						12,461	0	0
Reichfield Michael L Board	1 0 ..... 40 0	X						0	715,391	133,567
Riley Joel 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			
Robins Jr Ronald Board	1 0 0	X						0	0	0
Royer Mariann Board	1 0 0	X						0	0	0
Rudy John Board	1 0 40 0	X						0	177,982	37,564
Sanese Ralph Jr Board	1 0 0	X						0	0	0
Schwarz David H Board	1 0 0	X						0	0	0
Schwemer John Board	2 0 0	X						0	0	0
Watson Pete Board - OhioHlth	3 0 1 0	X						0	0	0
Smith Linda Board	41 0 0	X						17,330	0	128
Steel Brian Board	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			
Ulrey Steven Board	1 0 0	X						0	0	0
Urse Geraldine L DO Board	41 0 0	X						291,118	0	48,949
von Gunten Charles MD Board	1 0 40 0	X						0	398,737	22,434
Vora Sanjay K MD Board	41 0 0	X						349,375	0	39,894
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	1 0 0	X						0	0	0
Wasielewski Ray MD Board	41 0 0	X						709,260	0	38,442
Weiler Alan R Board	1 0 0	X						0	0	0
White Aimee 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			
White Scott Board	1 0 0	X						0	0	0
Young Beverly S Board	1 0 0	X						0	0	0
Aronowitz Carol Board	1 0 0	X						0	0	0
Romanelli Vincent MD OhioHlth Board	43 0 ..... 1 0	X						573,375	0	42,317
Casey John DO Board	3 0 ..... 40 0	X						0	73,965	40
Hughes Andrew DO Board	1 0 0	X						0	0	0
Crowell Robert MD Board	1 0 ..... 40 0	X						0	816,475	35,792
Chester Karen Board	1 0 0	X						0	0	0
Vradenburg Gregory G Board	1 0 0	X						0	0	0
Hulme Amber 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			
Jones Eric A Board	1 0 0	X						0	0	0
Goldberg Joshua MD Board	1 0 0	X						0	0	0
Gossman Charles Board	1 0 40 0	X						0	276,651	44,045
Smith Jeffrey Board	1 0 40 0	X						0	359,279	45,126
Smith Brien J MD Board	1 0 40 0	X						0	595,965	23,144
O'Brien Jr James M MD Board	1 0 40 0	X						0	555,669	33,141
Silver Mitchell MD Board	41 0 0	X						1,042,888	0	39,180
Bates Justin Board (Start 7/18)	1 0 0	X						0	0	0
Eichinger David Board - OHIOHLTH (Start 7/18)	3 0 1 0	X						0	0	0
Feiler Kirk S Board (Start 7/18)	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			
Kadar Melissa Board (Start 11/18)	1 0 ..... 40 0	X						0	202,906	31,911
Low Daniel Board (Start 7/18)	1 0 0	X						0	0	0
Palma Robert DO Board - OHIOHLTH (Start 7/18)	3 0 ..... 1 0	X						0	0	0
Peery Carla J Board (Start 7/18)	1 0 0	X						0	0	0
Perez Sarah J Board (Start 7/18)	1 0 0	X						0	0	0
Philbin Terrance Board (Start 7/18)	1 0 0	X						0	0	0
Vanderhoff Bruce MD Sr VP and Chief Medical Officer OhioHealth	2 0 ..... 41 0	X						0	1,305,781	239,594
Wallace Paige Board (Start 1/19)	1 0 0	X						0	0	0
Yates Vinson M Sr Vice President & CFO (End 8/18)	12 0 ..... 41 0			X				0	1,147,195	211,145
Browning Mike P Sr VP and CFO (Start 6/19)	12 0 ..... 42 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			
Sperling Ronald Interim Sr Vice President & CFO (Start 10/18 through 6/19)	12 0 ..... 42 0			X				0	180,000	0
Yakubov Steven MD Physician Core - OPG	41 0 ..... 0 0			X				1,197,670	174,720	36,415
BalturshotGregory W MD Physician Core OPG	40 0 0					X		3,035,736	0	38,734
BonassoChristian L MD Physician Core OPG	40 0 0					X		2,801,062	0	41,813
Dorbish Ronald Physician Core OPG	40 0 0					X		1,632,480	0	40,836
SeamanBrian F DO Physician Ortho Surgery (General)	40 0 0					X		2,624,923	0	36,375
Cassandra James MD Physician Cardio Interventional	40 0 0					X		1,450,268	0	26,935
Seckinger Mark R FRM Secretary Board	0 ..... 40 0						X	0	445,532	60,423

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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.**

▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No 1545-0047

2018

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 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

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), 170(b)(1)(A)(vi), and 170 (b)(1)(A)(ix)**

(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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)2014	(b)2015	(c)2016	(d)2017	(e)2018	(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 2018 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2017 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2018.** 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—2017.** 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—2018.** 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—2017.** 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	39,007	1	1	1	1	39,011
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	245,030,301	228,468,083	331,303,544	392,584,728	395,181,354	1,592,568,010
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	245,069,308	228,468,084	331,303,545	392,584,729	395,181,355	1,592,607,021
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	14,113	0	0	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	0	0	0	0	0	0
c Add lines 7a and 7b	14,113	0	0	0	0	14,113
8 **Public support.** (Subtract line 7c from line 6)						1,592,592,908

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6	245,069,308	228,468,084	331,303,545	392,584,729	395,181,355	1,592,607,021
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	599	2	0	0	0	601
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	599	2	0	0	0	601
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)	245,069,907	228,468,086	331,303,545	392,584,729	395,181,355	1,592,607,622

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 2018 (line 8, column (f) divided by line 13, column (f))	15	100 00 %
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	100 00 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2018** (line 10c, column (f) divided by line 13, column (f))	17	0 %
18	Investment income percentage from **2017** Schedule A, Part III, line 17	18	0 %

19a **331/3% support tests—2018.** 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—2017.** 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 (explain in Part VI) **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 2018 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-2018**	**(iii) Distributable Amount for 2018**
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 **Excess distributions carryover to 2019.** Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

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 DESCRIBED IN 170(B)(1)(A)(III) (iv) No (v) $1,667,660 (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 DESCRIBED IN 170(B)(1)(A)(III) (IV) No (V) $5,135 (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) $118,100 (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) $515,241 (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.**
▶**Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No 1545-0047

2018

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 (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ $

3 Volunteer hours for political campaign activities (see instructions)

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-
1					
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)** 2015	**(b)** 2016	**(c)** 2017	**(d)** 2018	**(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		41,974
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			41,974
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 the 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.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

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 7/25/06, 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	53,197,469	48,908,616	46,314,656	46,936,377	46,440,492
b Contributions . . .	5,578,753	2,545,025	597,677	660,374	1,841,838
c Net investment earnings, gains, and losses	2,790,265	3,545,425	4,007,244	1,177,450	1,182,247
d Grants or scholarships . . .	149,900	149,150	112,578	78,875	93,403
e Other expenditures for facilities and programs . . .	1,074,390	688,447	751,264	1,507,505	1,374,016
f Administrative expenses	1,101,470	964,000	1,147,119	873,165	1,060,781
g End of year balance	59,240,727	53,197,469	48,908,616	46,314,656	46,936,377

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

- a Board designated or quasi-endowment ▶ 51 1 %
- b Permanent endowment ▶ 14 33 %
- c Temporarily restricted endowment ▶ 34 57 %

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		21,175,992		21,175,992
b Buildings		306,471,642	130,814,097	175,657,545
c Leasehold improvements		22,530,580	11,586,549	10,944,031
d Equipment		451,668,047	258,867,181	192,800,866
e Other		52,638,420	11,299,014	41,339,406
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* . . ▶				441,917,840

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) Other Securities	121,883,963	F
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	121,883,963	

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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	

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)* ▶	324,784,778

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' 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: 18007697
Software Version: 2018v3.1
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	15,685,057
Due to Affiliates - Loans and Notes	28,682,762
Pension Liabilities	30,580,325
Allowance for Medical Malpractice Claims	8,022,079
INTEL Commercial Liability	680,409
Deferred LT Liability Tenant Allowance	4,386,384
Legal Reserves	1,231,307
Intercompany Debt with OhioHealth Corporation	231,787,478
Medical Staff Fund	346,455
Foundation Annuity Obligation	195,829

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

1 (a) Description of Liability	(b) Book Value
EPIC Suspense	395,539
Other - Doctors Put Options and Audit Adjustments	2,791,154

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, 2019, 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.**

▶ **Go to *www irs gov/Form990* for instructions and the latest information**

OMB No 1545-0047

2018

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
Total ▶						

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

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

		(a) Event #1 HOME IN OHIO (event type)	(b) Event #2 RMH GRATITUDE TREE CEREMONY (event type)	(c) Other events 16 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	493,702	145,920	398,662	1,038,284
	2 Less Contributions	384,415	145,920	353,567	883,902
	3 Gross income (line 1 minus line 2)	109,287	0	45,095	154,382
Direct Expenses	4 Cash prizes				
	5 Noncash prizes			24,049	24,049
	6 Rent/facility costs	235,220		70,666	305,886
	7 Food and beverages	159,238	10,957	36,640	206,835
	8 Entertainment	395,975			395,975
	9 Other direct expenses	83,304	3,786	15,007	102,097
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				1,034,842
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-880,460

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

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

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

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

b If "No," explain _____

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

b If "Yes," explain _____

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

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

13 Indicate the percentage of gaming activity conducted in

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

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

Name ▶ ----------

Address ▶ ----------

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

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

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

Name ▶ ----------

Address ▶

----

16 Gaming manager information

Name ▶ ----------

Gaming manager compensation ▶ $----------

Description of services provided ▶ ----------

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

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

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

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also 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.
▶ Go to *www.irs.gov/Form990EZ* for instructions and the latest information.

OMB No 1545-0047

2018

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)			37,767,281	5,047,771	32,719,510	2 15 %
b Medicaid (from Worksheet 3, column a)			264,496,997	144,992,301	119,504,696	7 85 %
c Costs of other means-tested government programs (from Worksheet 3, column b)					0	0 %
d **Total** Financial Assistance and Means-Tested Government Programs	0	0	302,264,278	150,040,072	152,224,206	9 99 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			1,943,842	220,615	1,723,227	0 11 %
f Health professions education (from Worksheet 5)			1,542,933	655,303	887,630	0 06 %
g Subsidized health services (from Worksheet 6)			1,152,670	1,860	1,150,810	0 08 %
h Research (from Worksheet 7)			520,667	313,172	207,495	0 01 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			454,588	0	454,588	0 03 %
j **Total.** Other Benefits	0	0	5,614,700	1,190,950	4,423,750	0 29 %
k **Total.** Add lines 7d and 7j	0	0	307,878,978	151,231,022	156,647,956	10 28 %

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			20,670		20,670	0 %
4 Environmental improvements					0	0 %
5 Leadership development and training for community members					0	0 %
6 Coalition building			24,794		24,794	0 %
7 Community health improvement advocacy					0	0 %
8 Workforce development			93,760		93,760	0 01 %
9 Other					0	0 %
10 Total	0	0	139,224	0	139,224	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	44,450,190		
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	448,598,088
6	Enter Medicare allowable costs of care relating to payments on line 5	6	601,485,903
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-152,887,815
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	92 %		8 %
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 18			
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) Facility Name OhioHealth MedCentral Mansfield and Shelby Hospitals https //www OhioHealth com/in			
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 18			
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 //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 //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 //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 nonpayment?	**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 18			
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 18			
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 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 //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 //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 //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 nonpayment?	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 18			
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 18			
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 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 //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 //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 //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 nonpayment?	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 18			
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 18			
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 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 //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 //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 //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 nonpayment?	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 18			
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 18			
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 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 //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 //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 //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 nonpayment?	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? **237**

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 3c Financial Assistance and Certain Other Community Benefits at Cost	THE ORGANIZATION USES FEDERAL POVERTY GUIDELINES (FPG) TO DETERMINE ELIGIBILITY FOR FREE OR DISCOUNTED CARE FOR LOW INCOME AND MEDICALLY INDIGENT INDIVIDUALS IN ADDITION TO THE FEDERAL POVERTY GUIDELINES, THE ORGANIZATION USES INCOME LEVEL OF PATIENT AND PATIENT IMMEDIATE FAMILIES, MEDICAL INDIGENCY, INSURANCE STATUS, UNDERINSURANCE STATUS, RESIDENCY, AND THE HOSPITAL CARE ASSURANCE PROGRAM (HCAP) TO DETERMINE ELIGIBILITY FOR FINANCIAL ASSISTANCE

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section A Line Numbers of Hospital Facilities in Facility Reporting Group A	Facility Reporting Group A consists of - Facility 1 OhioHealth MedCentral Mansfield Hospital - Facility 6 OhioHealth MedCentral Shelby Hospital

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part II Describe How Building Activities Promote the Health of the Community	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 Examples include - OhioHealth D-Feet Diabetes 5K Run and 1 Mile Walk - Fundraising for the Mansfield Hospital Diabetes Education Scholarship Fund - United Way of Richland County Fundraising Campaign - Fundraising for the United Way of Richland County projects - CPR in Schools Training Kits - Mansfield, Madison, Lexington and Shelby Schools were provided with materials to teach students how to perform hands-only CPR in 30 minutes - OhioHealth Sports Medicine outreach to schools - Provides athletic programs to Lexington High School, Shelby High School, and Ashland University - Creating Healthy Communities Coalition's Partner of Excellence Award - Depicts active involvement in support of Richland Public Health's efforts to reduce obesity and chronic disease - Making Strides Against Breast Cancer 5K - Fundraising led by the American Cancer Society to benefit cancer programs In addition to fundraising, OhioHealth engaged the public by encouraging employees and hospital visitors who are over the age of 40 to schedule their yearly mammograms - Fun Activity Motivates Everyone (FAME), farmers markets, Hardin Hustle 5K, community-based health screenings and education, Heart Smart Day, Community Health Fair, and Health and Wellness Fair - Project DAWN ("Deaths Avoided with Naloxone"), which educates the community on how to administer naloxone in the event of an opioid overdose - Cash donations to Southeast Hardin and Northwest Union Firefighters toward the purchase of basic and advanced life support equipment - Collaboration in Hardin County's Medication Disposal Day - SeniorBEAT Program - Empowers seniors to 'Be Educated and Active Together' For over 20 years, SeniorBEAT has provided opportunities for physical fitness, learning and socialization for individuals 60 years of age and older Activities include history group, book club, chair volleyball, weekly exercise classes, lunch group and monthly educational presentations - Free sports physicals - Serves nearly 200 middle school and high school student athletes - Athens Bike Rodeo - Children and youth are taught bicycle navigation and safety and are given a free helmet - OhioHealth Mobile Mammography Unit - Offers mammography screening and education in Athens County and other southeastern Ohio communities

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 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, reduced by explicit price concessions provided to third-party payors, discounts provided to qualifying individuals as part of our financial assistance policy, and implicit price concessions provided primarily to self-pay patients Estimates for explicit price concessions are based on provider contracts, payment terms for relevant prospective payment systems, and historical experience adjusted for economic conditions and other trends affecting the Corporation's ability to collect outstanding amounts 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 significant implicit price concessions 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 Patient accounts receivable is based on the estimated transaction price for completed contracts on June 30

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 ASSOCIATION 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 OHIOHEALTH USES AN INTERNAL COSTING METHODOLOGY SYSTEM CALLED EPSI WHICH USES SEVERAL FACTORS TO DETERMINE MEDICARE ALLOWABLE COSTS OF CARE RELATING TO MEDICARE PAYMENTS

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 //ohiohealth com/patients-and-visitors/paying-for-your-care/financial-assistance/, - OhioHealth Marion General Hospital Line 16a URL https //ohiohealth com/patients-and-visitors/paying-for-your-care/financial-assistance/, - OhioHealth O'Bleness Memorial Hospital Line 16a URL https //ohiohealth com/patients-and-visitors/paying-for-your-care/financial-assistance/, - OhioHealth Grady Memorial Hospital Line 16a URL https //ohiohealth com/patients-and-visitors/paying-for-your-care/financial-assistance/, - OhioHealth Hardin Memorial Hospital Line 16a URL https //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 //ohiohealth com/patients-and-visitors/paying-for-your-care/financial-assistance/, - OhioHealth Marion General Hospital Line 16b URL https //ohiohealth com/patients-and-visitors/paying-for-your-care/financial-assistance/, - OhioHealth O'Bleness Memorial Hospital Line 16b URL https //ohiohealth com/patients-and-visitors/paying-for-your-care/financial-assistance/, - OhioHealth Grady Memorial Hospital Line 16b URL https //ohiohealth com/patients-and-visitors/paying-for-your-care/financial-assistance/, - OhioHealth Hardin Memorial Hospital Line 16b URL https //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 //ohiohealth com/patients-and-visitors/paying-for-your-care/financial-assistance/, - OhioHealth Marion General Hospital Line 16c URL https //ohiohealth com/patients-and-visitors/paying-for-your-care/financial-assistance/, - OhioHealth O'Bleness Memorial Hospital Line 16c URL https //ohiohealth com/patients-and-visitors/paying-for-your-care/financial-assistance/, - OhioHealth Grady Memorial Hospital Line 16c URL https //ohiohealth com/patients-and-visitors/paying-for-your-care/financial-assistance/, - OhioHealth Hardin Memorial Hospital Line 16c URL https //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	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 MedCentral Health System OhioHealth Mansfield Hospital is located at 335 Gless ner Avenue, Mansfield, Richland County, Ohio 44903 OhioHealth Mansfield Hospital operates seven satellite facilities, all located in Mansfield, Richland County, Ohio OhioHealth S helby Hospital is located at 199 West Main Street, Shelby, Richland County, Ohio 44875 Th e "community served" by OhioHealth Mansfield Hospital and OhioHealth Shelby Hospital is Ri chland County, Ohio Review of OhioHealth data showed that for fiscal year 2018, 77 4 perc ent of all patients who were admitted to OhioHealth Mansfield Hospital and 77 6 percent of all patients admitted to OhioHealth Shelby Hospital resided in Richland County at the tim e of admission Similarly, 76 6 percent of all patients from Mansfield Hospital and 80 5 p ercent of all patients from Shelby Hospital who had outpatient procedures or visits in fis cal year 2018 resided in Richland County at the time when the procedure or visit occurred In 2010, actual population was 124,475 In 2017, estimated total population was 120,589 In 2017, among Richland County residents, 86 9 percent were white, 7 5 percent were Africa n American, 0 8 percent were Asian, 1 7 percent were Hispanic (of any race), 0 5 percent o ther races, 0 1 percent Native American, 0 percent Pacific Islander and 4 1 percent two or more races Minorities represented 14 percent of the population In 2017, among Richland County residents, 5 8 percent were younger than 5 years old, 16 1 percent were 5-17 years old, 8 5 percent were 18-24 years old, 24 1 percent were 25-44 years old, 27 5 percent we re 45-64 years, and 18 percent were 65 years or older Median age was 41 2 Median househo ld income for 2017 was $42,849 and per capita income was $36,434 Approximately 12 percent of families and 16 5 percent of individuals had income below the poverty level OhioHealt h Grady Memorial Hospital OhioHealth Grady Memorial Hospital is located at 561 West Centr al Avenue, Delaware, Ohio 43015 There are no satellite facilities operated through Grady Memorial The "community served" by OhioHealth Grady Memorial Hospital is Delaware County, Ohio Review of OhioHealth internal data has shown that for Calendar Year 2018, 81 3 perc ent of patients admitted to the hospital lived in Delaware County at the time of admission Similarly, 78 5 percent of all patients who had outpatient procedures lived in Delaware County at the time when the procedure was done In 2010, actual population was 174,214 In 2017, estimated total population was 200,464 Among Delaware County residents for 2017, 8 8 8 percent were White, 3 5 percent were African American, 5 1 percent Asian, 2 4 percent were Hispanic (of any race), 0 5 percent other races, 0 1 percent Native American, 0 perce nt Pacific Islander and 2 0 percent two or more races Total minority represented 13 2 per cent of the population Among Delaware County residents for 2017, 6 5 percent were younger than 5 years old, 21 2 percent were 5-17 years old, 7 4 percent were 18-24 years old, 26 1 percent were 25-44 years old, 27 4 percent were 45-64 years, and 11 5 percent were 65 ye ars and older Median age was 38 Median household income for 2017 was $94,234 and per cap ita income was $66,532 Approximately 3 2 percent of families and 4 9 percent of individua ls had income below the poverty level OhioHealth Hardin Memorial Hospital OhioHealth Har din Memorial Hospital is located at 921 East Franklin Street, Kenton, Ohio 43326 in Hardin County The "community served" by Hardin Memorial Hospital is Hardin County, Ohio Review of OhioHealth internal data has shown that for Fiscal Year 2018, 91 8 percent of all pati ents who were admitted to the hospital resided in Hardin County at the time of admission Similarly, 88 6 percent of all patients who had outpatient procedures resided in Hardin Co unty at the time the procedure was done Accordingly, Hardin County has been determined to be the community served by OhioHealth Hardin Memorial Hospital In 2010, the total popula tion of Hardin County was 32,058 In 2017, estimated population was 31,364 In 2017, among Hardin County residents, 96 4 percent were white, 0 6 percent were African American, 0 8 percent were Asian, 1 5 percent were Hispanic (of any race), 0 3 percent were other races, 0 1 percent were Native American, 0 percent were Pacific Islander and 1 7 percent were tw o or more races In 2017, among Hardin County residents, 6 2 percent were younger than 5 y ears old, 17 0 percent were 5-17 years old, 15 8 percent were 18-24 years old, 21 7 percen t were 25-44 years old, 24 6 percent were 45-64 years old, and 14 8 percent were 65 years or older The median age was 35 8 years Median household income for 2017 was $44,842 and per capita income was $31,940 Approximately 11 7 percent of families and 15 7 percent of individuals had income below the poverty level OhioHealth Marion General Hospital OhioHe alth Marion General Hospital is located at 1000 Mc

Form and Line Reference	Explanation
Schedule H, Part VI, Line 4 Community information	Kinley Park Drive, Marion, Marion County, Ohio 43302 The "community served" by Marion Gen eral Hospital is Marion County, Ohio Review of OhioHealth internal data has shown that fo r Fiscal Year 2018, 76 5 percent of all patients who were admitted to the hospital resided in Marion County at the time of admission Similarly, 78 2 percent of all patients who ha d outpatient procedures resided in Marion County at the time when the procedure was done In 2010, the actual population of Marion County was 66,501 In 2017, estimated total popul ation was 64,967 In 2017, among Marion County residents, 90 percent were white, 5 7 perce nt were African American, 0 5 percent were Asian, 2 4 percent were Hispanic (of any race), 0 9 percent were other races, 0 2 percent were Native American, and 2 7 percent were two or more races Total minority represented 11 1 percent of the population In 2017, among M arion County residents, 5 8 percent were younger than 5 years old, 15 2 percent were 5-17 years old, 8 6 percent were 18-24 years old, 26 1 percent were 25-44 years old, 28 3 perce nt were 45-64 years, and 16 percent were 65 years or older Median age was 40 5 Median ho usehold income for 2017 was $43,557 and per capita income was $33,688 Approximately 12 9 percent of families and 17 4 percent of individuals had income below the poverty level Oh ioHealth O'Bleness Hospital OhioHealth O'Bleness Hospital is located at 55 Hospital Drive , Athens, Ohio 45701 The OhioHealth Nelsonville Health Center, located at 11 John Lloyd E vans Memorial Drive, Nelsonville, Ohio, Athens County, offers multiple onsite services fro m urgent care and primary care physicians to imaging, laboratory and sleep services In ad dition, O'Bleness Hospital operates two satellite facilities (a) OhioHealth Castrop Healt h Center, located at 75 Hospital Drive, Athens, Ohio 45701, Athens County, provides work h ealth services and (b) OhioHealth Homecare in Athens, located at 444 Union Street, Athens, Ohio 45701, Athens County, provides home health and hospice services Review of OhioHealt h data showed that for fiscal year 2018, 53 4 percent of all patients who were admitted to O'Bleness Hospital resided in Athens County at the time of admission Similarly, 59 3 per cent of all patients from O'Bleness Hospital who had outpatient procedures or visits in fi scal year 2018 resided in Athens County at the time when the procedure or visit occurred In 2010, the population of Athens County was 64,757 In 2017, the estimated total populati on was 66,597 In 2017, among Athens County residents, 91 percent were white, 2 5 percent were African American, 3 1 percent were Asian, 1 8 percent were Hispanic (of any race), 0 5 percent were other races, 0 3 percent were Native American and 2 6 percent identified as two or more races Minorities represented 10 1 percent of the total population In 2017, among Athens County residents, 4 1 percent of the population were younger than 5-years-old , 11 2 percent were ages 5-17, 30 percent were ages 18-24, 22 percent were ages 25-44, 21 4 percent were ages 45-64 and 11 4 percent were 65 years or older The median age was 28 2 The median household income in Athens County for 2017 was $34,221 and per capita income was $32,183 Approximately 17 7 percent of families and 31 2 percent of individuals had in come 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 $449 9 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, Richland and Pickaway counties that in total includes thirteen hospitals, ambulatory healthcare services, physician clinics, hospice care and other entities in support of the hospital and healthcare services Of those thirteen hospitals, six individual hospitals file with this group return (OhioHealth Marion General Hospital, OhioHealth Grady Memorial Hospital, 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 270-bed facility in Marion County, which serves as a regional healthcare hub in North Central Ohio Marion General Hospital is an accredited Chest Pain Center and is nationally recognized by the American Heart Association for the provision of heart and vascular care Marion General Hospital also provides maternity (including a Level II Special Care Nursery), spine surgery, medical/surgical services, and inpatient and outpatient mental health, among other specialties OhioHealth Grady Memorial Hospital - Delaware County Grady Memorial Hospital is a 152-bed community hospital in Delaware County that offers cancer treatment cardiac rehabilitation services in addition to its full range of inpatient healthcare services Grady Memorial earns consistently high patient satisfaction scores in its Emergency Department and prides itself in patient "door-to-doc" times that average less than half the national average OhioHealth Hardin Memorial Hospital - Hardin County Hardin Memorial Hospital is a 25-bed acute care facility located in Hardin County, a predominantly rural area of the state Hardin provides acute and short-term skilled care, a full range of outpatient diagnostic and therapeutic services and operates a 24-hour Emergency Department OhioHealth O'Bleness Memorial Hospital - Athens County 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 OhioHealth MedCentral Mansfield Hospital, and OhioHealth MedCentral Shelby Hospital - Richland County MedCentral is a health system comprised of two hospitals, a 372-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 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: 18007697
Software Version: 2018v3.1
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 43015 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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility A, 1	Facility A, 1 - Facility A - OhioHealth MedCentral Mansfield Hospital and Shelby Hospital OhioHealth Mansfield Hospital and OhioHealth Shelby Hospital collaborated from April thro ugh August 2017 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 * Representative Jerry Morasko, president and chief executive officer, Cinda Kropka (team member) * Description of the me dically underserved, low-income or minority populations represented by the organization S erves all persons regardless of ability to pay * Inputs (a) Participation in planning me eting for survey question development, (b) Review of summaries and trends of primary data from adult, youth and child surveys conducted by the Hospital Council of Northwest Ohio an d University of Toledo, (c) Identification of significant health needs affecting Richland County, (d) Prioritization of health needs, (e) Identification of available community reso urces that may potentially address the health needs identified, (f) member of the Richland County Community Health Improvement Plan (CHIP) Committee Community Action for Capable Y outh (CACY) * Representative Tracee Anderson, executive director * Description of the med ically underserved, low-income or minority populations represented by the organization Se rves all residents of Richland County * Inputs (a) Participation in planning meeting for survey question development, (b) Review of summaries and trends of primary data from adul t, youth and child surveys conducted by the Hospital Council of Northwest Ohio and Univers ity of Toledo, (c) Identification of significant health needs affecting Richland County, (d) Prioritization of health needs, (e) Identification of available community resources tha t may potentially address the health needs identified, (f) member of the Richland County C ommunity Health Improvement Plan (CHIP) Committee Community Health Access Project (CHAP) * Representative Beth Hildreth, executive director, Sarah Redding, MD, project director * Description of the medically underserved, low-income or minority populations represented by the organization Serves all residents of Richland County, especially at-risk populatio ns * Inputs (a) Participation in planning meeting for survey question development, (b) R eview of summaries and trends of primary data from adult, youth and child surveys conducte d by the Hospital Council of Northwest Ohio and University of Toledo, (c) Identification o f significant health needs affecting Richland County, (d) Prioritization of health needs, (e) Identification of available community resources that may potentially address the healt h needs identified, (f) member of the Richland County Community Health Improvement Plan (C HIP) Committee First Call 211 * Representatives Terry Carter, information and referral c oordinator * Description of th

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility A, 1	e medically underserved, low-income or minority populations represented by the organizatio n Serves all age groups who needs information about community resources * Inputs (a) Pa rticipation in planning meeting for survey question development, (b) Review of summaries a nd trends of primary data from adult, youth and child surveys conducted by the Hospital Co uncil of Northwest Ohio and University of Toledo, (c) Identification of significant health needs affecting Richland County, (d) Prioritization of health needs, (e) Identification o f available community resources that may potentially address the health needs identified, (f) member of the Richland County Community Health Improvement Plan (CHIP) Committee Harm ony House Homeless Services Inc * Representatives Mary Lacey, case manager * Description of the medically underserved, low-income or minority populations represented by the organ ization Serves homeless persons from various age groups * Inputs (a) Participation in pl anning meeting for survey question development, (b) Review of summaries and trends of prim ary data from adult, youth and child surveys conducted by the Hospital Council of Northwes t Ohio and University of Toledo, (c) Identification of significant health needs affecting Richland County, (d) Prioritization of health needs, (e) Identification of available commu nity resources that may potentially address the health needs identified, (f) member of the Richland County Community Health Improvement Plan (CHIP) Committee Mansfield Area YMCA * Representatives Kerrick Franklin, director of Community Outreach, James Twedt, director of External Operations * Description of the medically underserved, low-income or minority populations represented by the organization Serves residents of Richland County from all age groups * Inputs (a) Participation in planning meeting for survey question developmen t, (b) Review of summaries and trends of primary data from adult, youth and child surveys conducted by the Hospital Council of Northwest Ohio and University of Toledo, (c) Identifi cation of significant health needs affecting Richland County, (d) Prioritization of health needs, (e) Identification of available community resources that may potentially address t he health needs identified, (f) member of the Richland County Community Health Improvement Plan (CHIP) Committee Mansfield City Schools * Representative Peggy Sutton, school nurs e * Description of the medically underserved, low-income or minority populations represent ed by the organization Serves school-aged students and other residents of Richland County * Inputs (a) Participation in planning meeting for survey question development, (b) Rev iew of summaries and trends of primary data from adult, youth and child surveys conducted by the Hospital Council of Northwest Ohio and University of Toledo, (c) Identification of significant health needs affecting Richland County, (d) Prioritization of health needs, (e) Identification of available

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility A, 1	community resources that may potentially address the health needs identified, (f) member o f the Richland County Community Health Improvement Plan (CHIP) Committee Mansfield Memori al Homes * Representative Seth Roberts, administrator * Description of the medically unde rserved, low-income or minority populations represented by the organization Serves all pe rsons in Richland County and other areas * Inputs (a) Participation in planning meeting for survey question development, (b) Review of summaries and trends of primary data from a dult, youth and child surveys conducted by the Hospital Council of Northwest Ohio and Univ ersity of Toledo, (c) Identification of significant health needs affecting Richland County , (d) Prioritization of health needs, (e) Identification of available community resources that may potentially address the health needs identified, (f) member of the Richland Count y Community Health Improvement Plan (CHIP) Committee Mansfield YMCA * Representative Jam es Twedt, director of external operations, Kerrick Franklin, director of community outreac h * Description of the medically underserved, low-income or minority populations represent ed by the organization Serves all youth, adults, seniors and families in Richland County and other areas * Inputs (a) Participation in planning meeting for survey question develo pment, (b) Review of summaries and trends of primary data from adult, youth and child surv eys conducted by the Hospital Council of Northwest Ohio and University of Toledo, (c) Iden tification of significant health needs affecting Richland County, (d) Prioritization of he alth needs, (e) Identification of available community resources that may potentially addre ss the health needs identified, (f) member of the Richland County Community Health Improve ment Plan (CHIP) Committee Mom's Clean Air Force * Representative Laura Burns, Ohio fiel d consultant * Description of the medically underserved, low-income or minority population s represented by the organization Serves all people * Inputs (a) Participation in pla nning meeting for survey question development, (b) Review of summaries and trends of prima ry data from adult, youth and child surveys conducted by the Hospital Council of Northwest Ohio and University of Toledo, (c) Identification of significant health needs affecting R ichland County, (d) Prioritization of health needs, (e) Identification of available commun ity resources that may potentially address the health needs identified, (f) member of the Richland County Community Health Improvement Plan (CHIP) Committee

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility A, 2	Facility A, 2 - Facility A - OhioHealth MedCentral Mansfield Hospital and Shelby Hospital National Association for the Advancement of Colored People (NAACP) * Representative Gero n Tate, president * Description of the medically underserved, low-income or minority popul ations represented by the organization * Inputs (a) Participation in planning meeting fo r survey question development, (b) Review of summaries and trends of primary data from adu lt, youth and child surveys conducted by the Hospital Council of Northwest Ohio and Univer sity of Toledo, (c) Identification of significant health needs affecting Richland County, (d) Prioritization of health needs, (e) Identification of available community resources th at may potentially address the health needs identified, (f) member of the Richland County Community Health Improvement Plan (CHIP) Committee North End Community Improvement Collab orative (NECIC) * Representatives Tony Chinni, community development coordinator, Nyshia Brooks, community organizer and community health worker * Description of the medically und erserved, low-income or minority populations represented by the organization Serves all p ersons in Richland County, especially residents of the North End area * Inputs (a) Parti cipation in planning meeting for survey question development, (b) Review of summaries and trends of primary data from adult, youth and child surveys conducted by the Hospital Counc il of Northwest Ohio and University of Toledo, (c) Identification of significant health ne eds affecting Richland County, (d) Prioritization of health needs, (e) Identification of a vailable community resources that may potentially address the health needs identified, (f) member of the Richland County Community Health Improvement Plan (CHIP) Committee Ohio Di strict 5 Area Agency on Aging Inc * Representatives Teresa Cook, chief of marketing and development, Diane Ramey, chief of long-term care * Description of the medically underserv ed, low-income or minority populations represented by the organization Serves persons fro m Richland, in Ashland, Crawford, Huron, Knox, Marion, Morrow, Seneca and Wyandot counties who are ages 60 and older * Inputs (a) Participation in planning meeting for survey que stion development, (b) Review of summaries and trends of primary data from adult, youth an d child surveys conducted by the Hospital Council of Northwest Ohio and University of Tole do, (c) Identification of significant health needs affecting Richland County, (d) Prioriti zation of health needs, (e) Identification of available community resources that may poten tially address the health needs identified, (f) member of the Richland County Community He alth Improvement Plan (CHIP) Committee OhioHealth Mansfield Hospital and OhioHealth Shelb y Hospital * Representatives Robert Exten, ME, physician medical oncology, Terry Weston, MD, administrative physician, Medical Staff Services, Janene Yeater, vice president, clini cal quality services * Descrip

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility A, 2	tion of the medically underserved, low-income or minority populations represented by the o rganization Serves all persons regardless of ability to pay * Inputs (a) Participation in planning meeting for survey question development, (b) Review of summaries and trends of primary data from adult, youth and child surveys conducted by the Hospital Council of Nor thwest Ohio and University of Toledo, (c) Identification of significant health needs affec ting Richland County, (d) Prioritization of health needs, (e) Identification of available community resources that may potentially address the health needs identified, (f) member o f the Richland County Community Health Improvement Plan (CHIP) Committee Richland County Children Services * Representative Marsha Coleman, clinical director (with knowledge of a nd expertise in public health) * Description of the medically underserved, low-income or m inority populations represented by the organization Serves children and families in Richl and County that are at risk for abuse and neglect, and/or are otherwise vulnerable * Inpu ts (a) Participation in planning meeting for survey question development, (b) Review of s ummaries and trends of primary data from adult, youth and child surveys conducted by the H ospital Council of Northwest Ohio and University of Toledo, (c) Identification of signific ant health needs affecting Richland County, (d) Prioritization of health needs, (e) Identi fication of available community resources that may potentially address the health needs id entified, (f) member of the Richland County Community Health Improvement Plan (CHIP) Commi ttee Richland County Domestic Relations Court * Representative Elizabeth Blakly, court a dministrator * Description of the medically underserved, low-income or minority population s represented by the organization Serves all residents of Richland County * Inputs (a) Participation in planning meeting for survey question development, (b) Review of summaries and trends of primary data from adult, youth and child surveys conducted by the Hospital Council of Northwest Ohio and University of Toledo, (c) Identification of significant heal th needs affecting Richland County, (d) Prioritization of health needs, (e) Identification of available community resources that may potentially address the health needs identified , (f) member of the Richland County Community Health Improvement Plan (CHIP) Committee Ri chland County Foundation * Representative Maura Teynor, Chief Advancement Officer * Descr iption of the medically underserved, low-income or minority populations represented by the organization Serves all persons from Richland County through various community projects * Inputs (a) Participation in planning meeting for survey question development, (b) Revi ew of summaries and trends of primary data from adult, youth and child surveys conducted b y the Hospital Council of Northwest Ohio and University of Toledo, (c) Identification of s ignificant health needs affect

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility A, 2	ing Richland County, (d) Prioritization of health needs, (e) Identification of available c ommunity resources that may potentially address the health needs identified, (f) member of the Richland County Community Health Improvement Plan (CHIP) Committee Richland County J uvenile Court GAL/CASA Program * Representative Brooke Henwood, CASA Director * Descripti on of the medically underserved, low-income or minority populations represented by the org anization Serves Richland County youth with court cases * Inputs (a) Participation in p lanning meeting for survey question development, (b) Review of summaries and trends of pri mary data from adult, youth and child surveys conducted by the Hospital Council of Northwe st Ohio and University of Toledo, (c) Identification of significant health needs affecting Richland County, (d) Prioritization of health needs, (e) Identification of available comm unity resources that may potentially address the health needs identified, (f) member of th e Richland County Community Health Improvement Plan (CHIP) Committee Richland County Ment al Health and Recovery Services Board * Representatives Joseph Trolian, executive directo r, Sherry Branham, director of external operations * Description of the medically underser ved, low-income or minority populations represented by the organization Serves youth and adults with mental health issues * Inputs (a) Participation in planning meeting for surv ey question development, (b) Review of summaries and trends of primary data from adult, yo uth and child surveys conducted by the Hospital Council of Northwest Ohio and University o f Toledo, (c) Identification of significant health needs affecting Richland County, (d) Pr ioritization of health needs, (e) Identification of available community resources that may potentially address the health needs identified, (f) member of the Richland County Commun ity Health Improvement Plan (CHIP) Committee Richland County Newhope/Richland County Boar d of Developmental Disabilities * Representative Liz Prather, superintendent, Julie Litt, coordinator of student services * Description of the medically underserved, low-income or minority populations represented by the organization Serves all age groups * Inputs (a) Participation in planning meeting for survey question development, (b) Review of summari es and trends of primary data from adult, youth and child surveys conducted by the Hospita l Council of Northwest Ohio and University of Toledo, (c) Identification of significant he alth needs affecting Richland County, (d) Prioritization of health needs, (e) Identificati on of available community resources that may potentially address the health needs identifi ed, (f) Member of the Richland County Community Health Improvement Plan (CHIP) Committee

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility A, 3	Facility A, 3 - Facility A - OhioHealth MedCentral Mansfield Hospital and Shelby Hospital Richland County Prosecutor's Office * Representative Martin Jones * Description of the m edically underserved, low-income or minority populations represented by the organization Serves all Richland County residents * Inputs (a) Participation in planning meeting for survey question development, (b) Review of summaries and trends of primary data from adult , youth and child surveys conducted by the Hospital Council of Northwest Ohio and Universi ty of Toledo, (c) Identification of significant health needs affecting Richland County, (d) Prioritization of health needs, (e) Identification of available community resources that may potentially address the health needs identified, (f) member of the Richland County Co mmunity Health Improvement Plan (CHIP) Committee Richland County Regional Planning Commis sion * Representative Jotika Shetty, executive director * Description of the medically un derserved, low-income or minority populations represented by the organization Serves all residents of Richland County, Ohio * Inputs (a) Participation in planning meeting for su rvey question development, (b) Review of summaries and trends of primary data from adult, youth and child surveys conducted by the Hospital Council of Northwest Ohio and University of Toledo, (c) Identification of significant health needs affecting Richland County, (d) Prioritization of health needs, (e) Identification of available community resources that m ay potentially address the health needs identified, (f) member of the Richland County Comm unity Health Improvement Plan (CHIP) Committee Richland County Youth and Family Council * Representative Teresa Alt, executive director * Description of the medically underserved , low-income or minority populations represented by the organization Serves youth and fam ilies in Richland County, Ohio The Richland County Youth and Family Council is an Ohio Fa mily and Children First Council per Ohio Revised Code 121 37 * Inputs (a) Participation in planning meeting for survey question development, (b) Review of summaries and trends of primary data from adult, youth and child surveys conducted by the Hospital Council of Nor thwest Ohio and University of Toledo, (c) Identification of significant health needs affec ting Richland County, (d) Prioritization of health needs, (e) Identification of available community resources that may potentially address the health needs identified, (f) member o f the Richland County Community Health Improvement Plan (CHIP) Committee Richland Moves! * Representative Nelson Shogren, chairman * Description of the medically underserved, low -income or minority populations represented by the organization Serves all people in Rich land County * Inputs (a) Participation in planning meeting for survey question developme nt, (b) Review of summaries and trends of primary data from adult, youth and child surveys conducted by the Hospital Cou

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility A, 3	ncil of Northwest Ohio and University of Toledo, (c) Identification of significant health needs affecting Richland County, (d) Prioritization of health needs, (e) Identification of available community resources that may potentially address the health needs identified, (f) member of the Richland County Community Health Improvement Plan (CHIP) Committee Richl and Public Health * Representatives Robert Exten, ME, president Board of Health, Martin T remmel, health commissioner, Amy Schmidt, director of nursing, Tina Picman, director, Wome n, Infants and Children, Selby Dorgan, director of health promotion and education, Ellen C laiborne, health educator, Communities Preventing Chronic Disease (CPCD), Margaret Lin, he alth educator, Communities Preventing Chronic Disease (CPCD), Karyl Price, health educator , Creating Healthy Communities (CHC), Emily Leedy, Creating Healthy Communities (CHC) coor dinator, Reed Richard, team member, Heather Foley (team member) (all persons have knowledg e of and expertise in public health) * Description of the medically underserved, low-incom e or minority populations represented by the organization Serves all residents of Richlan d County, Ohio Richland Public Health, together with the Shelby City Health Department, p rovides various public health services for residents of Richland County * Inputs (a) Par ticipation in planning meeting for survey question development, (b) Review of summaries an d trends of primary data from adult, youth and child surveys conducted by the Hospital Cou ncil of Northwest Ohio and University of Toledo, (c) Identification of significant health needs affecting Richland County, (d) Prioritization of health needs, (e) Identification of available community resources that may potentially address the health needs identified, (f) Member of the Richland County Community Health Improvement Plan (CHIP) Committee Shelb y City Health Department * Representative Ajay Chawla, MD, medical director and health co mmissioner, Andrea Barnes, director of environmental health (with knowledge of and experti se in public health) * Description of the medically underserved, low-income or minority po pulations represented by the organization Serves all residents of the City of Shelby in R ichland County, Ohio * Inputs (a) Participation in planning meeting for survey question development, (b) Review of summaries and trends of primary data from adult, youth and chil d surveys conducted by the Hospital Council of Northwest Ohio and University of Toledo, (c) Identification of significant health needs affecting Richland County, (d) Prioritization of health needs, (e) Identification of available community resources that may potentially address the health needs identified, (f) member of the Richland County Community Health I mprovement Plan (CHIP) Committee The City of Mansfield Department of Regional Community A dvancement (DRCA) * Representative Dale Au, Help Me Grow program manager * Description of the medically underserved, lo

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility A, 3	w-income or minority populations represented by the organization Serves individuals and f amilies from Richland County, Ohio and neighboring areas * Inputs (a) Participation in p lanning meeting for survey question development, (b) Review of summaries and trends of pri mary data from adult, youth and child surveys conducted by the Hospital Council of Northwe st Ohio and University of Toledo, (c) Identification of significant health needs affecting Richland County, (d) Prioritization of health needs, (e) Identification of available comm unity resources that may potentially address the health needs identified, (f) member of th e Richland County Community Health Improvement Plan (CHIP) Committee Third Street Family Health Services * Representative Nicole Hartage, alcohol and drug counseling, Stacey Nole n, community health worker, Community Health Access Project, Kari Westfield, outreach coor dinator * Description of the medically underserved, low-income or minority populations rep resented by the organization Serves low-income and vulnerable residents of Richland Count y, Ohio The Third Street Family Health Services has access to home * Inputs (a) Partici pation in planning meeting for survey question development, (b) Review of summaries and tr ends of primary data from adult, youth and child surveys conducted by the Hospital Council of Northwest Ohio and University of Toledo, (c) Identification of significant health need s affecting Richland County, (d) Prioritization of health needs, (e) Identification of ava ilable community resources that may potentially address the health needs identified, (f) m ember of the Richland County Community Health Improvement Plan (CHIP) Committee Village o f Bellville * Representative Teri Bernkus, mayor, Village of Bellville * Description of t he medically underserved, low-income or minority populations represented by the organizati on Serves all residents of the Village of Bellville, Ohio * Inputs (a) Participation in planning meeting for survey question development, (b) Review of summaries and trends of p rimary data from adult, youth and child surveys conducted by the Hospital Council of North west Ohio and University of Toledo, (c) Identification of significant health needs affecti ng Richland County, (d) Prioritization of health needs, (e) Identification of available co mmunity resources that may potentially address the health needs identified, (f) member of the Richland County Community Health Improvement Plan (CHIP) Committee

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility A, 4	Facility A, 4 - Facility A - OhioHealth MedCentral Mansfield Hospital and Shelby Hospital Village of Lexington * Representative Eugene Parkison, mayor * Description of the medically underserved, low-income or minority populations represented by the organization Serves all residents of the village of Lexington, Ohio * Inputs (a) Participation in planning meeting for survey question development, (b) Review of summaries and trends of primary data from adult, youth and child surveys conducted by the Hospital Council of Northwest Ohio and University of Toledo, (c) Identification of significant health needs affecting Richland County,(d) Prioritization of health needs, (e) Identification of available community resources that may potentially address the health needs identified, (f) member of the Richland County Community Health Improvement Plan (CHIP) Committee Visiting Nurse Association of Ohio * Representative Courtney Swihart, clinical manager * Description of the medically underserved, low-income or minority populations represented by the organization Serves all residents of Richland County regardless of ability to pay * Inputs (a) Participation in planning meeting for survey question development, (b) Review of summaries and trends of primary data from adult, youth and child surveys conducted by the Hospital Council of Northwest Ohio and University of Toledo, (c) Identification of significant health needs affecting Richland County, (d) Prioritization of health needs, (e) Identification of available community resources that may potentially address the health needs identified, (f) member of the Richland County Community Health Improvement Plan (CHIP) Committee

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6a Facility A, 1	Facility A, 1 - Facility A - OhioHealth MedCentral Mansfield Hospital and Shelby Hospital OhioHealth Mansfield Hospital conducted its CHNA in collaboration with OhioHealth Shelby Hospital

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6b Facility A, 1	Facility A, 1 - Facility A - OhioHealth MedCentral Mansfield Hospital and Shelby Hospital The Richland County Community Health Partners include the OhioHealth Mansfield Hospital a nd OhioHealth Shelby Hospital, Richland Public Health, Shelby City Health Department and o ther community stakeholders The Richland County Community Health Partners contracted with the Hospital Council of Northwest Ohio to conduct the community health assessments and fa cilitated the process for developing the Community Health Improvement Plan (Richland Count y Community Health Partners, 2017a,b) Meetings of the Richland County Community Health Pa rtners were held April through June 2016, and April through June 2017 to gather input The se organizations serve uninsured persons, low-income persons and minority groups The repr esentatives from these organizations have public health background OhioHealth Mansfield H ospital and OhioHealth Shelby Hospital collaborated with Richland Public Health in obtaini ng inputs from persons who work either for organizations, government agencies or as commun ity residents, and who represent the broad interests of Richland County All required sour ces for community input participated in the community health needs assessment process The Richland County Community Health Partners contracted with The Hospital Council of Northwe st Ohio (HCNO) to conduct the community health assessments and facilitated the process for developing the Community Health Improvement Plan HCNO is a member-driven regional hospit al association that represents and advocates on behalf of its member hospitals and health systems HCNO provides collaborative opportunities for its members and community partners to improve the health and well-being of Northwest Ohio's residents Community services and regional programs provided by HCNO include community health assessments, clergy badges, H ealthcare Heroes, Northwest Ohio Disaster Preparedness, Northwest Ohio Pathways HUB, North west Ohio Regional Trauma Registry, and planning and evaluation services Bricker & Eckler LLP/INCompliance Consulting (Jim Flynn, Chris Kenney) were contracted to review this comm unity health needs assessment report Jim Flynn is a partner with the Bricker & Eckler hea lthcare group, where he has practiced for 28 years His general healthcare practice focuse s on health planning matters, certificates of need, nonprofit and tax-exempt healthcare pr oviders, and federal and state regulatory issues Mr Flynn has provided consultation to h ealthcare providers, including nonprofit and tax-exempt healthcare providers as well as pu blic hospitals, on community health needs assessments Chris Kenney is the director of reg ulatory services with INCompliance Consulting, an affiliate of Bricker & Eckler LLP Ms K enney has more than 39 years of experience in healthcare planning and policy development, federal and state regulations, certificate of need regulations, and Medicare and Medicaid certification She has been co

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6b Facility A, 1	nducting CHNAs in compliance with federal rules since 2012, providing expert testimony on community needs and offering presentations and educational sessions regarding CHNAs

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 1	Facility A, 1 - Facility A - OhioHealth MedCentral Mansfield Hospital and Shelby Hospital OhioHealth Mansfield Hospital and OhioHealth Shelby Hospital adopted priority health need s, (a) chronic disease and (b) mental health and addiction, which were identified in the 2 016 Richland County Community Health Assessment (Richland County Partners Community Health Assessment Collaborative, 2017) and 2017-2020 Richland County Community Health Improvemen t Plan (The Richland County Community Health Partners, 2017) The primary and secondary he alth data for Richland County community health needs and the healthcare and community reso urces that were available to address the health needs are summarized in the OhioHealth Man sfield and Shelby Hospitals 2019 Community Health Needs Assessment (OhioHealth, 2019) The significant health needs of Richland County include a Chronic disease - Includes (a) ob esity among children, youth and adults, (b) asthma among children and adults, and (c) diab etes among adults Mansfield Hospital's Intended Actions to Address the Health Need + Addr ess food insecurity as a part of routine and emergent medical visits on and individual and systems-based level, focusing on at-risk emergency department and diabetes education pati ents This action aligns with the Ohio State Health Improvement Plan + Offer health and w ellness programs at the OhioHealth Health and Fitness Center located at the Mansfield Hosp ital These programs may include Delay the Disease, exercise programs, SilverSneakers , di scounted or free access for seniors, Healthy Chef series and Healthy Check at grocery stor es + Offer a diabetes prevention program and other diabetes and endocrinology services to Richland County + Partner with the American Heart Association's Heart Walk to promote co mmunity engagement through physical activity Shelby Hospital's Intended Actions to Addres s the Health Need + Address food insecurity as part of routine and emergent medical visits on an individual and systems-based level, focusing on at-risk emergency department and di abetes education patients This action aligns with the Ohio State Health Improvement Plan + Offer health and wellness programs at the OhioHealth Health and Fitness Center located at Shelby Hospital These programs may include Delay the Disease, exercise programs, Silve rSneakers, discounted or free access for seniors, Healthy Chef series and Healthy Check at grocery stores + Offer a diabetes prevention program and other diabetes and endocrinolog y services to Richland County residents + Partner with the American Heart Association's H eart Walk to promote community engagement through physical activity Anticipated Impact of These Actions + Self-report of learning, engagement and commitment to lifestyle and behav ior changes among individuals and families who participated in various health and wellness programs offered at OhioHealth Health and Fitness Centers + Self-report of learning conc epts and skills, engagement an

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 1	d commitment to lifestyle and behavior changes among individuals and families who particip ated in the Diabetes Prevention program and diabetes self-management education + Clinical report of improvement in fasting glucose levels and HbA1C as well as reduction in emergen cy department readmissions and hospitalizations among patients served by the OhioHealth Ma nsfield Hospital and OhioHealth Shelby Hospital Diabetes Services + Increase in number of Richland County participants in the American Heart Association's Heart Walk b Mental He alth and Addiction - Includes (a) substance abuse among youth and adults, (b) depression a nd suicide among youth and adults, and (c) adverse childhood experiences among children M ansfield Hospital's Intended Actions to Address the Health Need + Use of Screening, Brief Intervention and Referral to Treatment (SBIRT) in OhioHealth Physician Group locations tha t are affiliated with OhioHealth Mansfield Hospital SBIRT will be documented in the OhioH ealth CareConnect electronic medical records (Epic Systems Corporation, Verona, Wisconsin) This action aligns with the Ohio State Health Improvement Plan + Screen for clinical de pression for patients 12 years and older using the standardized patient health questionnai re (PHQ-2 or PHQ-9) Screening will be documented in the OhioHealth CareConnect electronic medical records (Epic Systems Corporation, Verona, Wisconsin) This action aligns with Oh io State Health Improvement Plan + Provider training on opioid prescribing guidelines and use of the Ohio Automated Rx Reporting System (OARRS) This action aligns with the Ohio S tate Health Improvement Plan Shelby Hospital's Intended Actions to Address the Health Nee d + Use of Screening, Brief Intervention and Referral to Treatment (SBIRT) in OhioHealth P hysician Group locations that are affiliated with OhioHealth Shelby Hospital SBIRT will b e documented in the OhioHealth CareConnect electronic medical records (Epic Systems Corpor ation, Verona, Wisconsin) This action aligns with the Ohio State Health Improvement Plan + Screen for clinical depression for patients 12 years and older using a standardized pat ient health questionnaire (PHQ-2 or PHQ-9) Screening will be documented in the OhioHealth CareConnect electronic medical records (Epic Systems Corporation, Verona, Wisconsin) Thi s action aligns with the Ohio State Health Improvement Plan + Provider training on opioid prescribing guidelines and use of the Ohio Automated Rx Reporting System (OARRS) This ac tion aligns with the Ohio State Health Improvement Plan Anticipated Impact of Actions Red uce drug abuse as evidenced by a reduction in the percent of people age 12 and over who re ported illicit drug dependence or abuse in the past year Documentation of Program Impacts from the Community Health Needs Assessment and Implementation Strategy Adopted in 2016 by OhioHealth Mansfield Hospital and OhioHealth Shelby Hospital Need #1 Mental Health - In creased the number of psychoed

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 1	ucational groups led by recreational therapists made available to patients and community m embers Examples of group activities include leisure time development, self-esteem educati on, development of coping skills, community resource awareness and knowledge of illness - Enrolled adolescent patients in the educational program provided by Mansfield City School s to keep them on track in school while they are dealing with acute mental health issues - Referred patients to Third Street Family Health Services, Catalyst Life Services, Family Life Counseling and other mental health services providers - Referred patients to the Na tional Alliance on Mental Illness for family support group services Need #2 Substance Ab use - Provided referrals to substance abuse treatment programs at appropriate agencies, su ch as Third Street Family Health Services, Catalyst Life Services, Family Life Counseling, and other mental health and substance abuse services providers - Provided referrals to M ansfield Urban Minority Alcoholism and Drug Addiction Outreach Program (UMADAOP) for asses sments, counseling and medication-assisted treatment UMADAOP serves predominantly African American and Hispanic populations -Assessment, intervention and referral of patients wit h substance abuse diagnoses seen at the Emergency Department (ED), Hospital admission of p atients with substance abuse diagnoses to OhioHealth Mansfield Hospital Psychiatric Depart ment, Drug screening and education provided by OhioHealth Employer Services, Collaborated with community partners and law enforcement to improve access to safe and legal medication disposal and to educate community members about safe medication disposal, Emergency Depar tment (ED) physicians used state database for narcotic use (Ohio Automated Rx Reporting Sy stem [OARRS]) to limit opiate doses per patient Need #3 Chronic Disease - Offered health and wellness programs at the OhioHealth Ontario Health and Fitness Center - Offered Diab etes Prevention program and other diabetes and endocrinology services to Richland County r esidents - Provided community- and school-based health and wellness programs such as Heal th Matters, Speakers Bureau, Asthma-1-2-3 and other programs - Partnered in "Creating Hea lthy Communities Coalition" led by Richland Public Health, which focuses on healthy eating , physical activity and tobacco-free living - Partnered with the American Heart Associati on's HeartChase community adventure game to promote community engagement in physical activ ity Need # 4 Infant Mortality - Provided low-cost childbirth education and breastfeeding classes - Collaborated with Daddy Boot Camp, provided by the Richland County Youth and F amily Council, to provide expectant fathers education and instruction on how to care for t heir newborn - In 2016, OhioHealth offered prenatal care and women's health services to t he broader community through a partnership with OhioHealth Community Health and Wellness a nd March of Dimes

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 2	Facility A, 2 - Facility A - OhioHealth MedCentral Mansfield Hospital and Shelby Hospital Continued from narrative above Documentation of Program Impacts from the Community Health Needs Assessment and Implementation Strategy Adopted in 2016 by OhioHealth Mansfield Hospital and OhioHealth Shelby Hospital Need # 4 Infant Mortality - Participation in the Richland County Infant Mortality Task Force - Provided referrals to Third Street Family Health Services OB-GYN clinic for services regardless of income - Provided referrals to the Community Health Access Project (CHAP), an evidence-based process of coordination for high-risk individuals, evaluating and reducing risk factors Identified risk factors are addressed with appropriate pathways that connect individuals in need to primary care, prevention programs, mental and behavioral health agencies, housing, food, clothing, adult education and employment CHAP has demonstrated that home visiting care coordination in an urban community in Ohio led to greater than 60 percent reduction in low birth weight - Provided referrals to Richland Public Health's home visiting program for babies up to 8 weeks old - Provided referrals to Cribs for Kids which aims to prevent infant deaths through parental and caregiver education on the significance of practicing safe sleep for babies and providing Graco Pack 'n Play portable cribs to low-income families - Provide referrals to Women, Infants and Children (WIC), a nutrition education program that provides coupons for nutritious foods that promote health of pregnant and postpartum women, breastfeeding mothers, infants and children Need #5 Child and Family Health - Referrals of children and families to community agencies such as Richland County Children's Services, Richland County Youth and Family Council, Salvation Army and other food pantries, Third Street OB-GYN, Community Health Access Project (CHAP) and strengthening collaboration with these agencies to ensure success of referrals - Strengthened partnership with Mansfield City Schools and other school districts to enable hospitalized students to avail of a tutor or mentor and an individualized education program

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

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

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

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 13 Facility A, 1	Facility A, 1 - Facility A - OhioHealth MedCentral Mansfield Hospital and Shelby Hospital OHIOHEALTH USES THE STATE AND FEDERAL PROGRAM ADMINISTERED BY THE DEPARTMENT OF MEDICAID HOSPITAL CARE ASSURANCE PROGRAM (HCAP) AS DEFINED IN THE OHIO ADMINISTRATIVE CODE HCAP IS AN OHIO PROGRAM THAT STATES THAT ANY PATIENT WHOSE FAMILY SIZE AND INCOME LEVEL IS BELOW THE FEDERAL POVERTY GUIDELINES, RECEIVES FREE CARE FOR HOSPITAL SERVICES IF THE PATIENT PROVES THAT THEIR INCOME FALLS BELOW THE FEDERAL POVERTY GUIDELINES, OHIOHEALTH MUST DISCOUNT THEIR RESPONSIBILITY OF THE CLAIM 100% OHIOHEALTH'S INTERNAL CHARITY POLICY ADDRESSES PATIENTS WHOSE FAMILY SIZE AND INCOME IS ABOVE THE FEDERAL POVERTY GUIDELINES 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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility , 1	Facility , 1 - Marion General Hospital Community input for this report was provided throu gh a series of meetings held during 2017 and 2018 with community representatives It was i mportant that individuals with special expertise in public health participate The followi ng representatives from the community and including those with special knowledge or expert ise in public health were included in the process - Boys and Girls Club of Marion County I nputs Member of the Marion County Creating Healthy Communities Coalition that commissione d the Marion County 2017 Nutrition and Physical Activity Health Assessment and the 2017 Ma rion County Transportation Health Assessment Timeframe of inputs February-March 2017, Jul y-August 2017 Population represented Serves all persons in Marion County, including low-i ncome or minority populations Center Street Community Health Center Inputs Member of the Marion County Creating Healthy Communities Coalition that commissioned the Marion County 2 017 Nutrition and Physical Activity Health Assessment and the 2017 Marion County Transport ation Health Assessment Timeframe of inputs February-March 2017, July-August 2017 Populat ion represented Serves all persons including the medically underserved, low income or min ority populations Christ Missionary Baptist Church Inputs Member of the Marion County Cre ating Healthy Communities Coalition that commissioned the Marion County 2017 Nutrition and Physical Activity Health Assessment and the 2017 Marion County Transportation Health Asse ssment Timeframe of inputs February-March 2017, July-August 2017 Population represented Serves all persons, including the medically underserved, low-income or minority population s City of Marion, Ohio Inputs Member of the Marion County Creating Healthy Communities Co alition that commissioned the Marion County 2017 Nutrition and Physical Activity Health As sessment and the 2017 Marion County Transportation Health Assessment Community residents R epresentatives North end resident, west side resident, representative for persons with di sabilities, representative for youth, representative for seniors Inputs Member of the Mar ion County Creating Healthy Communities Coalition that commissioned the Marion County 2017 Nutrition and Physical Activity Health Assessment and the 2017 Marion County Transportati on Health Assessment Crawford-Marion Board of Alcohol, Drug Addiction, and Mental Health S ervices Representatives Bradley M De Camp, executive director Inputs Participated in th e Marion General Hospital prioritization of health needs meeting Downtown Marion Farmers M arket Inputs Member of the Marion County Creating Healthy Communities Coalition that comm issioned the Marion County 2017 Nutrition and Physical Activity Health Assessment and the 2017 Marion County Transportation Health Assessment Elgin Local Schools Inputs Member of the Marion County Creating Healthy Communities Coalition that commissioned the Marion Coun ty 2017 Nutrition and Physical

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility , 1	Activity Health Assessment and the 2017 Marion County Transportation Health Assessment Fa ith-Based Ministry Inputs Member of the Marion County Creating Healthy Communities Coalit ion that commissioned the Marion County 2017 Nutrition and Physical Activity Health Assess ment and the 2017 Marion County Transportation Health Assessment Farm to Family Program (A ffiliate of Ohio Farm Bureau) Inputs Member of the Marion County Creating Healthy Communi ties Coalition that commissioned the Marion County 2017 Nutrition and Physical Activity He alth Assessment and the 2017 Marion County Transportation Health Assessment Green Camp Tow nship Representative Mayor Inputs Member of the Marion County Creating Healthy Communiti es Coalition that commissioned the Marion County 2017 Nutrition and Physical Activity Heal th Assessment and the 2017 Marion County Transportation Health Assessment JAG Healthcare S killed Nursing and Rehabilitation Marion Inputs Member of the Marion County Creating Heal thy Communities Coalition that commissioned the Marion County 2017 Nutrition and Physical Activity Health Assessment and the 2017 Marion County Transportation Health Assessment Lif e Link Community Church Inputs Member of the Marion County Creating Healthy Communities C oalition that commissioned the Marion County 2017 Nutrition and Physical Activity Health A ssessment and the 2017 Marion County Transportation Health Assessment Marie English Early Childhood Center (Head Start) Inputs Member of the Marion County Creating Healthy Communi ties Coalition that commissioned the Marion County 2017 Nutrition and Physical Activity He alth Assessment and the 2017 Marion County Transportation Health Assessment Marion Area Tr ansit Inputs Member of the Marion County Creating Healthy Communities Coalition that comm issioned the Marion County 2017 Nutrition and Physical Activity Health Assessment and the 2017 Marion County Transportation Health Assessment Marion City Schools Inputs Member of the Marion County Creating Healthy Communities Coalition that commissioned the Marion Coun ty 2017 Nutrition and Physical Activity Health Assessment and the 2017 Marion County Trans portation Health Assessment Marion County, Ohio Inputs Member of the Marion County Creati ng Healthy Communities Coalition that commissioned the Marion County 2017 Nutrition and Ph ysical Activity Health Assessment and the 2017 Marion County Transportation Health Assessm ent Marion County Board of Developmental Disabilities Inputs Member of the Marion County Creating Healthy Communities Coalition that commissioned the Marion County 2017 Nutrition and Physical Activity Health Assessment and the 2017 Marion County Transportation Health A ssessment Marion County Engineer Representative Assistant Engineer Inputs Member of the Marion County Creating Healthy Communities Coalition that commissioned the Marion County 2 017 Nutrition and Physical Activity Health Assessment and the 2017 Marion County Transport ation Health Assessment Marion

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility , 1	County Job and Family Services Inputs Member of the Marion County Creating Healthy Commu nities Coalition that commissioned the Marion County 2017 Nutrition and Physical Activity Health Assessment and the 2017 Marion County Transportation Health Assessment Marion Count y Teen Institute Inputs Member of the Marion County Creating Healthy Communities Coalitio n that commissioned the Marion County 2017 Nutrition and Physical Activity Health Assessme nt and the 2017 Marion County Transportation Health Assessment Marion Family YMCA Represen tatives Theresa Lubke, executive director Inputs (a) Member of the Marion County Creatin g Healthy Communities Coalition that commissioned the Marion County 2017 Nutrition and Phy sical Activity Health Assessment and the 2017 Marion County Transportation Health Assessme nt, (b) Participated in the Marion General Hospital prioritization of health needs meeting Marion Industrial Center Inputs Member of the Marion County Creating Healthy Communities Coalition that commissioned the Marion County 2017 Nutrition and Physical Activity Health Assessment and the 2017 Marion County Transportation Health Assessment Marion Matters Inp uts Member of the Marion County Creating Healthy Communities Coalition that commissioned the Marion County 2017 Nutrition and Physical Activity Health Assessment and the 2017 Mari on County Transportation Health Assessment Marion Public Health Representatives Traci Kin sler, JD, CPH, interim health commissioner, Thomas Quade, health commissioner (resigned), Emmanuel Vidal, epidemiologist, Erin Creeden, health policy specialist (expertise in publi c health Inputs (a) Member of the Marion County Creating Healthy Communities Coalition th at commissioned the Marion County 2017 Nutrition and Physical Activity Health Assessment a nd the 2017 Marion County Transportation Health Assessment, (b) Participated in the Marion General Hospital prioritization of health needs meeting Marion Senior Center Inputs Memb er of the Marion County Creating Healthy Communities Coalition that commissioned the Mario n County 2017 Nutrition and Physical Activity Health Assessment and the 2017 Marion County Transportation Health Assessment Marion Technical College Inputs Member of the Marion Co unty Creating Healthy Communities Coalition that commissioned the Marion County 2017 Nutri tion and Physical Activity Health Assessment and the 2017 Marion County Transportation Hea lth Assessment OhioHealth Marion General Hospital Representative Shawn Kitchen, MBA, seni or advisor, business development, Kelly E Andrews, RRT, pulmonary rehabilitation coordina tor Inputs (a) Member of the Marion County Creating Healthy Communities Coalition who com missioned the Marion County 2017 Nutrition and Physical Activity Health Assessment and the 2017 Marion County Transportation Health Assessment, (b) Participated in the Marion Gener al Hospital prioritization of health needs

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility , 2	Facility , 2 - Marion General Hospital Pleasant Local Schools Inputs Member of the Mario n County Creating Healthy Communities Coalition that commissioned the Marion County 2017 N utrition and Physical Activity Health Assessment and the 2017 Marion County Transportation Health Assessment Ridgedale Local Schools Inputs Member of the Marion County Creating He althy Communities Coalition that commissioned the Marion County 2017 Nutrition and Physica l Activity Health Assessment and the 2017 Marion County Transportation Health Assessment R iver Valley Local Schools Inputs Member of the Marion County Creating Healthy Communities Coalition that commissioned the Marion County 2017 Nutrition and Physical Activity Health Assessment and the 2017 Marion County Transportation Health Assessment Salvation Army Inp uts Member of the Marion County Creating Healthy Communities Coalition that commissioned the Marion County 2017 Nutrition and Physical Activity Health Assessment and the 2017 Mari on County Transportation Health Assessment Sika Corporation Inputs Member of the Marion C ounty Creating Healthy Communities Coalition that commissioned the Marion County 2017 Nutr ition and Physical Activity Health Assessment and the 2017 Marion County Transportation He alth Assessment Taft Elementary School Inputs Member of the Marion County Creating Health y Communities Coalition that commissioned the Marion County 2017 Nutrition and Physical Ac tivity Health Assessment and the 2017 Marion County Transportation Health Assessment The O hio State University Extension Representative Whitney Gherman, extension educator, Family and Consumer Sciences, SNAP-ED, Kate Decker, staff Inputs (a) Member of the Marion Count y Creating Healthy Communities Coalition who commissioned the Marion County 2017 Nutrition and Physical Activity Health Assessment and the 2017 Marion County Transportation Health Assessment, (b) Participated in the Marion General Hospital prioritization of health needs meeting The Ohio State University at Marion Representative Gregory Rose, Ph D , associat e professor, dean and director Inputs (a) Member of the Marion County Creating Healthy Co mmunities Coalition who commissioned the Marion County 2017 Nutrition and Physical Activit y Health Assessment and the 2017 Marion County Transportation Health Assessment, (b) Parti cipated in the Marion General Hospital prioritization of health needs meeting Tri-Rivers C areer Center Inputs Member of the Marion County Creating Healthy Communities Coalition th at commissioned the Marion County 2017 Nutrition and Physical Activity Health Assessment a nd the 2017 Marion County Transportation Health Assessment United Way of Marion County Inp uts Member of the Marion County Creating Healthy Communities Coalition that commissioned the Marion County 2017 Nutrition and Physical Activity Health Assessment and the 2017 Mari on County Transportation Health Assessment Village of New Bloomington, Ohio Inputs Member of the Marion County Creating

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility , 2	Healthy Communities Coalition that commissioned the Marion County 2017 Nutrition and Phys ical Activity Health Assessment and the 2017 Marion County Transportation Health Assessmen t Whirlpool Corporation Inputs Member of the Marion County Creating Healthy Communities C oalition that commissioned the Marion County 2017 Nutrition and Physical Activity Health A ssessment and the 2017 Marion County Transportation Health Assessment

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6b Facility , 1	Facility , 1 - Marion General Hospital Marion Public Health led the collection of primary and secondary data for the 2018 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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	Facility , 1 - Marion General Hospital OhioHealth Marion General Hospital clinicians and administrative staff collaborated with OhioHealth Community Health and Wellness in develop ing the 2020-2022 implementation strategy to address three priority health needs (1) ment al health and addiction, including substance abuse and tobacco use, (2) chronic disease, i ncluding obesity and (3) maternal and child health, including safe and healthy housing Th e primary and secondary health data for Marion County community health needs and the healt hcare and community resources that are available to address the health needs are summarize d in the Marion General Hospital 2019 Community Health Needs Assessment The significant h ealth needs of Marion County include (A) Mental health and addiction, including substance abuse and tobacco use Marion General Hospital's Intended Actions to Address the Health N eed To increase community involvement in substance abuse prevention efforts through partic ipation in the Marion Drug-Free Task Force, which will focus on (a) decreasing the number of opiate prescriptions through provider education, patient education, and community-base d education on alternatives to addressing pain other than prescription opiates, (b) increa se community access to disposal of prescription drugs through incentives and the availabil ity of prescription drug drop boxes at the Marion Police Department and other locations, (c) increase substance abuse prevention efforts through initiatives targeted at underage al cohol, tobacco and marijuana use, and (d) increase community awareness about treatment and recovery support services Participation in the planning, coordination and implementation of Marion County Medication Disposal Day events and engagement in community meetings rela ted to increasing access to safe disposal of prescription drugs Marion General Hospital's Pulmonary Rehabilitation Unit, Partial Hospitalization and Intensive Outpatient Program a nd/or Pharmacy will provide the following services (a) tobacco cessation education, refer ral and follow-up with inpatients, (b) counseling for inpatients who have smoked within th e past 12 months, (c) tobacco cessation packet containing a stress ball, gum, booklet and flier for upcoming tobacco cessation classes for inpatients who are current smokers and ha ve expressed an interest in quitting, education of these patients about the Ohio Tobacco Q uit Line and follow up with those who have quit within the past 12 months, offering suppor t as needed, (d) free nicotine patches upon discharge for inpatients who express the desir e to quit and score a seven or higher on the "Assessment of Motivation Readiness to Quit Ladder," (e) follow up by phone 30 days after discharge to assess patients' progress quitt ing tobacco, and (f) patient education about tobacco's negative effects on the effectivene ss of psychiatric medications Speakerships, presentations and outreach to the Marion Coun ty community, including workpl

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	ace environments, focused on mental health and addiction and/or tobacco cessation Anticip ated Impact of These Actions Reduce past-year illicit drug dependence or abuse among Mario n County residents aged 12 and older At least 100 Marion County residents taken off medic ations and at least 100 pounds of medications collected during Medication Disposal Day eve nts per year At least four community meetings attended per year related to decreasing dru g abuse in the community Up to four group-based tobacco cessation classes completed per y ear attended by up to 20 individuals per year At least two speakerships, presentations an d outreach on tobacco cessation completed per year attended by at least 10 individuals per year (B) Chronic disease, including obesity Actions Marion General Hospital Intends to Take to Address the Health Need To collaborate with Marion County Creating Healthy Communi ties (CHC) and its vision of "making the healthy choice the easy one " CHC is a multi-sect or collaboration that aims to (a) increase access to healthy foods and make them more aff ordable, (b) promote physical activity, and (c) enable tobacco-free living among Marion Co unty residents using sustainable and evidence-based strategies (Marion Public Health, 2019) To offer obesity-related clinical and non-clinical interventions as part of the service s provided by Marion General Hospital's Heart Failure Clinic This includes support and ed ucation about fluid and weight management, as well as exercise and nutritional counseling To offer obesity-related clinical and non-clinical interventions as part of the services provided by Marion General Hospital's Cardiac Rehabilitation Program The 12-week cardiac rehabilitation program teaches and empowers patients (with support from family or caregive rs) to make lifestyle and behavior changes through (a) nutrition planning, (b) supervised exercise program, (c) tobacco cessation program, (d) medical weight management, (e) preve ntion of heart disease, (f) stress management, and (g) lifestyle and health responsibility coaching Patients who graduate from the 12-week program will receive help developing an ongoing fitness program (OhioHealth 2015-2019) Anticipated Impact of These Actions Active participation and engagement in the planning, coordination and implementation of at least three Marion County Creating Healthy Communities initiatives At least 500 Marion County residents per year will benefit from these initiatives At least 50 patients per year serv ed by Marion General Hospital's Heart Failure Clinic and provided support and education fo r fluid and weight management, exercise and nutritional counseling At least 25 patients p er year will complete Marion General Hospital's 12-week Cardiac Rehabilitation Program, an d at least 25 patients, family members or caregivers per year will participate in support groups (C) Maternal and child health, including safe and healthy housing Actions Marion General Hospital Intends to Ta

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	ke to Address the Health Need Partner with Ohio Department of Health and Marion Adolescent Pregnancy Program (MAPP) in providing mothers and newborns with home visiting and/or earl y intervention services Partner with MarionMade! in providing SleepSacks (wearable blanke ts) to newborns and safe-sleep education to parents of newborns Partner with the Marion P ublic Library "Read 20" program in implementing "Book and Bib," a program promoting early literacy Promote safe and healthy housing by active participation in the Marion County Ho using Coalition and cash and/or in-kind sponsorships to non-profit organizations that addr ess poverty and housing, including Marion Matters (Facebook, 2019), Heart of Ohio Homeless Shelter (Heart of Ohio Homeless Shelter, 2014) and Mission Serve (Mission Serve, n d) A nticipated Impact of These Actions Up to 24 mothers and newborns per year will be referred to Ohio Help Me Grow home visiting and early intervention services At least 500 mothers and newborns per year will be provided with SleepSacks and safe-sleep education At least 100 mothers and newborns per year will receive a "Book and Bib" to promote early literacy At least two housing-related projects will be initiated or completed by community collabo rators that address safe and healthy housing or homelessness - Reduce pre-term births, lo w birth weight and infant mortality in Marion County Documentation of Program Impacts fro m the CHNA and Implementation Strategy Adopted in 2016 by OhioHealth Marion General Hospit al Need # 1 Obesity - Provision of obesity-related speaking engagements by physicians, n urses, allied health professionals and administrative staff as part of the enhanced Marion General Speaker's Bureau Program - Provided cholesterol and blood pressure screenings (s ix to seven times per year) at community health fairs at the Marion County Fair and Marion Senior Center - Offered diabetes education to the public through the Marion General Diab etes Program - Provided spouse or significant other of cardiac rehabilitation patients wi th discounted memberships ($25/month) to the Marion General exercise facilities - Referre d patients to Center Street Community Health Center, which provides counseling about healt hy lifestyles and weight management - Referred of patients and their families to the Mari on Family YMCA Superkids Program, which offers reduced YMCA memberships and nutritional co unseling and follow-up with families to assess progress related to physical activity and h ealthy eating - Collaborated with Marion Technical College in providing body mass index s creenings, blood pressure screenings, participation in health fairs and expositions, outre ach to private industries and Marion City Schools

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 2	Facility , 2 - Marion General Hospital - Partnered with Marion Public Health's Creating H ealthy Communities and YMCA's Pioneering Healthier Communities efforts which are working t o (a) develop school wellness policies, (b) improve healthy food access, (c) create envir onmental changes, (d) improve healthcare practices, (e) provide community health education and (f) mass marketing of health promotion messages Need # 2 Tobacco - Marion General's clinical associates from pulmonary services, the Pulmonary Rehabilitation Unit, and the P artial Hospitalization and Intensive Outpatient Program provided the following services (a) Smoking-cessation education, referral and follow-up to inpatients, (b) inpatient counse ling to patients who have smoked within the past 12 months, (c) for inpatients who are cur rent smokers and expressing interest in quitting, provide a packet with a stress ball, gum , booklet and flier for upcoming tobacco cessation classes They are also asked if interes ted 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 prevent ion, (d) Marion General pharmacy provides free nicotine patches to inpatients who express the desire to quit and score a seven or higher in the Assessment of Motivation Readiness to Quit Ladder Associates from pulmonary services and the Pulmonary Rehabilitation Unit p erform the assessment and contact the pharmacy who assesses the patient and give the free nicotine patches upon discharge, (e) make follow-up telephone calls 30 days after discharg e to assess how the patients have been progressing with their smoking cessation efforts, (f) educate patients on the negative effects of smoking to the effectiveness of psychiatric medications - Supported cancer patients in tobacco cessation efforts through the Patient Navigator Program - Clinical associates presented to inmates at the North Central Ohio R ehabilitation Center about the health risks of smoking and benefits of smoking cessation - Educated community members through participation at health fairs and referrals to smokin g cessation programs - Referred patients to Center Street Community Health Center for smo king cessation assistance - Continued participation in the Tobacco-Free Marion County Coa lition Need # 3 Substance Abuse - Partnered with Center Street Community Health Center t o enhance access to care for the underserved who need medical advice, treatment and counse ling referrals related to alcohol and substance abuse - Provided referrals to Marion Area Counseling Center, Inc for alcohol and substance abuse counseling and follow-up with pat ients on referral status and progress - The Marion General Hospital Behavioral Health Ser vices, comprised of the Partial Hospitalization and Intensive Outpatient Program and the I npatient Behavioral Health Unit provided patients with educational opportunities and linka ges to community resources suc

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 2	h as (a) Education and support group on relapse prevention, (b) meeting place in the unit for the Narcotics Anonymous group to hold weekly meetings, (c) referral and linkages to A lcoholics Anonymous, Narcotics Anonymous, Alateen, inpatient treatment programs and outpat ient agencies that provide alcohol and drug follow-up, (d) opportunities for inpatients an d outpatients to listen to speakers from Alcoholics Anonymous, Narcotics Anonymous, Marion County Job and Family Services and the Crawford-Marion ADAMH Board, who discuss an overvi ew of the services they provide to the community and how patients could benefit from their services, (e) the Partial Hospitalization and Intensive Outpatient Program tracks drug us age on a daily basis and assists patients in developing strategies to reduce drug use whil e enrolled in the program - Improved nurses' abilities to respond to patients with substa nce abuse issues through nursing education provided at Grand Rounds - Partnered in hostin g an annual Medication Disposal Day, which facilitates the collection, destruction and dis posal of unwanted medications in a legal and environmentally friendly manner - Consistent use of the Ohio Automated Rx Reporting System by physicians, pharmacists, and health care providers with prescribing authority - Participation in the STAND Coalition (formerly th e Marion County Opiate Task Force) Need # 4 Maternal and Child Health - Implemented the "Cribs for Kids" Program to provide cribs for low-income families, partnering with Ohio De partment of Health and the Together We Inspire Giving (TWIG) group (Celia Julie Miller, Ma ry Beth Hatfield) - Low-cost tobacco cessation programs provided by Marion General pulmon ary services - Referrals made to Marion County Children Services and Voice of Hope for pa renting classes - Referrals made to Marion County Job and Family Services and WIC for foo d resources and medical cards - Referrals made to Ohio Buckles for Buckeyes program at MA RCA that teaches child car seat safety - Referrals made to Help Me Grow for first-time mo thers - Enhancement of partnership with community agencies, especially Marion County Chil dren Services, Voice of Hope, Center Street Community Health Center, Marion County Job and Family Services, Ohio Buckles for Buckeyes Program and Help Me Grow, to ensure effective and efficient referral process to support maternal and child health - Hosted a group of p regnant teens in partnership with PHC (Pioneering Healthier Communities), CHC (Creating He althy Communities) and GRADS (Graduation, Reality, and Dual Role Skills), providing free e ducation on pregnancy, including what to expect and the ill effects of smoking Need # 5 Safe and Healthy Housing - Partnered with OhioHealth Gerlach Center for Senior Health and the OhioHealth Grant Medical Center Injury Prevention Program in implementing falls preven tion programming - Strengthened partnership with Ohio PASSPORT Medicaid waiver program to promote home safety and provi

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 2	de support for older adults to stay in their home - Provided comprehensive home healthcar e services through OhioHealth Home Care - Referrals made to the Ohio Heartland Community Action Commission to provide air conditioning units and heating bill assistance through Oh io Home Energy Assistance Program (HEAP) for eligible patients (e g , patients with asthma , COPD and other health issues) - Referrals made to Marion Public Health for bed bug issu es - Referrals made to Turning Point and Be Ministries for housing assistance - Strength ened partnerships with Ohio Heartland Community Action Commission, Marion Public Health, T urning Point and Be Ministries, and Ohio WIC to ensure effective and efficient referral pr ocess - Implemented the Sexual Assault Nurse Examiner Program to assist in issues of dome stic violence and abuse, child abuse or elder abuse, and provide referral to community age ncies as needed - Strengthened partnerships with Adult Protective Services and Marion Cou nty 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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 13 Facility , 1	Facility , 1 - 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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 13 Facility , 1	Facility , 1 - 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

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility , 1	Facility , 1 - O'Bleness Memorial Hospital OhioHealth O'Bleness Hospital is an active mem ber of the Athens County Community Health Assessment Steering Committee (see below) With leadership from the Athens City-County Health Department and support of O'Bleness Hospital and Ohio University, Athens County completed the 2018 Community Health Assessment survey, held webinars, conducted online surveys and sent email communications to discuss the prog ress of the community health assessment, and face-to-face health needs prioritization meet ing Athens-Hocking-Vinton Alcohol, Drug Addiction and Mental Health Services (317 Board, 2016) Representative Bill Dunlap, deputy director Description of the medically underserve d, low-income or minority populations represented by the organization Serves all resident s of Athens County, Ohio, especially those who are medically underserved, minorities, low- income or individuals with chronic disease needs Inputs (a) Participated in the 2018 Ath ens County Community Health Needs Assessment (CHNA), (b) Participated in the CHNA Steering Committee prioritization meeting American Red Cross Southeast Ohio Representative Rob Fr ey, board member Description of the medically underserved, low-income or minority populati ons represented by organization Serves residents of Athens, Belmont, Coshocton, Gallia, G uernsey, Meigs, Monroe, Morgan, Muskingum, Noble, Perry, Vinton and Washington counties I nputs (a) Participated in the 2018 Athens County Community Health Needs Assessment (CHNA) , (b) Participated in the CHNA Steering Committee prioritization meeting Amesville Villag e Representatives Gary Goosman, mayor Description of the medically underserved, low-incom e or minority populations represented by organization Serves residents of Amesville Villa ge, Ohio Inputs (a) Participated in the 2018 Athens County Community Health Assessment (C HA), (b) Participated in the CHA Steering Committee Prioritization Meeting Athens Area Cha mber of Commerce Representatives Michelle Oestrike, president Description of the medicall y underserved, low-income or minority populations represented by organization Serves loca l businesses and organization from Athens County, Ohio Inputs (a) Participated in the 201 8 Athens County Community Health Assessment (CHA) Athens Bicycle Representatives Meredith Erlewine, owner Description of the medically underserved, low-income or minority populati ons represented by organization Serves persons and families interested in biking and bicy cles Inputs (a) Participated in the 2018 Athens County Community Health Assessment (CHA), (b) Participated in the CHA Steering Committee Prioritization Meeting Athens City Council Representatives Sarah Grace, council member Description of the medically underserved, lo w-income or minority populations represented by organization Serves residents of the City of Athens, Ohio Inputs (a) Participated in the 2018 Athens County Community Health Asses sment (CHA), (b) Participated

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility , 1	in the CHA Steering Committee Prioritization Meeting Athens City-County Health Department Representatives Ruth Dudding, health educator, James Gaskell, health commissioner, Jack P epper, health administrator (Has knowledge and skills in public health) Description of the medical underserved, low-income, or minority populations represented by the organization Serves residents of Athens County, Ohio Inputs (a) Participated in the 2018 Athens Count y Community Health Assessment (CHA), (b) Participated in the CHA Steering Committee Priori tization Meeting Athens County Board of Developmental Disabilities Representative Arian S medley, executive assistant to the superintendent Description of the medically underserved , low-income or minority populations represented by organization Serves persons with deve lopmental disabilities and their families who are residing in Athens County, Ohio Inputs (a) Participated in the 2018 Athens County Community Health Assessment (CHA), (b) Particip ated in the CHA Steering Committee Prioritization Meeting Athens County Children Services Representatives Mandy Wright, school outreach caseworker supervisor, Laura Bobo, intake s upervisor Description of the medically underserved, low-income or minority populations rep resented by organization Serves children and families from Athens County, Ohio, who are i n need of help or security Inputs (a) Participated in the 2018 Athens County Community He alth Assessment (CHA) Athens County Commissioner's Office Representative Chris Chmiel, At hens County Commissioner Description of the medically underserved, low-income or minority populations represented by organization Serves residents of Athens County, Ohio who need jobs, skills training, child care, health care and mental health services Input (a) Parti cipated in the 2018 Athens County Community Health Assessment (CHA) Athens County Departme nt of Jobs and Family Services Representatives Shawn Stover, reentry program coordinator Description of the medically underserved, low-income or minority populations represented b y organization Serves all citizens of Athens County, Ohio, especially those who are unemp loyed, disabled and with chronic disease Input (a) Participated in the 2018 Athens County Community Health Assessment (CHA) Athens County Emergency Medical Services Representative Tami Wires, deputy chief, Amber Pyle, assistant chief Description of the medically under served, low-income or minority populations represented by organization Serves all persons in need of emergency medical assistance or a 9-1-1 response in Athens County, Ohio Input (a) Participated in the 2018 Athens County Community Health Assessment (CHA), (b) Partici pated in the CHA Steering Committee Prioritization Meeting Athens County Foundation Repres entative Jesse Stock, program director Description of the medically underserved, low-inco me or minority populations represented by organization Serves all Athens County nonprofit organizations and community r

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility , 1	esidents Inputs (a) Participated in the 2018 Athens County Community Health Assessment (C HA) Athens County Prosecutors Office Representative Becky Filar, director of Community Ju stice Description of the medically underserved, low-income or minority populations represe nted by organization Serves vulnerable persons from Athens County, Ohio, needing legal co unsel, advocacy, safety and justice Input (a) Participated in the 2018 Athens County Comm unity Health Assessment (CHA) Athens County Public Libraries Representative Nick Tepe, di rector Description of the medically underserved, low-income or minority populations repres ented by organization Serves All residents of Athens County, Ohio Input (a) Participated in the 2018 Athens County Community Health Assessment (CHA), (b) Participated in the CHA Steering Committee Prioritization Meeting Athens County Regional Planning Commission Repre sentative Jessie Powers, regional county planner Description of the medically underserved , low-income or minority populations represented by organization Serves All residents of Athens County, Ohio Input (a) Participated in the 2018 Athens County Community Health Ass essment (CHA), (b) Participated in the CHA Steering Committee Prioritization Meeting Athen s County Sheriff's Office Representative Rodney Smith, sheriff Description of the medical ly underserved, low-income or minority populations represented by organization Serves all residents of Athens County, Ohio Input (a) Participated in the 2018 Athens County Commun ity Health Assessment (CHA) Athens County Veterans Services Representative Kim Spencer, A thens County veteran service officer Description of the medically underserved, low-income or minority populations represented by organization Serves veterans and their dependents residing in Athens County Input (a) Participated in the 2018 Athens County Community Heal th Assessment (CHA) Athens-Meigs Educational Service Center Representative Ricky Edwards, superintendent Description of the medically underserved, low-income or minority populatio ns represented by organization Serves students from K-12 and families residing in Athens and Meigs Counties, Ohio Input (a) Participated in the 2018 Athens County Community Healt h Assessment (CHA) City of Athens, Ohio Representative Steve Patterson, mayor Description of the medically underserved, low-income or minority populations represented by organizat ion Serves all residents of the city of Athens, Ohio Input (a) Participated in the 2018 Athens County Community Health Assessment (CHA) Community Food Initiatives Representative Scott J Winemiller, executive director Description of the medically underserved, low-inc ome or minority populations represented by organization All residents of Athens County an d southeastern Ohio Input (a) Participated in the 2018 Athens County Community Health As sessment (CHA)

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility , 2	Facility , 2 - O'Bleness Memorial Hospital First Presbyterian Church of Nelsonville Repre sentative Rev Peter Galbraith, pastor Description of the medically underserved, low-inco me or minority populations represented by organization Serves all church members in the c ity of Nelsonville, Athens County and neighboring areas Input (a) Participated in the 201 8 Athens County Community Health Assessment (CHA) Good Works, Inc Representative Keith W asserman, founder Description of the medically underserved, low-income or minority popula tions represented by organization Serves people living with poverty and homelessness in r ural Appalachian region, state of Ohio Input (a) Participated in the 2018 Athens County C ommunity Health Assessment (CHA) Health Recovery Services, Inc Representative Ellen Mart in, executive director (Has knowledge and skills in public health) Description of the medi cally underserved, low-income or minority populations represented by organization Serves all persons suffering from mental illness and/or alcohol, tobacco or drug addiction Input (a) Participated in the 2018 Athens County Community Health Assessment (CHA), (b) Partic ipated in the CHA Steering Committee Prioritization Meeting Hocking, Athens, Perry Communi ty Action (HAPCAP) Representative Kelly Hatas, community services director, Claire Gysegu n, public relations manager (Has knowledge and skills in public health) Description of the medically underserved, low-income or minority populations represented by organization Se rves all residents of Athens, Hocking and Perry counties, Ohio Inputs (a) Participated in the 2018 Athens County Community Health Assessment (CHA), (b) Participated in the CHA Ste ering Committee Prioritization Meeting Hocking College Representative Sheree Cunningham, executive assistant Description of the medically underserved, low-income or minority popul ations represented by organization Serves all persons regardless of ability to pay for th eir education and skills training Input (a) Participated in the 2018 Athens County Commun ity Health Assessment (CHA) Holzer Health System Representative Jessica Meade, clinical m anager, Trina Bressler, director of operations Description of the medically underserved, l ow-income or minority populations represented by organization Serves all persons needing healthcare services regardless of ability to pay Input (a) Participated in the 2018 Athen s County Community Health Assessment (CHA), (b) Participated in the CHA Steering Committee Prioritization Meeting Hopewell Health Centers Representative Sherry Shamblin, chief of behavioral healthcare operations Description of the medically underserved, low-income or m inority populations represented by organization Serves all persons needing mental and beh avioral health services regardless of ability to pay Input (a) Participated in the 2018 A thens County Community Health Assessment (CHA) Integrated Services for Behavioral Health R epresentative Kevin Gillespie

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility , 2	, executive director, Terri Gillespie, board member (Has knowledge and skills in public he alth) Description of the medically underserved, low-income or minority populations represe nted by organization Serves all persons needing mental and behavioral health services reg ardless of ability to pay Input (a) Participated in the 2018 Athens County Community Heal th Assessment (CHA), (b) Participated in the CHA Steering Committee Prioritization Meeting Live Healthy Appalachia Representative Mollie Fitzgerald, executive director (Has knowle dge and skills in public health) Description of the medically underserved, low-income or m inority populations represented by organization Serves residents of Athens County and the Appalachian regions Inputs (a) Participated in the 2018 Athens County Community Health Assessment (CHA), (b) Participated in the CHA Steering Committee Prioritization Meeting Oh ioHealth O'Bleness Hospital Representatives Tara Gilts, director of development, Becky Ho lcomb, Nurse Manager Description of the medically underserved, low-income or minority popu lations represented by organization Serves all persons Inputs (a) Participated in the 2 018 Athens County Community Health Assessment (CHA), (b) Participated in the CHA Steering Committee Prioritization Meeting Ohio University Heritage College of Osteopathic Medicine Representatives Sherri Oliver, executive director, Rebecca Miller, director of College an d Community Partnerships, Michelle Morrone, director, environmental studies and professor, environmental health sciences, Carole Merckle, assistant director, Community Health Progr ams and Area Health Education Center, Sharon Casapulla, director, education and research a nd assistant professor, family medicine (Have knowledge and skills in public health) Descr iption of the medically underserved, low-income or minority populations represented by org anization Serves all residents of Ohio, United States and the world Inputs (a) Participa ted in the 2018 Athens County Community Health Assessment (CHA), (b) Participated in the C HA Steering Committee Prioritization Meeting Ohio University Lesbian, Gay, Bisexual, Trans gender Center Representative Delfin Bautista, director Description of the medically under served, low-income or minority populations represented by organization Serves the univers ity and community to promote diversity and inclusion Input (a) Participated in the 2018 A thens County Community Health Assessment (CHA), (b) Participated in the CHA Steering Commi ttee Prioritization Meeting Passion Works Studio Representative Patty Mitchell, executive director Description of the medically underserved, low-income or minority populations rep resented by organization Serves all residents of Athens County, Ohio Input (a) Participa ted in the 2018 Athens County Community Health Assessment (CHA), (b) Participated in the C HA Steering Committee Prioritization Meeting Rural Action Representative Debbie Phillips, chief executive officer Descr

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility , 2	iption of the medically underserved, low-income or minority populations represented by org anization Serves all residents of Athens, Meigs, Vinton, Washington, Hocking, Morgan, Per ry, Tuscarawas, Stark and Carroll counties Inputs (a) Participated in the 2018 Athens Cou nty Community Health Assessment (CHA), (b) Participated in the CHA Steering Committee Prio ritization Meeting Tomcat Bridgebuilders Representative Kathy Trace, president Descriptio n of the medically underserved, low-income or minority populations represented by organiza tion Serves all residents in Athens County and neighboring areas Inputs (a) Participated in the 2018 Athens County Community Health Assessment (CHA) United Seniors of Athens Coun ty, Inc Representative Joyce Lewis, director Description of the medically underserved, l ow-income or minority populations represented by organization Serves senior citizens (60+ years of age) and their families residing in Athens County, Ohio Inputs (a) Participated in the 2018 Athens County Community Health Assessment (CHA), (b) Participated in the CHA Steering Committee Prioritization Meeting

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6b Facility , 1	Facility , 1 - O'Bleness Memorial Hospital OhioHealth O'Bleness Hospital is an active mem ber of the Athens County Community Health Assessment Steering Committee With leadership f rom the Athens City-County Health Department and support of O'Bleness Hospital and Ohio Un iversity, Athens County completed the 2018 Community Health Assessment survey, held webina rs, conducted online surveys and sent email communications to discuss the progress of the community health assessment, and face-to-face health needs prioritization meeting The 201 8 Athens County Community Health Assessment was conducted from May to November 2018 The A thens County Community Health Assessment Steering Committee includes representatives from the following Athens Foundation, Inc + Athens-Hocking-Vinton Alcohol, Drug Addiction and Mental Health Services Board (317 Board) + American Red Cross of Southeastern Ohio + Ames ville Village + Athens Area Chamber of Commerce + Athens Bicycle + Athens City Council + A thens City-County Health Department + Athens County, Ohio Departments (Athens County Board of Developmental Disabilities, Athens County Children Services, Athens County Commissione r's Office, Athens County Department of Jobs and Family Services, Athens County Emergency Medical Services, Athens County Prosecutor, Athens County Public Libraries, Athens County Regional County Planner, Athens County Sheriff's Office, Athens County Veterans Services) City of Athens, Ohio + Community Food Initiatives + First Presbyterian Church of Nelsonvil le + Good Works, Inc + Health Recovery Services, Inc + Hocking, Athens, Perry Community Action (HAPCAP) + Hocking College + Holzer Health System + Hopewell Health Centers + Integ rated Services for Behavioral Health + Live Healthy Appalachia + OhioHealth O'Bleness Hosp ital + Ohio University Heritage College of Osteopathic Medicine + Ohio University Lesbian, Gay, Bisexual, Transgender Center + Passion Works Studio + Rural Action + Tomcat Bridgebu ilders + United Seniors of Athens County, Inc All required sources for community input pa rticipated on the Athens County Community Health Assessment Steering Committee No written comments on the previous CHNA and implementation strategy were received 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 28 years His general healthcare practice focuses on health planning matters, certificates of need, nonprofit and tax-exempt healthcare providers and federal and state regulatory issues Mr Flynn has provided consultations to healthcare providers including nonprofit and tax-exe mpt healthcare providers as well as public hospitals on community health needs assessments Chris Kenney, the director of regulatory services with INCompliance Consulting, an affil iate of Bricker & Eckler LLP, has over 39 years of experience in healthcare planning and p olicy development, federal and

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6b Facility , 1	state regulations, certificate of need regulations, and Medicare and Medicaid certificati on She has been conducting CHNAs in compliance with federal rules since 2012, providing e xpert testimony on community needs and offering presentations and educational sessions reg arding CHNAs

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	Facility , 1 - O'Bleness Memorial Hospital OhioHealth O'Bleness Hospital clinicians and a dministrative staff collaborated with OhioHealth Community Health and Wellness in developi ng the 2020-2022 implementation strategy to address three priority health needs (1) menta l health and addiction, (2) poverty and (3) chronic disease The primary and secondary hea lth data for Athens County community health needs and the healthcare and community resourc es that are available to address the health needs are summarized in the O'Bleness Hospital 2019 Community Health Needs Assessment The significant health needs of Athens County inc lude (A) Mental health and addiction O'Bleness Hospital's Intended Actions to Address th e Health Need + Partnership with the Athens City-County Health Department, 317 Board, Hope well Health Center, Health Recovery Resources, Ohio University and other community organiz ations in sustaining a regional drug coalition + Screening to identify Pain Management Cl inic patients who are high risk for depression, anxiety or substance misuse and referral t o Health Recovery Services counselors O'Bleness healthcare team will collaborate with Hea lth Recovery Resources in preparing care plan for patients + Collaborate with the Athens City-County Health Department and Hopewell Health Center in offering mental health consult ations to pregnant women and caregivers with children ages 0-1 to promote (a) social and e motional development, (b) communication between parents and baby to help with brain develo pment and (c) resilience among families Refer patients to the Athens City-County Health D epartment's "Welcome Home Baby" program + Offer chronic pain self-management to Athens Co unty residents, a six-week program that serves patients and families suffering from chroni c pain through stress reduction education, discussions with healthcare providers about pai n and evidence-based exercises + Continue to partner with the Athens City-County Health D epartment on harm reduction initiatives, including but not limited to naloxone (Narcan) di stribution and clean needle exchanges Anticipated Impact of These Actions + Completion of at least one community-wide project or regional conference or symposia that aims to reduc e drug dependency and abuse among Athens County residents + At least 25 patients from the OhioHealth O'Bleness Pain Management Clinic will be referred to health recovery resources for counseling and care plan development Progress will be assessed per patient + The Ed inburgh Postnatal Depression Scale will be administered by the OhioHealth Physician Group OB/GYN providers for up 100 patients The OhioHealth Birth Center team will explore infant mental health services that are available through Hopewell Health Centers Up to 100 new mothers or caregivers with a child or children ages 0-1 will receive a home visit through the Athens City-County Health Department's "Welcome Home Baby" program + Up to 100 patien ts or families will complete t

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	he Chronic Pain Self-Management class Aggregate data on end of course survey and demograp hics will be reported as outcome measures + Up to 100 community members will receive serv ices through a community harm reduction initiative sponsored by or in partnership with Ohi oHealth O'Bleness Hospital (B) Poverty O'Bleness Hospital's Intended Actions to Address the Health Need + Offer medical student clinical rotations in O'Bleness inpatient and outp atient facilities + Offer nursing student clinical rotations in O'Bleness inpatient and o utpatient facilities + Offer physical therapy student clinical rotations in O'Bleness inp atient facilities + Offer business, accounting and administration internships at O'Blenes s Hospital + Offer Project SEARCH program to provide on-the-job training to individuals w ith disabilities + Provide sponsorship to the Athens Area Chamber of Commerce or Nelsonvi lle Area Chamber of Commerce + Serve as a board member for the Athens Area Chamber of Com merce + Serve as a board member of the Athens County Economic Development Council + Prov ide sponsorships to nonprofit organizations in Athens County that serve the poor Anticipa ted Impact of Actions + At least 10 medical students per year will complete clinical rotat ions at O'Bleness Hospital + At least 10 nursing students per year will complete clinical rotations at O'Bleness Hospital + At least 10 physical therapy students per year will co mplete clinical rotations at O'Bleness Hospital + At least four business, accounting and administration internships per year will be completed at O'Bleness Hospital + Up to eight persons with disabilities will complete on-the-job training at O'Bleness Hospital under t he Project SEARCH program + At least one sponsorship per year will be provided to the Ath ens Chamber of Commerce and Nelsonville Area Chamber of Commerce to create jobs and nurtur e business innovations in Athens County + Active engagement of at least one O'Bleness Hos pital staff as a board member of either the Athens Area Chamber of Commerce or the Athens County Economic Development Council (C) Chronic Disease O'Bleness Hospital's Intended Ac tions to Address the Health Need + Provide access to breast mammogram services through the OhioHealth O'Bleness Hospital Mobile Mammography program that serves Athens County, Ohio and Appalachian Ohio region (OhioHealth, 2015-2018a) + Partner with the Athens City-Count y Health Department's Creating Healthy Communities in providing patients from Athens and H ocking Counties with access to nutritious meals Patients with diabetes or prediabetes wil l be prescribed nutritious meals delivered through the Meals on Wheels program O'Bleness Hospital will utilize the community health workers from the Athens City-County Health Depa rtment to help patients adopt healthy behaviors, improve health literacy and overcome barr iers to good health habits + Provide O'Bleness Hospital patients, families and employees access to fresh produce throug

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	h the pop-up farm stand, which operates one day a week from May to October at the hospital facility Unsold produce will be donated to the homeless shelter, Good Works' Timothy Hou se + Provide access to high quality cardiac and pulmonary rehabilitation services in Athe ns County, Ohio through HeartWorks (OhioHealth, 2015-2018b) HeartWorks helps patients rec over from a variety of health problems to enhance their quality of life by offering comple te health and fitness programs that combine aerobic exercise with evaluation, education an d counseling Participants meet three days a week for 12 weeks + Offer SeniorBEAT (Be Edu cated and Active Together) to senior residents of Athens County to provide opportunities f or mutual support, socialization, continued learning, exercise, healthy eating, empowermen t and engagement Anticipated Impact of Actions + Up to 500 mammograms will be completed a t the O'Bleness Hospital Mobile Mammography program in partnership with community partners including (a) Athens City School District, (b) Rocky Boot, (c) Hopewell Health Centers, (d) Noble County Health Department, (e) Athens County Commissioners Office, (f) People's Ba nk, (g) Belpre Senior Center, (h) Cornwell Jewelers, (i) Federal Hocking City School Distr ict, (j) Chase Bank, (k) Meigs County Schools, (l) Scenic Hills Senior Center, (m) Buckeye Hills Regional Council, (n) Athens County Libraries, (o) Ohio University Heritage College of Osteopathic Medicine, (p) Vinton County School District, (q) Hocking Athens Perry Comm unity Action and (r) Susan G Komen Columbus + Up to 1,200 total meals will be delivered to as many as 20 OhioHealth Nelsonville Health center patients residing in Athens or Hocki ng Counties who were diagnosed with diabetes or prediabetes Patients will self-report fru it and vegetable consumption, patient satisfaction and changes in hemoglobin A1C Communit y health workers from the Athens City-County Health Department will be engaged with partic ipants + Over $4,000 in fresh local produce will be sold at the pop-up farm stand at O'Bl eness Hospital from May to October Produce is acquired from the Chesterhill Produce Aucti on, a social enterprise of Rural Action + Up to 50 patients per fiscal year will complete cardiopulmonary rehabilitation at OhioHealth O'Bleness HeartWorks + SeniorBEAT will offe r up to 10 different activities that benefit seniors' socialization, learning, exercise, h ealthy eating, empowerment and engagement At least 100 seniors will participate in the ac tivities during a fiscal year

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 2	Facility , 2 - O'Bleness Memorial Hospital Documentation of Program Impacts from the CHNA and Implementation Strategy Adopted in 2016 by OhioHealth O'Bleness Hospital Need #1 Su bstance Abuse - The Pain Management Clinic, primary care, obstetrics and the emergency dep artment (ED) made referrals to Health Recovery Services, Inc , Hopewell Health Centers Beh avioral Health Services, Integrated Service and other community resources for patients nee ding substance abuse treatment services - Implemented an ultra-brief screening tool to id entify patients in need of substance abuse services and when identified, connected patient s to social services to facilitate referrals to Health Recovery Services, Integrated Servi ces for Behavioral Health and Hopewell Health Centers Behavioral Health Services - Active ly involved in the Narcotics Task Force Committee which enables integration of behavioral health counselors with the OhioHealth O'Bleness Hospital Pain Management Clinic team - Pa rtnered with the Athens City-County Health Department and implemented Project DAWN (Deaths Avoided with Naloxone), an overdose prevention and education project 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 - Provided education about safe prescribing for hos pital and community physicians - Established a multidisciplinary team at O'Bleness Hospit al to explore effective methods to reduce morbidity and mortality linked to substance abus e - Athens Medical Associates Obstetrics and Gynecology (AMA OB/GYN) participated in a co llaborative partnership with Health Recovery Services and the Pathways Navigation program with Ohio University Heritage College of Osteopathic Medicine (OU-HCOM) community services programs to provide substance abuse services - Served as a pilot site for the Maternal Op iate Medical Support (M O M S) -Project through the state of Ohio via partnership between Health Recovery Services and OhioHealth Physician Group Heritage College OB/GYN Athens pr oviders The M O M S Project provides expectant mothers with counseling, Medication-Assis ted Treatment and case management - Provided free community space at the hospital for Dua l Recovery Anonymous meetings Dual Recovery Anonymous is a 12-step self-help program that is based on the principles of AA and the experiences of men and women in recovery with a dual diagnosis of both chemical dependency and emotional or psychiatric illness - Collabo rated with community partners and law enforcement to improve access to safe and legal medi cation disposal and to educate community members about safe medication disposal Need #2 Economic Development - Provided internships, job shadowing and volunteer opportunities for high school students - Provided in-kind and financial support to Athens County Schools (Athens City School District, Alexander Local School District, Federal Hocking Local School District, Nelsonville-York Sc

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 2	hool District and Trimble Local School District) to improve educational attainment in the region (sponsorship committee) - Acted as preceptors for Ohio University and Hocking Coll ege students on clinical rotations - Hosted internship and practicum students from Ohio U niversity in the fields of health administration, marketing and communications, pre-medici ne, business, physical therapy and nursing - Served as guest lecturers and hospital speak ers for various Ohio University (OU) classes, workshops and seminars as well as participat ion in various university sponsored events and activities that promote career exploration and academic achievements - Collaborated with Ohio University and various community agenc ies, such as but not limited to, Athens City-County Health Department and Live Healthy App alachia, in applying for economic development-related grants that may foster job creation in Athens County - Continued to serve as a major employer in Athens County, providing com petitive compensation and a comprehensive benefits package (e g , health, tuition reimburs ement, retirement, etc) for staff and physicians - Supported business development and ex pansion and manpower training by providing in-kind and financial support to local business incubators, including but not limited to, ACENet and the Ohio University Innovation Cente r - Continued serving as a Board member for the Athens Area Chamber of Commerce, which fa cilitates a strong business climate in Athens County and promotes jobs and economic progre ss Need #3 Access to Care - Provided access to the OhioHealth Stroke Network where O'Ble ness Hospital patients with a stroke diagnoses could be treated on-site by critical care a nd stroke specialists from OhioHealth Riverside Methodist Hospital and OhioHealth Grant Me dical Center - Linked patients to services through primary care physicians, pediatricians , specialty care services and OhioHealth Physician Group Heritage College - Made 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 - Offered appointments through OhioHealth Physician Group Heritage College OB/GYN Athens at convenient times for patients and provides assistance with locating transportat ion to reduce barriers to accessing care - OhioHealth Physician Group Heritage College pr ovided a free sports medicine clinic for middle and high school athletes - Provided gas c ards to oncology patients to eliminate transportation barrier to accessing treatment - In creased the number of primary care and specialty care providers and services locally, incl uding services accessible through telemedicine Need #4 Chronic Disease - Supported commu nity members and staff in becoming more active through HeartWorks, a pulmonary and cardio rehab opportunity in partnership with Ohio University and ensures hospital and community p hysicians are knowledgeable ab

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 2	out making referrals to HeartWorks - Partnered with Community Food Initiatives to provide weekly, healthy food deliveries to home health and hospice patients - Increased access t o mammography screenings in the region through the introduction of a mobile mammography un it - Offered The Lifestyle Medicine Clinic, a program to decrease negative health impacts through a plant-based, whole-food diet, physical activity, stress reduction and eliminati on of unhealthy habits - Sponsored community walks and runs to support increased physical activity - Partnered and/or sponsored Live Healthy Appalachia programs providing nutriti on education in schools and the community in addition to physical activity opportunities - Offered SeniorBEAT (Be Educated and Active Together), a free program for Athens communit y members older than 60, which provides educational, social and physical activities each w eek of every month - Participated in community partners' efforts around population health , including attendance and participation at community-based collaborative meetings - Prov ided access to the OhioHealth Stroke Network and community education on the prevention and treatment of stroke - Supported clinical and community diabetes prevention and treatment programs, potentially including a continued sponsorship of a Diabetes Fellowship for medi cal students and Ohio University Heritage College of Osteopathic Medicine Need #5 Behavi oral and Mental Health - Referred patients to Hopewell Health Centers through a partnershi p in which crisis screeners assess patients in the Emergency Department after they have be en stabilized - Participated in the Crisis Admission Group, which meets quarterly to coll aborate at a community level - Served as a primary facility providing medical clearance f or Appalachian Behavioral Health - Referred patients to Health Recovery Services, Hopewel l Health Centers, Integrated Services and other behavioral and mental healthcare providers - Referred OB patients to a program that utilizes case management and maternal bonding t hrough Hopewell - Screened all Pain Management Clinic patients for mental health needs an d refer to appropriate providers - Partnered in a collaborative effort with Ohio Universi ty School of psychology to act as a clinical site for graduate psychology students to prov ide on-site, embedded psychology services, free to patients and located within the practic e - Provided prenatal and postpartum depression 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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 13 Facility , 1	Facility , 1 - 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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 13 Facility , 1	Facility , 1 - 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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16 Facility , 1	Facility , 1 - 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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16 Facility , 1	DIFFERENT LANGUAGES BASED ON THE NEEDS OF THE COMMUNITIES

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

Form and Line Reference	Explanation
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 Big Brothers Big Sisters of Central Ohio Representative Mitchell Briant, assistant vice president, Anna Wi ldermuth, program coordinator Inputs (a) Participated in developing the 2018 Delaware Cou nty Community Health Assessment, (b) Reviewed primary and secondary data on community heal th needs of Delaware County residents, ranking and prioritization of health needs, (c) Par ticipated in developing the 2019-2022 Delaware County Community Health Improvement Plan B ig Walnut Local Schools Representative Penny Sturtevant, district testing coordinator, La ura Lawrence, director of student services Description of the medically underserved, low-i ncome or minority populations represented by organization Serves students and families of the Big Walnut Local School District Inputs (a) Participated in developing the 2018 Del aware County Community Health Assessment, (b) Review of primary and secondary data on comm unity health needs of Delaware County residents, ranking and prioritization of health need s, (c) Participated in developing the 2019-2022 Delaware County Community Health Improveme nt Plan Buckeye Valley Local Schools Representative Karen Kehoe, director of pupil perso nnel, Jeremy Froelich, middle school assistant student principal Description of the medica lly underserved, low-income or minority populations represented by organization Serves al l school-aged children and their families residing in the City of Delaware Inputs (a) Pa rticipated in developing the 2018 Delaware County Community Health Assessment Cancer Suppo rt Community Representative Angie Santangelo Description of the medically underserved, lo w-income or minority populations represented by organization Serves all people regardless of ability to pay Inputs (a) Participated in developing the 2019-2022 Delaware County C ommunity Health Improvement Plan City of Delaware Representative Tracey Sumner, resident , Judy Held, physician Description of the medically underserved, low-income or minority po pulations represented by organization Serves all persons residing or working in the City of Delaware Inputs (a) Participated in developing the 2018 Delaware County Community Hea lth Assessment, (b) Review of primary and secondary data on community health needs of Dela ware County residents, ranking and prioritization of health needs, (c) Participated in dev eloping the 2019-2022 Delaware County Community Health Improvement Plan Columbus State Co mmunity College Delaware Campus Representative Averee Fields, student engagement coordina tor Description of the medical

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility , 1	ly underserved, low-income or minority populations represented by organization Serves all residents of Delaware County and neighboring areas who wanted to pursue associate degrees or technical or service careers Inputs (a) Participated in developing the 2018 Delaware County Community Health Assessment, (b) Review of primary and secondary data on community health needs of Delaware County residents, ranking and prioritization of health needs, (c) Participated in developing the 2019-2022 Delaware County Community Health Improvement Pl an Delaware Area Transit Agency Representative Kathy Laughlin, mobility coordinator Desc ription of the medically underserved, low-income or minority populations represented by or ganization Serves general public, primarily from Delaware County More than 90 percent of riders are either disabled, senior citizens or have low incomes Inputs (a) Participated in developing the 2018 Delaware County Community Health Assessment, (b) Review of primary and secondary data on community health needs of Delaware County residents, ranking and pr ioritization of health needs, (c) Participated in developing the 2019-2022 Delaware County Community Health Improvement Plan Delaware City Schools Representative Heidi Kegley, as sistant superintendent, Pam Steurer, director of school-aged child care, Jen Ruhe, directo r of communications Description of the medically underserved, low-income or minority popul ations represented by organization Serves all school-aged children and their families res iding in the City of Delaware Inputs (a) Participated in developing the 2018 Delaware Co unty Community Health Assessment, (b) Review of primary and secondary data on community he alth needs of Delaware County residents, ranking and prioritization of health needs, (c) P articipated in developing the 2019-2022 Delaware County Community Health Improvement Plan Delaware City School Family Resource Center Representative Lily Wiest, program coordinat or, Carrie Grogan, social worker/program coordinator Description of the medically underser ved, low-income or minority populations represented by organization Serves all school-age d children and their families residing in the City of Delaware Inputs (a) Participated i n developing the 2018 Delaware County Community Health Assessment, (b) Review of primary a nd secondary data on community health needs of Delaware County residents, ranking and prio ritization of health needs, (c) Participated in developing the 2019-2022 Delaware County C ommunity Health Improvement Plan Delaware Community Center YMCA Representative Andrea No rris, Powell director of community wellness, Amy Mosser, Delaware director of community we llness Description of the medically underserved, low-income or minority populations repres ented by organization Serves all Delaware County residents Inputs (a) Participated in d eveloping the 2018 Delaware County Community Health Assessment, (b) Review of primary and secondary data on community he

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility , 1	alth needs of Delaware County residents, ranking and prioritization of health needs, (c) P articipated in developing the 2019-2022 Delaware County Community Health Improvement Plan Delaware County Representative Jeff Benton, commissioner, Jane Hawes, communications man ager Description of the medically underserved, low-income or minority populations represen ted by organization Serves all residents of Delaware County, Ohio Inputs a) Participate d in developing the 2018 Delaware County Community Health Assessment, (b) Review of primar y and secondary data on community health needs of Delaware County residents, ranking and p rioritization of health needs, (c) Participated in developing the 2019-2022 Delaware Count y Community Health Improvement Plan Delaware County Adult Court Services Representative Laurie Winbigler, recovery docket officer/coordinator Description of the medically underse rved, low-income or minority populations represented by organization Serves adult offende rs in Delaware County Inputs (a) Participated in developing the 2018 Delaware County Com munity Health Assessment, (b) Review of primary and secondary data on community health nee ds of Delaware County residents, ranking and prioritization of health needs, (c) Participa ted in developing the 2019-2022 Delaware County Community Health Improvement Plan Delawar e County Board of Developmental Disabilities Representative Tina Overturf, director of ea rly intervention Description of the medically underserved, low-income or minority populati ons represented by organization Serves all Delaware county residents with developmental d isabilities Inputs a) Participated in developing the 2018 Delaware County Community Hea lth Assessment, (b) Review of primary and secondary data on community health needs of Dela ware County residents, ranking and prioritization of health needs, (c) Participated in dev eloping the 2019-2022 Delaware County Community Health Improvement Plan Delaware County J ail Representative Jennifer Coy, jail sergeant Description of the medically underserved, low-income or minority populations represented by organization Serves inmates housed in t he jail Inputs (a) Participated in developing the 2018 Delaware County Community Health Assessment, (b) Review of primary and secondary data on community health needs of Delaware County residents, ranking and prioritization of health needs, (c) Participated in develop ing the 2019-2022 Delaware County Community Health Improvement Plan

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility , 2	Facility , 2 - Grady Memorial Hospital Delaware County Job and Family Services Representa tive Angela Thomas, assistant director of job and family services, Sandy Honigford, child and adult protective services assistant director Description of the medically underserved , low-income or minority populations represented by organization Serves all residents of Delaware County Inputs (a) Participated in developing the 2018 Delaware County Community Health Assessment, (b) Review of primary and secondary data on community health needs of D elaware County residents, ranking and prioritization of health needs, (c) Participated in developing the 2019-2022 Delaware County Community Health Improvement Plan Delaware Count y Juvenile Court Representative Patty Cram, mentoring coordinate, Megan Dillman, program assistant Description of the medically underserved, low-income or minority populations rep resented by organization Serves minors and their families residing in Delaware County In puts a) Participated in developing the 2018 Delaware County Community Health Assessment D elaware County Regional Planning Commission Representative Scott Sanders, executive direc tor Description of the medically underserved, low-income or minority populations represent ed by organization Serves all residents of Delaware County, Ohio Inputs (a) Participate d in developing the 2018 Delaware County Community Health Assessment, (b) Review of primar y and secondary data on community health needs of Delaware County residents, ranking and p rioritization of health needs, (c) Participated in developing the 2019-2022 Delaware Count y Community Health Improvement Plan Delaware County Sheriff's Office Representatives Rus s Martin, sheriff, Kassie Neff, program coordinator, Julie Krupp, drug liaison Description of the medically underserved, low-income or minority populations represented by organizat ion Serves all residents of Delaware County, Ohio Inputs (a) Participated in developing the 2018 Delaware County Community Health Assessment, (b) Review of primary and secondary data on community health needs of Delaware County residents, ranking and prioritization o f health needs, (c) Participated in developing the 2019-2022 Delaware County Community Hea lth Improvement Plan Delaware General Health District Representatives Patrick Blayney, v ice president, Board of Health, Shelia Hiddleson, health commissioner, Susan Sutherland, c ommunity health specialist, Lori Kannally, community health specialist, Kelli Kincaid, pro gram manager/accreditation coordinator, Joan Bowe, director PH/Nursing (retired), Connie C odispoti, community health specialist, Jen Keagy, community health director, Kelsey Kuhlma n, program manager, Heather Lane, epidemiologist, Laurie Thuman, program manager, Monica W ing, administrative assistant, Adam Howard, director Personal Health Division, Travis Irva n, program manager and epidemiologist, Traci Whittaker, public information officer, Abby C risp, health educator, Abbey T

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility , 2	rimble, health educator, Delores Smith, member, Board of Health, Christina Tracy, communit y health specialist, Arielle Hieronimus, public health specialist, Josie Bonnette (falls p revention coordinator) (These persons have knowledge of and expertise in public health) D escription of the medically underserved, low-income or minority populations represented by organization Serves all residents of Delaware County, Ohio Inputs (a) Participated in developing the 2018 Delaware County Community Health Assessment, (b) Review of primary and secondary data on community health needs of Delaware County residents, ranking and priori tization of health needs, (c) Participated in developing the 2019-2022 Delaware County Com munity Health Improvement Plan, (d) Coordinated the Delaware County Community Health Asses sment and Community Health Improvement Plan in collaboration with The Partnership for a He althy Delaware County and Hospital Council of Northwest Ohio Delaware-Morrow Mental Healt h and Recovery Services Board Representative Steve Hedge, executive director (retired), D eanna Brant, executive director (current), Amy Hill, associate director (These persons hav e knowledge of and expertise in public health) Description of the medically underserved, low-income or minority populations represented by the organization Serves all residents o f Delaware and Morrow counties who need mental health and substance abuse services Inputs (a) Participated in developing the 2018 Delaware County Community Health Assessment, (b) Review of primary and secondary data on community health needs of Delaware County residen ts, ranking and prioritization of health needs, (c) Participated in developing the 2019-20 22 Delaware County Community Health Improvement Plan Delaware Police Department Represent ative Officer Robert Hatcher, Captain Adam Moore Description of the medically underserved , low-income or minority populations represented by organization Serves all persons in De laware County Inputs (a) Participated in developing the 2018 Delaware County Community H ealth Assessment, (b) Review of primary and secondary data on community health needs of De laware County residents, ranking and prioritization of health needs, (c) Participated in d eveloping the 2019-2022 Delaware County Community Health Improvement Plan Delaware Speech and Hearing Center Representative Bethany Moore, executive director Description of the m edically underserved, low-income or minority populations represented by organization Serv es all persons with speech and hearing problems Inputs (a) Participated in developing th e 2018 Delaware County Community Health Assessment Drug-Free Delaware Representative Jean Bednar, project coordinator, Jamica Harper, project coordinator Description of the medica lly underserved, low-income or minority populations represented by organization Serves al l persons in Delaware County Inputs (a) Participated in developing the 2018 Delaware Cou nty Community Health Assessmen

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility , 2	t, (b) Review of primary and secondary data on community health needs of Delaware County r esidents, ranking and prioritization of health needs, (c) Participated in developing the 2 019-2022 Delaware County Community Health Improvement Plan Genoa Township Representative Ruth Schrock, resident Description of the medically underserved, low-income or minority p opulations represented by organization Serves all residents of Genoa Township, in Delawar e County Inputs (a) Participated in developing the 2018 Delaware County Community Health Assessment, (b) Review of primary and secondary data on community health needs of Delaware County residents, ranking and prioritization of health needs, (c) Participated in develop ing the 2019-2022 Delaware County Community Health Improvement Plan Grace Clinic Delaware Representative Erica Wood, executive director, Nicole Steffanni, nurse coordinator Descr iption of the medically underserved, low-income or minority populations represented by org anization Serves uninsured and underinsured residents of Delaware County, Ohio Inputs (a) Participated in developing the 2018 Delaware County Community Health Assessment HelpLin e of Delaware and Morrow Counties, Inc Representative Sue Hanson, executive director, Mi chelle Price, suicide prevention program manager, Amy Hawthorne, violence prevention progr am manager, B J Shuman, suicide prevention educator Description of the medically underser ved, low-income or minority populations represented by organization Serves Delaware and M orrow County residents regardless of ability to pay Inputs (a) Participated in developing the 2018 Delaware County Community Health Assessment, (b) Review of primary and secondary data on community health needs of Delaware County residents, ranking and prioritization o f health needs, (c) Participated in developing the 2019-2022 Delaware County Community Hea lth Improvement Plan Hospital Council of Northwest Ohio Representative Carolynn McCartne y, community health improvement intern, Emily Stearns, community health improvement coordi nator, Tessa Elliott, community health improvement coordinator, Britney Ward, director of community health improvement, Erin Rauschenberg, graduate assistant, Jana Armstrong, inter n Description of the medically underserved, low-income or minority populations represented by organization Serves hospitals and health systems in northwest Ohio and contracts with county and city health departments in Ohio (on as needed basis) Inputs (a) Contracted b y the Delaware General Health District to lead and coordinate the processes for the Delawa re County Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP), (b) served as co-facilitators of The Partnership for a Healthy Delaware County CHA and CHI P meetings, (c) Prepared the CHA and CHIP reports

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility , 3	Facility , 3 - Grady Memorial Hospital Mount Carmel Lewis Center Representative Nicole M cGarity, nurse manager, Jason Koma, director of external affairs, Brian Pierson, regional director, outreach population health program Description of the medically underserved, low -income or minority populations represented by organization Serves all persons regardless of ability to pay Inputs (a) Participated in developing the 2018 Delaware County Commun ity Health Assessment, (b) Review of primary and secondary data on community health needs of Delaware County residents, ranking and prioritization of health needs, (c) Participated in developing the 2019-2022 Delaware County Community Health Improvement Plan Nationwide Children's Hospital Representative Libbey Hoang, vice president of planning and business development, Kristin Nietfield, site director Description of the medically underserved, l ow-income or minority populations represented by the organization Serves all children and their families regardless of ability to pay Inputs (a) Participated in developing the 2 018 Delaware County Community Health Assessment, (b) Review of primary and secondary data on community health needs of Delaware County residents, ranking and prioritization of heal th needs, (c) Participated in developing the 2019-2022 Delaware County Community Health Im provement Plan OhioHealth Grady Memorial Hospital Representatives Erin Nieset, director, case management, Melissa Pickelheimer, senior advisor Description of the medically unders erved, low-income or minority populations represented by organization Serves all persons who came to OhioHealth Grady Memorial Hospital, OhioHealth Delaware Health Center and othe r ambulatory facilities Inputs (a) Participated in developing the 2018 Delaware County C ommunity Health Assessment, (b) Review of primary and secondary data on community health n eeds of Delaware County residents, ranking and prioritization of health needs, (c) Partici pated in developing the 2019-2022 Delaware County Community Health Improvement Plan Ohio Wesleyan University Representatives Christopher Fink, assistant professor and chair, Depa rtment of Health and Human Kinetics, co-chair of The Partnership for Healthy Delaware Coun ty, Marsha Tilden, director of student health services Description of the medically unders erved, low-income or minority populations represented by organization Serves students and their dependents needing student health services Inputs (a) Participated in developing the 2018 Delaware County Community Health Assessment, (b) Review of primary and secondary data on community health needs of Delaware County residents, ranking and prioritization of health needs, (c) Participated in developing the 2019-2022 Delaware County Community Heal th Improvement Plan Olentangy Local School District Representative Allisha Berendts, pup il services/student well-being supervisor, Samantha Norman, social worker Description of t he medically underserved, low-

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility , 3	income or minority populations represented by the organization Serve students and familie s from low-income or minority groups residing in Delaware County Inputs (a) Participated in developing the 2018 Delaware County Community Health Assessment, (b) Review of primary and secondary data on community health needs of Delaware County residents, ranking and pr ioritization of health needs, (c) Participated in developing the 2019-2022 Delaware County Community Health Improvement Plan Orange Township Fire Department Representative Matt N oble, fire chief Description of the medically underserved, low-income or minority populati ons represented by organization Serves residents of Orange Township in Delaware County, O hio Input (a) Participated in developing the 2018 Delaware County Community Health Asses sment People in Need, Inc , of Delaware County, Ohio Representative Randy Bournique, exec utive director, Lisa Clark, emergency services coordinator Description of the medically un derserved, low-income or minority populations represented by organization Serves persons needing emergency food, healthcare and housing Inputs (a) Participated in developing the 2018 Delaware County Community Health Assessment, (b) Review of primary and secondary dat a on community health needs of Delaware County residents, ranking and prioritization of he alth needs, (c) Participated in developing the 2019-2022 Delaware County Community Health Improvement Plan Pregnancy Resources of Delaware County Representative Kathryn Gannon, n ursing manager Description of the medically underserved, low-income or minority population s represented by organization Serves women of reproductive age residing in Delaware Count y, Ohio Inputs a) Participated in developing the 2018 Delaware County Community Health A ssessment Preservation Parks of Delaware County, Ohio Representative Tony Benishek, Human Resources manager Description of the medically underserved, low-income or minority popula tions represented by organization Serves all persons residing in Delaware County, Ohio I nputs a) Participated in developing the 2018 Delaware County Community Health Assessment, (b) Review of primary and secondary data on community health needs of Delaware County res idents, ranking and prioritization of health needs, (c) Participated in developing the 201 9-2022 Delaware County Community Health Improvement Plan Radnor Township Representative Dan Boysel, vice chairperson Description of the medically underserved, low-income or minor ity populations represented by organization Serves residents of Radnor Township, Delaware County Inputs a) Participated in developing the 2018 Delaware County Community Health As sessment Recovery and Prevention Resources of Delaware and Morrow Counties Representative Tiffany Kocher, program coordinator Description of the medically underserved, low-income or minority populations represented by organization Serves all persons needing treatment for alcohol and other drugs, i

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility , 3	ntervention, prevention and education services Inputs a) Participated in developing the 2018 Delaware County Community Health Assessment, (b) Review of primary and secondary data on community health needs of Delaware County residents, ranking and prioritization of hea lth needs, (c) Participated in developing the 2019-2022 Delaware County Community Health I mprovement Plan Safety Awareness for Everyone (SAFE), Delaware County Representative Cor inne Gasper, teen driver task force co-chairwoman Description of the medically underserved , low-income or minority populations represented by organization Serves all persons in De laware County Inputs (a) Participated in developing the 2018 Delaware County Community H ealth Assessment Salvation Army Representative Halle McConnell, case manager Description of the medically underserved, low-income or minority populations represented by organizati on Individuals and families needing assistance for basic amenities such as food, housing, education, employment and care coordination Inputs (a) Participated in developing the 2 018 Delaware County Community Health Assessment Scioto Township Representative Sandra St ults, Resident Inputs (a) Participated in developing the 2018 Delaware County Community H ealth Assessment, (b) Review of primary and secondary data on community health needs of De laware County residents, ranking and prioritization of health needs, (c) Participated in d eveloping the 2019-2022 Delaware County Community Health Improvement Plan SourcePoint Rep resentative Fara Waugh, director of client services, Karen Waltermeyer, client services m anager Description of the medically underserved, low-income or minority populations repres ented by organization Older adults residing in Delaware County Inputs (a) Participated in developing the 2018 Delaware County Community Health Assessment, (b) Review of primary and secondary data on community health needs of Delaware County residents, ranking and pri oritization of health needs, (c) Participated in developing the 2019-2022 Delaware County Community Health Improvement Plan Southeast, Inc Representative Daniel Cuciak, program manager, Kim Cooksey, clinical director Description of the medically underserved, low-inco me or minority populations represented by the organization Serves all persons with mental and behavioral health needs regardless of ability to pay Inputs (a) Participated in dev eloping the 2018 Delaware County Community Health Assessment, (b) Review of primary and se condary data on community health needs of Delaware County residents, ranking and prioritiz ation of health needs, (c) Participated in developing the 2019-2022 Delaware County Commun ity Health Improvement Plan

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility , 4	Facility , 4 - Grady Memorial Hospital Syntero Representative Rebecca S, juvenile court liaison, Jay Fry, outpatient clinician, Sarah Harrison-Mills, director, Danielle Winters, outpatient clinician, Amanda Corrigan, therapist, Chase Sullivan, clinical social worker Description of the medically underserved, low-income or minority populations represented by organization Serves individuals and families regardless of ability to pay Inputs (a) Participated in developing the 2018 Delaware County Community Health Assessment, (b) Reviewed primary and secondary data on community health needs of Delaware County residents, ranking and prioritization of health needs, (c) Participated in developing the 2019-2022 Delaware County Community Health Improvement Plan Tobacco Free Delaware County Representative Len Fisher, chair Description of the medically underserved, low-income or minority populations represented by organization Serves residents of Delaware County Inputs (a) Participated in developing the 2018 Delaware County Community Health Assessment Turning Point Representative Paula Burnside, program director, Kathy King, shelter director Inputs (a) Participated in developing the 2018 Delaware County Community Health Assessment, (b) Reviewed primary and secondary data on community health needs of Delaware County residents, ranking and prioritization of health needs, (c) Participated in developing the 2019-2022 Delaware County Community Health Improvement Plan United Way of Delaware County Representatives Brandon Feller, president, Brande Urban, director of community impact, Kelsey Fox, collective impact specialist Description of the medically underserved, low-income or minority populations represented by organization Community partner agencies serve persons and families needing education, essential services, healthcare services and financial assistance Inputs (a) Participated in developing the 2018 Delaware County Community Health Assessment, (b) Review of primary and secondary data on community health needs of Delaware County residents, ranking and prioritization of health needs, (c) Participated in developing the 2019-2022 Delaware County Community Health Improvement Plan

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6b Facility , 1	Facility , 1 - Grady Memorial Hospital Grady Memorial collaborated with The Hospital Council of Northwest Ohio (HCNO), On behalf of The Partnership for a Healthy Delaware County, the Delaware General Health District contracted with HCNO to conduct the community health assessments and facilitate the process for developing the Community Health Improvement Plan (The Partnership for a Healthy Delaware County, 2018) HCNO is a member-driven regional hospital association that represents and advocates on behalf of its member hospitals and health systems HCNO provides collaborative opportunities for its members and community partners to improve the health and well-being of Northwest Ohio's residents (Hospital Council of Northwest Ohio, 2018) Community services and regional programs provided by HCNO include community health assessments, clergy badges, Healthcare Heroes, Northwest Ohio Disaster Preparedness, Northwest Ohio Pathways HUB, Northwest Ohio Regional Trauma Registry, and planning and evaluation services (Hospital Council of Northwest Ohio, 2018)

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	Facility , 1 - Grady Memorial Hospital OhioHealth Grady Memorial Hospital adopted the two priority health needs, (a) mental health and addiction, and (b) chronic disease, which we re identified by the Partnership for Healthy Delaware County representatives during the De laware County Community Health Improvement Plan meetings Mental Health and Addiction incl udes (a) youth and child bullying, (b) adult and youth alcohol consumption, (c) adult and youth tobacco use, and (d) adult and youth opiate use Chronic Disease includes (a) adult, youth and childhood obesity, (b) diabetes, (c) heart disease, and (d) chronic pain (Note that diabetes and heart disease did not receive a priority health need ranking from the C HNA process but are included as significant contributors to chronic disease) The other he alth issues that were ranked are considered social determinants of health, and include acc ess to healthcare, abuse and trauma and food access These were identified as cross-cuttin g factors for the two priority health needs The primary and secondary data on mental heal th and addiction and chronic disease as well as the healthcare and community resources tha t were available to address the health needs are summarized in the OhioHealth Grady Memori al Hospital 2019 Community Health Needs Assessment (OhioHealth, 2019) and the 2018 Delawar e County Community Health Assessment (Delaware General Health District, 2012-2018) The si gnificant health needs of Delaware County include (A) Mental Health and Addiction - inclu des (a) youth and child bullying, (b) adult and youth alcohol consumption, (c) adult and y outh tobacco use, and (d) adult and youth opiate use Actions Grady Hospital Intends to Ta ke to Address the Health Need + Screen primary care patients ages 12 and older for depress ion using a standardized tool -patient health questionnaire (PHQ-2) or nine-item patient h ealth questionnaire (PHQ-9) Screening will be documented in the OhioHealth CareConnect el ectronic medical records (Epic Systems Corporation, Verona, Wisconsin) and appropriate ref errals will be made (This action aligns with Ohio State Health Improvement Plan) + Scree n patients ages 12 and older seeking emergency care for depression using a standardized to ol, SAFE-T Screening will be documented in the OhioHealth CareConnect electronic medical records (Epic Systems Corporation, Verona, Wisconsin) and appropriate referrals will be ma de (This action aligns with Ohio State Health Improvement Plan) + Deliver provider train ing on opioid prescribing guidelines and use of the Ohio Automated Rx Reporting System (OA RRS) + Assess OhioHealth Grady Memorial Hospital's emergency department patients for alco hol use, drug use and smoking status and refer them to a social worker or community resour ces on an as needed basis + Offer patients, community residents and OhioHealth associates tobacco cessation classes Anticipated Impact of These Actions + Increased identification of mental health issues, incl

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	uding social determinants of health such as abuse and trauma, which could also be affectin g physical health, and provide proper referral to appropriate community agencies + Improv e access to care through referrals Reduce drug abuse as evidenced by reduction in percent of individuals ages 12 and over who report past-year illicit drug dependence or abuse + Providers will be better trained in opioid prescribing guidelines and use of OARRS + Incr eased number of patients from Grady Memorial Hospital's emergency department referred to s ocial workers or community resources for alcohol, tobacco and drug use counseling as well as brief intervention or referral to treatment + Participants in the smoking cessation pr ogram will learn (a) a positive approach to becoming a non-tobacco user, (b) strategies t o recover from tobacco addiction, (c) barriers to tobacco cessation, (d) health benefits o f choosing a tobacco-free lifestyle, (e) nicotine-replacement options, (f) motivational ex ercises and (g) techniques for stress management Participants will report lack of smoking relapse at four weeks and at six months post-quit date Significant health need not addre ssed by Grady Memorial Hospital Bullying From the 2018 Delaware County Community Health A ssessment, 71 percent of Delaware County parents discussed bullying and violence with thei r children Forty-three percent of parents reported that their child was bullied in the pa st year, of which 26 percent were verbally bullied and 13 percent were indirectly bullied (rumors, eliminated from the group) Forty-three percent of youth have been bullied, of wh ich 32 percent were verbally bullied and 26 percent were bullied indirectly Twenty-five p ercent of youth were bullied on school property in the past year Explanation as to Why th e Need is Not Going to be Addressed by Grady Memorial Hospital Bullying is beyond the scop e of Grady Memorial Hospital's services Grady Memorial Hospital does not have the experti se or resources to effectively address this need Mental health screenings conducted by pr imary care and emergency care providers will appropriately refer individuals to other faci lities and organizations within the community with the necessary expertise to address this need (B) Chronic Disease - includes (a) adult, youth and childhood obesity, (b) diabetes , (c) heart disease, and (d) chronic pain Actions Grady Memorial Hospital Intends to Take to Address the Health Need + Increase awareness of prediabetes by offering prediabetes sc reenings, education and referral (as needed) to YMCA of Delaware Diabetes Prevention Progr am to patients at OhioHealth outpatient clinics in Delaware County (a) Grady Hospitalists located at 551 West Central Avenue, Delaware, Ohio 43015, (b) Primary Care Physicians Sawm ill located at 4141 North Hampton Drive, Suite 200, Powell, Ohio 43065, (c) Primary Care P hysicians Delaware Health Center located at 801 OhioHealth Boulevard, Suite 260, Delaware, Ohio 43015, (d) Primary Care

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	Physicians Sunbury located at 100 Tippett Court, Suite 101, Sunbury, Ohio 43074 and (e) In ternal Medicine Grady located at 551 West Central Avenue, Suite 301, Delaware, Ohio 43015 (This action aligns with Ohio State Health Improvement Plan) Programs also address weigh t status (overweight and obese) and awareness of and access to healthy food + Screen pati ents in the primary care setting for diabetes and provide education and support to reduce or prevent the prevalence of diabetes Education and support also addresses weight status and the importance of a healthy diet + Screen and refer patients with chronic pulmonary d isease for in-home disease management care through a pilot OhioHealth home medical equipme nt program for adults diagnosed with chronic obstructive pulmonary disease + Provide hear t and vascular services in Delaware County regardless of ability to pay Financial assista nce will be provided to patients and families following the OhioHealth Charity Care policy as follows (a) free care for individuals and families who earn less than 200 percent of the federal poverty level, (b) substantially discounted care based on a sliding fee scale for individuals and families who are between 200 and 400 percent of the federal poverty le vel, (c) hardship policy for patients and families who are not eligible for charity care b ut faced with unique financial situations, (d) interest-free loans for up to one year to a ssist patients, (e) adoption of the uninsured discount policy for individuals without insu rance who do not qualify for charity care (OhioHealth, 2015-2018b) + Provide chronic pain management healthcare services to Delaware County residents through (a) OhioHealth's rheu matology and arthritis program, (b) OhioHealth rehabilitation and therapy and (c) WorkHeal th occupational health services (OhioHealth, 2015-2018c) Anticipated Impact of These Acti ons + Increase number of Delaware County residents becoming aware of prediabetes and adopt ing healthy lifestyle and behavior changes + Reduce instances of adult diabetes by increa sing the number of patients screened, educated about prediabetes and diabetes and referred (on an as needed basis) to the YMCA of Delaware Diabetes Prevention Program, which is a C enter for Disease Control (CDDC)-recognized diabetes prevention program + Increase identi fication of chronic disease issues, including social determinants of health such as access to care and food, and provide proper referral to the appropriate community agencies + In crease the number of participants in various health and wellness programs Self-report of learned concepts and skills, engagement and commitment to lifestyle and behavior changes a mong individuals and families who participated in these programs + Increase the number of Delaware County residents with access to high quality heart and vascular services

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 2	Facility , 2 - OhioHealth Grady Memorial Hospital + Increase the number of Delaware Count y residents with access to high quality chronic pain management, reporting medication adhe rence and compliance, and compliance to physical therapy Documentation of Program Impacts from the CHNA and Implementation Strategy Adopted in 2016 by OhioHealth Grady Memorial Ho spital Need #1 -Access to Healthcare and Medications *Expanded free or low-cost healthcar e services available in Lewis Center *Expanded access to free and low-cost primary care s ervices in western Delaware *Linked patients with free or affordable transportation progr ams, and strengthened partnerships with community agencies providing transportation assist ance *Enrolled patients in pharmaceutical assistance programs and provide prescription vo uchers, when eligible, and strengthened partnerships with pharmaceutical companies providi ng prescription assistance *Referred patients to community resources that provide prescri ption assistance (for example, Grace Clinic and People in Need) and strengthened partnersh ips with community agencies providing prescription assistance *Provided, when appropriate , free supplies (such as glucometers) for diabetic patients based on need *Referred patie nts to dental care programs, such as Grace Clinic, Vineyard Church - Sunbury, The Ohio Sta te University College of Dentistry and Physician CareConnection, and strengthen partnershi ps with these community agencies Need #2 Alcohol and Substance Abuse *Consistently used the Ohio Automated Rx Reporting System (OARRS), a state database for monitoring narcotic u se by Emergency Department (ED) physicians to limit opiate doses prescribed per patient *S trengthened partnerships with community agencies to enhance efforts to safely dispose of m edications, such as promoting the use of permanent drug disposal boxes and community medic ation take-back events *Provided referrals to alcohol and substance abuse treatment progr ams, such as Narcotics Anonymous, Central Ohio Mental Health, Maryhaven, and Recovery and Prevention Resources, and strengthened partnerships with these agencies to ensure an effec tive referral process Need #3 Food Insecurity *Collaborated with Local Matters in offeri ng programs (Cooking Matters) to educate people about cooking nutritious and healthy meals *Provided patient referrals to People In Need, Lutheran Social Services Food Pantry, Del aware City Schools, Andrews House and SourcePoint (Meals on Wheels) for assistance in acce ssing food and to strengthened partnerships with these agencies to ensure an effective ref erral process *Provided referrals to Delaware Community Market for residents interested i n a gardening plot for a small fee (Delaware Community Garden) and strengthened partnershi ps with Delaware County Community Market to ensure effective referral process *Provided r eferrals to Stratford Ecological Center and Delaware County Parks and Recreation, which of fer cooking classes at low or

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 2	no cost, and strengthened partnerships with these community agencies to ensure an effectiv e referral process *Strengthened OhioHealth Grady Memorial Hospital staff volunteerism wi th local agencies and faith communities to serve meals to needy families and individuals *Provided sponsorships to various community organizations that provide food resources to D elaware County residents Need # 4 Mental Health *Conducted a risk assessment at point-of -entry to assess mental health needs, including potential suicidal actions in partnership with Central Ohio Mental Health, and refer patients to mental health agencies for follow-u p care (Lorri Charnas, Erin Nieset, Rick Kelley) *Provided mental health first aid traini ng through Grady Pastoral Care *Strengthened partnerships between OhioHealth Grady Memori al Hospital, Delaware General Health District, United Way of Delaware County, and Delaware -Morrow Mental Health and Recovery Services Board to address mental health in Delaware Cou nty Need #5 Obesity and Overweight *Provided free diabetes classes to the community and offer "Living Well with Diabetes," a culturally-sensitive, age-appropriate and interactive class, taught by a dietitian and pharmacist, that promoted practical knowledge to empower participants to take care of themselves, manage their condition, and prevent diabetes com plications *Continued to provide improvements in cafeteria and vending machines to offer healthy food and snack options *Offered quarterly healthy cooking classes through service s of the hospital's nutrition educator Refer patients to Cooking Matters classes (a Local Matters program), which are free to the participant *Strengthened efforts of primary car e providers in educating parents and families about Delaware Community Center YMCA program s that can provide physical activity options for overweight and obese children, and streng then partnership with Delaware Community Center YMCA

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

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

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

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 13 Facility , 1	Facility , 1 - Grady Memorial Hospital OHIOHEALTH USES THE STATE AND FEDERAL PROGRAM ADMINISTERED BY THE DEPARTMENT OF MEDICAID HOSPITAL CARE ASSURANCE PROGRAM (HCAP) AS DEFINED IN THE OHIO ADMINISTRATIVE CODE HCAP IS AN OHIO PROGRAM THAT STATES THAT ANY PATIENT WHOSE FAMILY SIZE AND INCOME LEVEL IS BELOW THE FEDERAL POVERTY GUIDELINES, RECEIVES FREE CARE FOR HOSPITAL SERVICES IF THE PATIENT PROVES THAT THEIR INCOME FALLS BELOW THE FEDERAL POVERTY GUIDELINES, OHIOHEALTH MUST DISCOUNT THEIR RESPONSIBILITY OF THE CLAIM 100% OHIOHEALTH'S INTERNAL CHARITY POLICY ADDRESSES PATIENTS WHOSE FAMILY SIZE AND INCOME IS ABOVE THE FEDERAL POVERTY GUIDELINES 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

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility , 1	Facility , 1 - Hardin Memorial Hospital On October 24, 2018, OhioHealth Hardin Memorial H ospital convened 16 community stakeholders to review secondary data pertinent to community health needs in Hardin County, Ohio All of the stakeholders agreed that the five communi ty health needs that were identified in Hardin County in 2014 are still the needs in Hardi n County at present Area Agency on Aging 3 * Representative Erica Petrice, staff member * Description of the medically underserved, low-income or minority populations represented by organization Serves all residents of Hardin County * Input (a) Participated in deve loping the 2017-2020 Hardin County Community Health Improvement Plan American Red Cross * Representative Daryl Flowers * Description of the medically underserved, low-income or mi nority populations represented by organization Serves all residents of Hardin County * I nput (a) Participated in developing the 2017-2020 Hardin County Community Health Improvem ent Plan Coleman Professional Services * Representative Melanie Woods * Description of th e medically underserved, low-income or minority populations represented by organization S erves all residents of Hardin County with mental and behavioral health issues, regardless of ability to pay * Input (a) Member of the Hardin County Healthy Lifestyles Coalition t hat commissioned the Hardin County Nutrition and Physical Activity 2017 Health Assessment, (b) Participated in the OhioHealth Hardin Memorial Hospital Community Health Needs Assess ment Meeting Family and Resource Center of Northwest Ohio, Inc * Representative Jodi Kn ouff, director of clinical services * Description of the medically underserved, low-income or minority populations represented by organization Serves all residents of Allen, Augla ize, Hancock, Hardin, Logan, Sandusky, Seneca, Shelby Wood and Wyandot Counties, regardles s of ability to pay * Input (a) Member of the Hardin County Healthy Lifestyles Coalition that commissioned the Hardin County Nutrition and Physical Activity 2017 Health Assessmen t, (b) Participated in the OhioHealth Hardin Memorial Hospital Community Health Needs Asse ssment Meeting Hardin County Board of Developmental Disabilities * Representative Andy D iller, services and support director * Description of the medically underserved, low-incom e or minority populations represented by organization Serves all residents of Hardin Coun ty * Input a) Member of the Hardin County Healthy Lifestyles Coalition that commissioned the Hardin County Nutrition and Physical Activity 2017 Health Assessment, (b) Member of t he Hardin County Community Health Coalition that developed the 2017-2020 Hardin County Com munity Health Improvement Plan and (c) Participated in the OhioHealth Hardin Memorial Hosp ital Community Health Needs Assessment Meeting Hancock Hardin Wyandot Putnam (HHWP) Commu nity Action Commission * Representative Angela Howard * Description of the medically unde rserved, low-income or minorit

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility , 1	y populations represented by organization Serves all residents of Hardin County * Input (a) Member of the Hardin County Healthy Lifestyles Coalition that commissioned the Hardin County Nutrition and Physical Activity 2017 Health Assessment, (b) Member of the Hardin C ounty Community Health Coalition that developed the 2017-2020 Hardin County Community Heal th Improvement Plan Hardin County Chamber and Business Alliance * Representative(s) Jesse Purcell, Director Chamber and Tourism * Description of the medically underserved, low-inc ome or minority populations represented by organization Serves all residents of Hardin Co unty * Input (a) Member of the Hardin County Community Health Coalition that developed t he 2017-2020 Hardin County Community Health Improvement Plan Hardin County Sheriff's Offic e * Representative(s) Keith A Everhart, sheriff * Description of the medically underserv ed, low-income or minority populations represented by organization Serves all residents o f Hardin County and other areas * Input (a) Participated in the OhioHealth Hardin Memoria l Hospital Community Health Needs Assessment Meeting Kenton-Hardin Health Department * Re presentative(s) Larry Oates, MD, board member, Arin Tracy, public health accreditation an d emergency response coordinator and violence and injury prevention program manager, Ashli e Hall, staff, Cindy Keller, director of nursing (Has knowledge and skills in public healt h) * Description of the medically underserved, low-income or minority populations represen ted by organization Serves all residents of Hardin County * Input (a) Member of the Hard in County Community Health Coalition that developed the 2017-2020 Hardin County Community Health Improvement Plan, and (b) Participated in the Hardin Memorial Hospital Community He alth Needs Assessment meeting Kenton Times * Representative(s) Dan Robinson, reporter * D escription of the medically underserved, low-income or minority populations represented by organization Serves all residents of Hardin County * Input (a) Participated in develop ing the 2017-2020 Hardin County Community Health Improvement Plan Mental Health & Recovery Services Board of Allen, Auglaize, and Hardin Counties * Representative(s) Kelly Monroe, associate director * Description of the medically underserved, low-income or minority pop ulations represented by organization Serves all residents of Hardin County, regardless of ability to pay * Input (a) Member of the Hardin County Community Health Coalition that d eveloped the 2017-2020 Hardin County Community Health Improvement Plan, (b) Participated i n the Hardin Memorial Hospital Community Health Needs Assessment OhioHealth Hardin Memoria l Hospital * Representative(s) Deanna Carey, registered dietitian, Chris Davis, community and media relations manager, Lucinda Pfeifer, social worker, Kim Reisinger, manager, busi ness development and employer services, Ron Snyder, chief operating officer * Description of the medically underserved,

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility , 1	low-income or minority populations represented by organization Serves all residents of Ha rdin County and other areas regardless of ability to pay * Input (a) Member of the Hardin County Community Health Coalition that developed the 2017-2020 Hardin County Community He alth Improvement Plan, (b) Participated in the Hardin Memorial Hospital Community Health N eeds Assessment meeting OhioHealth Marion General Hospital * Representative Shawn Kitche n, senior advisor, business development, Joy Bischoff, chief nursing officer and vice pres ident of patient care services * Description of the medically underserved, low-income or m inority populations represented by organization Serves all people regardless of ability t o pay * Input (a) Participated in the Hardin Memorial Hospital Community Health Needs Ass essment meeting Ohio Northern University * Representative(s) Jamie Hunsicker, assistant professor of nursing, Amy Fanous, PharmD, project director for rural mobile health clinic and clinical assistant professor, Adellyn McPheron, rural mobile health clinic coordinator (Has knowledge and skills in public health) *Description of the medically underserved, lo w-income or minority populations represented by organization Serves all residents of Hard in County * Input (a) Member of the Hardin County Healthy Lifestyles Coalition that comm issioned the Hardin County Nutrition and Physical Activity 2017 Health Assessment, (b) Mem ber of the Hardin County Community Health Coalition that developed the 2017-2020 Hardin Co unty Community Health Improvement Plan * Participated in developing the 2017-2020 Hardin C ounty Community Health Improvement Plan Partnership for Violence Free Families * Represent ative(s) Casey Simon, Donna Dickman, Robin Oates * Description of the medically underserv ed, low-income or minority populations represented by organization Serves all residents o f Allen, Auglaize, and Hardin Counties, regardless of ability to pay * Input (a) Member o f the Hardin County Community Health Coalition that developed the 2017-2020 Hardin County Community Health Improvement Plan, (b) Participated in the Hardin Memorial Hospital Commun ity Health Needs Assessment Ridgemont School District * Representative Amy Bahr, school n urse * Description of the medically underserved, low-income or minority populations repres ented by organization Serves students and parents with school children residing in the Ri dgemont Local School District of Hardin County * Input (a) Member of the Hardin County He althy Lifestyles Coalition that commissioned the Hardin County Nutrition and Physical Acti vity 2017 Health Assessment, (b) Member of the Hardin County Community Health Coalition th at developed the 2017-2020 Hardin County Community Health Improvement Plan

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility , 2	Facility , 2 - Hardin Memorial Hospital The Ohio State University Extension Office * Representative(s) Jamie Dellifield, family and consumer sciences educator (Has knowledge and skills in public health *) Description of the medically underserved, low-income or minority populations represented by organization Serves all residents of Hardin County and other areas * Input (a) Member of the Hardin County Healthy Lifestyles Coalition that commissioned the Hardin County Nutrition and Physical Activity 2017 Health Assessment, (b) Member of the Hardin County Community Health Coalition that developed the 2017-2020 Hardin County Community Health Improvement Plan United Way of Hardin County * Representative(s) Darlene Foreman, executive director, Merleen Barnes, president * Description of the medically underserved, low-income or minority populations represented by organization Serves all residents of Hardin County * Input (a) Member of the Hardin County Community Health Coalition that developed the 2017-2020 Hardin County Community Health Improvement Plan Faith-Based Organizations * Representative(s) Scott Johnson * Description of the medically underserved, low-income or minority populations represented by organization Serves all residents of Hardin County * Input (a) Member of the Hardin County Community Health Coalition that developed the 2017-2020 Hardin County Community Health Improvement Plan Community Resident * Representative(s) Brenda Jennings (Has knowledge and skills in public health) * Description of the medically underserved, low-income or minority populations represented by organization Serves all residents of Hardin County * Input (b) Participated in the community health needs assessment meeting hosted by OhioHealth Hardin Memorial Hospital

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6b Facility , 1	Facility , 1 - Hardin Memorial Hospital This project was led by Hardin Memorial Hospital in collaboration with the Kenton-Hardin Health Department The meeting of stakeholders was held on October 24, 2018 The following organizations participated in the prioritization meeting Hardin Memorial Hospital, Marion General Hospital, Kenton-Hardin Health Department, Coleman Professional Services, Family Resource Center of NW Ohio, Hardin County Sheriff's Office, Mental Health and Recovery Services Board, Ohio Northern University, Partnership for Violence Free Families and Hardin County residents

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	Facility , 1 - Hardin Memorial Hospital OhioHealth Hardin Memorial Hospital clinicians an d administrative staff collaborated with OhioHealth Community Health and Wellness in devel oping the 2020-2022 implementation strategy to address the hospital's three priority healt h needs (1) mental health and addiction - including adult and youth drug use and youth su icide, (2) chronic disease - including adult and youth obesity and (3) access to healthcar e The primary and secondary health data for Hardin Memorial community health needs and th e healthcare and community resources that are available to address the health needs are su mmarized in the Hardin Memorial Hospital 2019 Community Health Needs Assessment Need #1 Mental Health and Addiction Hardin Memorial Hospital's Intended Actions to Address the Hea lth Need + To partner with the Partnership for Violence Free Families in implementing Ref use, Remove, Reasons (RRR) in various Hardin County school districts RRR is a school-base d alcohol and drug prevention program that focuses on helping students become more resilie nt in deciding against drugs, alcohol, tobacco and marijuana (This action aligns with the Ohio 2017-2019 State Health Improvement Plan) + Enhance Hardin Memorial Hospital collab orations with community stakeholders that address substance abuse prevention and treatment , such as Partnership for Violence Free Families, Kenton-Hardin Health Department, Coleman Professional Services, The Ohio State University Extension Office and Ohio Northern Unive rsity + Screen youth and adult patients for depression and risk for suicide using the nin e-item Patient Health Questionnaire (PHQ-9) + Screen youth and adult patients, including inpatient, outpatient and emergency department patients for drug use, risk for suicide, an d offer referrals to substance abuse treatment services + Partner with Hardin County Coal ition to Prevent Youth Substance Abuse to provide the "Guiding Good Choices" and "Hidden i n Plain Sight" programs to area schools, such as Kenton City Schools and other Hardin Coun ty Schools + Partner with Coleman Professional Services, which offers 24/7 treatment for mental health issues (including suicide risk), to refer unintentional overdose youth and a dults who are first seen in the emergency department + Partner with Kenton-Hardin Health Department, Hardin County Sheriff's Office, Prosecutor and Coroner to provide outreach and training on how to administer naloxone (Narcan) to persons who have overdosed on heroin (Project DAWN) + Collaborate with law enforcement and Ohio Northern University to safely d ispose of medications, promote the use of permanent drug disposal boxes and community medi cation take-back events Anticipated Impact of These Actions + Reduction of marijuana use by 5 percent based on Ohio Healthy Youth Environment Survey data on youth marijuana use i n the past 30 days + Development and implementation of up to three collaborative strategi es to reduce substance abuse i

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	n Hardin County + Up to 100 patients screened using the Patient Health Questionnaire PHQ- 9 to assess depression and risk for suicide + Up to 100 patients screened for substance a buse in the inpatient, outpatient and emergency department settings + Number of students and schools that received the "Guiding Good Choices" or "Hidden in Plain Sight" programs + Up to 100 emergency department patients referred to Coleman Professional Services and st atus of referral obtained and assessed + Up to 50 persons trained on how to administer na loxone as part of Project DAWN + Up to 100 persons educated on safe disposal of medicatio ns and availability of permanent drug disposal boxes + Collection of at least 100 pounds of medications and participation by at least 100 persons in Hardin County drug take-back e vents Need #2 Chronic Disease Actions Hardin Memorial Hospital Intends to Take to Addres s the Health Need + To participate in shared-use or joint-use agreements that will provid e community-wide access to exercise areas, such as school playgrounds, track and field ven ues, church grounds and school grounds (This action aligns with the Ohio 2017-2019 State Health Improvement Plan) + Continue implementing the "Rails to Trails" initiative + Offe r the Diabetes Self-Management Education (DSME) program to residents of Hardin County and neighboring areas Anticipated Impact of These Actions + Reduce heart disease and diabete s as evidenced by (a) percent of adults ever diagnosed with coronary heart disease, (b) p ercent of adults ever diagnosed with heart attack, (c) percent of adults ever diagnosed wi th hypertension, and (d) percent of adults who have been told by a health professional tha t they have diabetes + At least 100 persons who took advantage of "Rails to Trails" initi ative + At least 10 persons who attended the Diabetes Self-Management Education (DSME) pr ogram and reported at least one lifestyle and behavior change Need #3 Access to Healthca re Actions Hardin Memorial Hospital Intends to Take to Address the Health Need + Open the OhioHealth Hardin Memorial Hospital Infusion Clinic in September 2019 to treat cancerous or non-cancerous conditions + Open the OhioHealth Urgent Care Hardin in February 2019 to t reat conditions that are not life threatening yet need to be promptly addressed Examples of medical conditions that are appropriate for urgent care include cold and cough, sore t hroat, allergies, sinus infections, minor eye infections, testing for sexually transmitted diseases, earaches, fever, flu-like symptoms, minor back pain, upset stomach, vomiting, d iarrhea, insect bites, rashes, minor abscesses, minor burns, minor cuts, lacerations, woun d care, sprains and strains, abrasions, removal of superficial foreign bodies OhioHealth Urgent Care Hardin will offer onsite X-rays, select laboratory analysis, drug screens, sel ect immunizations and sports physicals + Collaborate with Ohio Northern University in ope rating a multidisciplinary mob

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	ile clinic to (a) provide screenings, such as blood pressure, glucose, cholesterol, lipid s and hemoglobin A1C, and provide health education in churches, schools and other public f acilities, and (b) refer patients to Hardin Memorial Hospital-affiliated primary care and specialty care clinics or inpatient hospital services + Provide health screenings (blood pressure, cholesterol, glucose, body mass index and skin cancer) and health education at t he Hardin County Fair, various community health fairs and local businesses to improve acce ss to healthcare services + Provide referral, linkage and follow-up to patients needing h ealth insurance, transportation assistance, durable medical equipment and medications Ant icipated Impact of These Actions + At least 100 patients served by the OhioHealth Hardin Memorial Hospital Infusion Clinic per year and at least 200 clinic visits per year Identi fication of top five medical diagnoses among patients served by the infusion clinic per ye ar + At least 100 patients served by the OhioHealth Urgent Care Hardin per year and at le ast 200 clinic visits per year Identification of top five medical diagnoses among patient s served by the urgent care clinic per year + At least 100 patients served by the Ohio No rthern University mobile clinic per academic year and at least 150 clinic visits per year Referral of at least 25 patients for either primary, specialty or acute care services Id entification of top three medical reasons for referral + At least 100 patients screened f or blood pressure, cholesterol, glucose, body mass index and skin cancer and pertinent hea lth education provided Number of patients referred to either the emergency department or primary care provider and reasons for referral determined + At least 100 patients referre d or linked by the social worker to community resources and follow-up provided to obtain s tatus of referral Reason(s) for referral recorded and resolution of community referral re ported Documentation of Program Impacts from the CHNA and Implementation Strategy Adopted in 2016 by OhioHealth Hardin Memorial Hospital Need #1 Substance Abuse + Enhanced Hardi n Memorial collaborations with community stakeholders that address substance abuse prevent ion and treatment + Screened all patients, including inpatient, outpatient and Emergency D epartment patients, for drug use and offer referrals to substance abuse treatment services

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 2	Facility , 2 - Hardin Memorial Hospital + Partnered with Coleman Professional Services, w hich offers 24/7 treatment for mental health, to refer unintentional overdose patients tha t are first seen in the Emergency Department In addition to Coleman Professional Services , referrals are made to We Care Regional Crisis Center, OhioHealth Marion General Hospital , St Rita's Medical Center, OhioHealth Riverside Methodist Hospital, and Pomegranate and Arrowhead Behavioral Health + Partnered with Kenton City Police Department and Hardin Cou nty Sheriff's Office by providing outreach and training on how to administer naloxone (Nar can) to persons who have overdosed on heroin + Worked with law enforcement and Ohio North ern University to safely dispose of medications such as promoting the use of permanent dru g disposal boxes, community medication take-back events, etc Need #2 Chronic Disease + O ffered and facilitated the Diabetes Health Management Program and the Diabetes Support Gro up to provide current information on diabetes self-care, wellness promotion, self-motivati on and how to prevent diabetes complications + Annually offered Dining with Diabetes, whic h provides education about healthy eating in partnership with The Ohio State University Ex tension Office + Presented F A M E (Fun Activity Motivates Everyone) annually to spotlig ht healthy eating and physical activity options, targeting children ages 0 to 12 + Offere d healthy food options daily in the hospital facility cafeteria + Hosted Farmers Markets during the growing season to increase access to fresh fruits and vegetables + Hosted the Hardin Hustle, a 5K fun run geared towards getting kids and families more physically activ e + Participated in the Healthy Lifestyles Coalition of Hardin County, which engages and educates community residents about healthy eating and physical activity, with the Kenton-H ardin Health Department + Contributed to addressing food insecurity issues through provid ing financial support to a local food pantry + Hosted annual Heart Smart Day with free sc reenings for the community in February in honor of National Heart Month + In collaboratio n with other partners, provided health screenings and/or education for community members a s part of the Hardin County Fair, Hardin County Council on Aging Senior Days, Ohio Norther n University Tobacco Cessation Program and The Ohio State University Extension Office + P rovided free cholesterol, glucose and other screenings as well as provide health education materials to community members at Hardin Memorial's Heart Smart Day, Community Health Fai r, and OhioHealth Employer Services and skin cancer screenings Need #3 Access to Care + Referred patients to Kenton Community Health Center if they do not have a primary care phy sician and need other services, including dental, mental, substance abuse and a pharmacy The Kenton Community Health Center has a staff that educates patients on health insurance options, Medicaid, The Marketp

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 2	lace or commercial insurance plans A sliding fee scale is offered to patients with an inc ome less than 200 percent of the Federal Poverty Guidelines + Collaborated with Kenton Co mmunity Health Center in improving access to care through providing a laboratory technicia n + Expanded specialty care services to better serve the needs of the community + Partne red with Ohio Northern University in operating a multidisciplinary mobile clinic to improv e access to care, health literacy and health outcomes, and to refer Hardin County resident s to a medical home and acute medical care The mobile health clinic will provide healthca re services weekly in churches, schools and other public facilities + Provided referral, linkage and follow-up to patients needing health insurance, transportation assistance, dur able medical equipment and medications + Provided health screenings (blood pressure, chol esterol, glucose, body mass index (BMI), skin cancer, etc) and education at the Hardin Co unty Fair, the Community Health Fair and local businesses to improve access to healthcare services Need #4 Health Education and Prevention + Offered and facilitated 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 compl ications + Annually offered Dining with Diabetes, which provides education about healthy e ating in partnership with The Ohio State University Extension Office + Presented Fun Acti vity Motivates Everyone (F A M E) annually to educate about healthy eating and physical a ctivity options + Provided health education and prevention information to community member s at Hardin Memorial's Heart Smart Day, Community Health Fair, and OhioHealth Employer Ser vices and skin cancer screenings + Participated in the Healthy Lifestyles Coalition of Ha rdin County with the Kenton-Hardin Health Department, which engages and educates community residents about healthy eating and physical activity + In collaboration with other partn ers, provided 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 Office and Hardin Memorial's F A M E Program + Provided a speakers bureau, which includes hospital staff (nurses, physician s, diabetes educators and imaging staff) presenting health education and promotion informa tion at community organizations and schools + Provided community health education public service announcements in the local newspapers - the Kenton Times and Ada Herald - and on t he radio WKTN 95 3 + Improved health literacy for patients seen in the Ohio Northern Uni versity mobile clinic Need #5 Behavioral and Mental Health + Partnered with Coleman Prof essional Services, which offers 24/7 consultation for mental health, to refer patients tha t are first seen in the Emerge

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 2	ncy Department (ED) who need mental/behavioral follow-up to various community resources fo r treatment In addition to Coleman, referrals were also made to We Care Regional Crisis C enter, OhioHealth Marion General Hospital, St Rita's Medical Center, OhioHealth Riverside Methodist Hospital, and Pomegranate and Arrowhead Behavioral Health + Screened all patie nts, including inpatient, outpatient and ED patients, for physical and emotional abuse as well as psychiatric history

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

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

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

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 13 Facility , 1	Facility , 1 - Hardin Memorial Hospital OHIOHEALTH USES 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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16 Facility , 1	Facility , 1 - 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 HAS OVER 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 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 LETTE RS 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 SER VICE 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 T O COMPLETE THE APPLICATION, SI

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16 Facility , 1	GN, AND WHERE TO SEND THE APPLICATION DURING THE PRE-REGISTRATION/PRE-ADMISSIONS PROCESS, THE REGISTRATION REPRESENTATIVE WILL INFORM SCHEDULED SELF-PAY PATIENTS VIA TELEPHONE THA T FINANCIAL ASSISTANCE MAY BE AVAILABLE AND THAT HE/SHE MAY BE REFERRED TO THE CUSTOMER CA LL CENTER FOR ASSISTANCE IN APPLYING THE REGISTRAR WILL TRANSFER THE PATIENT TO THE VERBA L FINANCIAL ASSISTANCE QUEUE AND/OR WILL PROVIDE THE TELEPHONE NUMBER TO THE VERBAL FINANC IAL ASSISTANCE QUEUE ALL INSURED PATIENTS EXPRESSING NEED FOR FINANCIAL ASSISTANCE WILL A LSO 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 OPENS EVERY CALL INTERACTION WITH SCRIPTING PERTAINING TO FINANCIAL ASSISTANCE AVAILABILITY AND WILL DISCUSS FINANCIAL ASSISTANCE WITH ANY PATIENT THAT EXPRESSES NEED O R 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 FIN ANCIAL ASSISTANCE QUEUE OR HAVE A FINANCIAL ASSISTANCE APPLICATION MAILED TO THE PATIENT THE FINANCIAL ASSISTANCE APPLICATION, PLAIN LANGUAGE SUMMARY AND FAP ARE AVAILABLE IN ELEV EN 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)
1	Kobacker House 800 McConnell Drive Columbus, OH 43214	In-Patient Hospice
1	HVP Riverside 3705 Olentangy River Road Columbus, OH 43214	Physician Practice
2	GMC Anesthesia 111 S Grant Avenue Columbus, OH 43215	Physician Practice
3	PCP Clinical Support OPG 180 East Broad Street Columbus, OH 43215	Physician Practice
4	Neurosurgery Riverside 3555 Olentangy River Rd Suite 2001 Columbus, OH 43214	Physician Practice
5	Ortho Surgeons Grant 340 E Town Street Suite 7-600 Columbus, OH 43215	Physician Practice
6	GMC Hospitalists 340 E Town Street Suite 8-300 Columbus, OH 43215	Physician Practice
7	Max Sports 3705 Olentangy River Road Columbus, OH 43214	Physician Practice
8	HVP Gahanna 765 N Hamilton Road Suite 120 Gahanna, OH 43230	Physician Practice
9	HVP Mansfield 335 Glessner Ave Mansfield, OH 44903	Physician Practice
10	Neuro Chatham Lane 931 Chatham Lane Columbus, OH 43221	Physician Practice
11	CTVS Riverside 3535 Olentangy River Road Suite 530 0 Columbus, OH 43214	Physician Practice
12	Neurosurgery Riverside Red 3525 Olentangy River Road Suite 531 0 Columbus, OH 43214	Physician Practice
13	OBGYN Athens 75 Hospital Dr Suite 260 Athens, OH 45701	Physician Practice
14	Urology Riverside 500 Thomas Lane Suite 20 Columbus, 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)
16	Rheumatology Grant 285 E State Street Suite 620 Columbus, OH 43215	Physician Practice
1	PCP Rivers Edge Dr 7630 Rivers Edge Drive Columbus, OH 43235	Physician Practice
2	DH Hospitalists 5131 Beacon Hill Road suite 210 Columbus, OH 43228	Physician Practice
3	Surgical Specialists Mansfield 335 Glessner Ave Mansfield, OH 44903	Physician Practice
4	Ortho Trauma Grant 285 E State Street Suite 500 Columbus, OH 43215	Physician Practice
5	GMC Trauma 1 111 S Grant Avenue Columbus, OH 43215	Physician Practice
6	OBGYN Grady 801 OhioHealth Blvd Suite 160 Delaware, OH 43015	Physician Practice
7	HVP Doctors 5131 Beacon Hill Road Suite 120 Columbus, OH 43228	Physician Practice
8	PCP Delaware Health Center 801 OhioHealth Blvd Suite 260 Delaware, OH 43015	Physician Practice
9	Neuro Grant 285 E State Street Suite 430 Columbus, OH 43215	Physician Practice
10	Ortho Surgeons Ashland 45 Amberwood Pkwy Ashland, OH 44805	Physician Practice
11	PCP High St and Neil Ave 41 S High Street Suite 25 Columbus, OH 43215	Physician Practice
12	Pulmonary Grant 111 S Grant Avenue 2nd Floor Columbus, OH 43215	Physician Practice
13	PCP W Bridge St 250 W Bridge St Suite 101 Dublin, OH 43017	Physician Practice
14	PCP Britton Parkway 4343 All Seasons Dr Hilliard, OH 43026	Physician Practice

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

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

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

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

	Name and address	Type of Facility (describe)
31	Surgical Specialists Bing 3555 Olentangy River Road Suite 200 0 Columbus, OH 43214	Physician Practice
1	Ortho Surgeons Britton Pkwy 3663 Ridge Mill Drive Hilliard, OH 43026	Physician Practice
2	PCP North Hamilton Road 765 Hamilton Rd Suite 255 Gahanna, OH 43230	Physician Practice
3	Surgical Specialists Grant 285 E State Street Suite 640 Columbus, OH 43215	Physician Practice
4	Plastic Surgeons Grant 285 E State Street Suite 600 Columbus, OH 43215	Physician Practice
5	PCP Athens 75 Hospital Dr Suite 350 Athens, OH 45701	Physician Practice
6	Neuro MS 931 Chatham Lane Columbus, OH 43221	Physician Practice
7	Sports Medicine Athens 75 Hospital Dr Suite 140 Athens, OH 45701	Physician Practice
8	Campus Care Ohio University 2 Health Center Dr Athens, OH 45701	Physician Practice
9	PCP Polaris Parkway 300 Polaris Parkway Suite 3000 Westerville, OH 43081	Physician Practice
10	Obleness Anesthesia 55 Hospital Drive Athens, OH 45701	Physician Practice
11	PCP Havens Corners 504 Havens Corners Road Gahanna, OH 43230	Physician Practice
12	GMC GME Family Medicine Grant 290 E Town St Columbus, OH 43215	Physician Practice
13	Bariatrics Riverside 3705 Olentangy River Road Suite 100 Columbus, OH 43214	Physician Practice
14	Vascular Surgeons Grant 285 E State Street Suite 260 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)
46	Pediatrics W Green Dr 24 W Green Parks Hall Dr Suite 329 Athens, OH 45701	Physician Practice
1	OBGYN Doctors 5579 Hilliard Rome Office Park Hilliard, OH 43026	Physician Practice
2	Neuro Riverside SMOB 3555 Olentangy River Rd 2050 Columbus, OH 43214	Physician Practice
3	Uro Gyn Riverside 3555 Olentangy River Road Suite 405 0 Columbus, OH 43214	Physician Practice
4	PCP Pickerington Med Campus 1509 Stonecreek Drive South Pickerington, OH 43147	Physician Practice
5	Neuro Westerville 300 Polaris Pkwy Suite 2350 Westerville, OH 43081	Physician Practice
6	Neuro Mansfield 222 Marion Avenue Mansfield, OH 44903	Physician Practice
7	PCP Powell FSED 4141 N Hampton Dr Suite 100 Powell, OH 43065	Physician Practice
8	Urology Doctors 5141 W Broad Street Suite 180 Columbus, OH 43228	Physician Practice
9	Neuro Interdisciplinary Clinic 3535 Olentangy River Rd Suite S1501 Columbus, OH 43214	Physician Practice
10	Robotic Urologic Surgeons DMH 7450 Hospital Drive Suite 300 Dublin, OH 43016	Physician Practice
11	PCP Tremont Rd 3363 Tremont Rd Upper Arlington, OH 43221	Physician Practice
12	Palliative Care 111 S Grant Avenue Columbus, OH 43215	Physician Practice
13	PCP Kelnor Dr 3774 Broadway Grove City, OH 43123	Physician Practice
14	RMH GME OBGYN 3535 Olentangy River Road NG 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)
61	Grady Anesthesia 561 West Central Avenue Delaware, OH 43015	Physician Practice
1	Neuro Hilliard 3663 Ridge Mill Drive Suite 100 Hilliard, OH 43026	Physician Practice
2	Pulmonary Rivers Edge Dr 7630 Rivers Edge Drive Columbus, OH 43235	Physician Practice
3	PCP Clairedan Dr 70 Clairedan Dr Powell, OH 43065	Physician Practice
4	PCP Sandusky St 629 N Sandusky Avenue Bucyrus, OH 44820	Physician Practice
5	PCP West Broad 5193 West Broad Street Suite 200 Columbus, OH 43228	Physician Practice
6	Maternal Fetal Medicine 3535 Olentangy River Road 1st Floor Columbus, OH 43214	Physician Practice
7	RMH GME Family Medicine 697 Thomas Lane Columbus, OH 43214	Physician Practice
8	Colorectal Surgeons Grant 4882 E Main Suite 220 Columbus, OH 43213	Physician Practice
9	PCP Nike Dr 5548 Hilliard Rom Office Park Hilliard, OH 43026	Physician Practice
10	PCP W Green Dr 24 W Green Parks Hall Dr Suite 230 Athens, OH 45701	Physician Practice
11	PCP East Broad 7340 E Broad Street Suite B Blacklick, OH 43004	Physician Practice
12	PCP Hospital Dr 6905 Hospital Drive Suite 200 Dublin, OH 43016	Physician Practice
13	Pediatrics Grady MOB 551 W Central Ave Suite 103 Delaware, OH 43015	Physician Practice
14	Breast Surgeons Grant 285 E State Street Suite 300 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)
76	Neuro Spine 3555 Olentangy River Rd Suite 2001 Columbus, OH 43214	Physician Practice
1	OBGYN West Broad 5193 West Broad Street Suite 200 Columbus, OH 43228	Physician Practice
2	Sports Medicine McConnell 3773 Olentangy River Road Columbus, OH 43214	Physician Practice
3	Delaware Internal Medicine 454 W Central Ave Delaware, OH 43015	Physician Practice
4	Surgical Specialists Doctors 5131 Beacon Hill Road Suite 230 Columbus, OH 43228	Physician Practice
5	Urgent Care Athens 265 W Union St Suite A Athens, OH 45701	Physician Practice
6	Breast Surgeons Riverside 3555 Olentangy River Road Suite 202 0 Columbus, OH 43214	Physician Practice
7	Internal Medicine Grady MOB 551 W Central Ave Suite 301 Delaware, OH 43015	Physician Practice
8	Surgical Specialists Delaware 801 OhioHealth Blvd Suite 160 Delaware, OH 43015	Physician Practice
9	PCP Hill Rd 417 Hill Road N Suite 101 Pickerington, OH 43147	Physician Practice
10	CTVS Grant 85 McNaughten Road Suite 110 Columbus, OH 43213	Physician Practice
11	Endocrinology Rivers Edge Dr 7630 Rivers Edge Drive Columbus, OH 43235	Physician Practice
12	Ortho Surgeons Mansfield MOB 335 Glessner Ave Mansfield, OH 44903	Physician Practice
13	PCP Galloway 990 Galloway Road Galloway, OH 43119	Physician Practice
14	PCP Market Exchange 500 E Main Street Suite 100 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)
91	PCP Tippett Court 100 Tippett Ct Suite 101 Sunbury, OH 43074	Physician Practice
1	Gastro Doctors 5131 Beacon Hill Road Suite 200 Columbus, OH 43228	Physician Practice
2	Neuro Pickerington 1010 Refugee Rd Suite 310 Pickerington, OH 43147	Physician Practice
3	Gyn Onc Riverside 500 Thomas Lane Suite 4B Columbus, OH 43214	Physician Practice
4	Internal Med Polaris Parkway 300 Polaris Parkway Suite 3400 Westerville, OH 43082	Physician Practice
5	DMH GME Family Practice 6905 Hospital Drive Suite 200 Dublin, OH 43016	Physician Practice
6	PCP Trimble Rd 558 S Trimble Road Mansfield, OH 44903	Physician Practice
7	HVP Dublin 7500 Hospital Dr Dublin, OH 43016	Physician Practice
8	PCP Lexington 375 West Main Street Mansfield, OH 44904	Physician Practice
9	Pediatrics Sawmill Pkwy 4141 N Hampton Dr Suite 103 Powell, OH 43065	Physician Practice
10	DH GME Family Practice SW 2030 Stringtown Road 3rd Floor Grove City, OH 43123	Physician Practice
11	Grady Hospitalists 561 W Central Avenue Delaware, OH 43015	Physician Practice
12	GMC OWHP 111 S Grant Avenue Columbus, OH 43215	Physician Practice
13	PCP Kenton 60 Washington Blvd Kenton, OH 43326	Physician Practice
14	Urology Grady 551 W Central Ave Suite 102 Delaware, OH 43015	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)
106	PCP London 1076 Eagleton Blvd Suite C London, OH 43140	Physician Practice
1	Vascular Surgeons Doctors 5131 Beacon Hill Road Suite 100 Columbus, OH 43228	Physician Practice
2	RMH Infectious Disease 3555 Olentangy River Rd Suite 3020 Columbus, OH 43214	Physician Practice
3	RMH Critical Care 3545 Olentangy River Road Columbus, OH 43214	Physician Practice
4	ENT Doctors 5131 Beacon Hill Dr Suite 300 Columbus, OH 43228	Physician Practice
5	OMM W Green Dr 24 W Green Parks Hall Dr Suite 408 Athens, OH 45701	Physician Practice
6	PCP Lancaster 784 E Main Street Lancaster, OH 43130	Physician Practice
7	Endocrinology Grant 500 E Main Street Suite 100 Columbus, OH 43215	Physician Practice
8	Dublin Hospitalists 7500 Hospital Dr Suite 3511 Dublin, OH 43016	Physician Practice
9	HVP Athens 65 Hospital Dr Athens, OH 45701	Physician Practice
10	PCP Scioto Darby 6314 Scioto Darby Road Hilliard, OH 43026	Physician Practice
11	ENT Mansfield MOB 335 Glessner Ave Mansfield, OH 44903	Physician Practice
12	Behavioral Health IP ED VH 3535 Olentangy River Road NMB Suite 220 Columbus, OH 43214	Physician Practice
13	Medical Oncology Mansfield 335 Glessner Ave Mansfield, OH 44903	Physician Practice
14	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)
121	HVP Circleville 600 N Pickaway ST Suite 102 Circleville, OH 43113	Physician Practice
1	GMC GME Family Medicine SW 2030 Stringtown Road Grove City, OH 43123	Physician Practice
2	General Surgery Athens 75 Hospital Dr Suite 310 Athens, OH 45701	Physician Practice
3	Hospitalists 55 Hospital Dr Athens, OH 45701	Physician Practice
4	PCP Perimeter Dr 6870 Perimeter Dr Suite B Dublin, OH 43016	Physician Practice
5	GMC GME Family Medicine East 4850 E Main Street Columbus, OH 43213	Physician Practice
6	PCP Wexner Heritage 2222 Welcome Place Columbus, OH 43209	Physician Practice
7	Colorectal Surgeons RMH 3535 Olentangy River Rd Columbus, OH 43214	Physician Practice
8	PCP Pacer Dr 28 Hidden Ravines Dr Powell, OH 43065	Physician Practice
9	DH GME OBGYN 5131 Beacon Hill Road Suite 340 Columbus, OH 43228	Physician Practice
10	Neuro Delaware 801 OhioHealth Blvd Suite 210 Delaware, OH 43015	Physician Practice
11	Endocrinology Mansfield MOB 335 Glessner Ave Mansfield, OH 44903	Physician Practice
12	PCP Nelsonville 11 John Lloyd Evans Memorial Dr Su ite 200 Nelsonville, OH 45764	Physician Practice
13	PCP and Residency Clinic 86 Columbus Circle Cir Suite 203 Athens, OH 45701	Physician Practice
14	RMH GME Internal Medicine 500 Thomas Lane Suite 2-C 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)
136	PCP Obetz FSED 4335 Alum Creek Drive Columbus, OH 43207	Physician Practice
1	HVP North Central 1000 McKinley Park Drive Marion, OH 43302	Physician Practice
2	RMH Neuro APPs 3535 Olentangy River Rd Columbus, OH 43214	Physician Practice
3	PCP Ontario 1750 West Fourth Street Mansfield, OH 44903	Physician Practice
4	PCP Amberwood Parkway 45 Amberwood Pkwy Ashland, OH 44805	Physician Practice
5	RMH Pulmonary Physicians 3545 Olentangy River Road Suite 111 Columbus, OH 43214	Physician Practice
6	PCP Womens Health Mansfield 1020 Cricket Lane Mansfield, OH 44903	Physician Practice
7	Urgent Care Nelsonville 11 John Lloyd Evans Memorial Dr Nelsonville, OH 45764	Physician Practice
8	RMH Neuropsych 223 E Town Street Columbus, OH 43215	Physician Practice
9	PCP New Albany FSED 5868 N Hamilton 2nd Floor New Albany, OH 43054	Physician Practice
10	RMH McConnell Heart Health Ctr 3773 Olentangy River Road Columbus, OH 43214	Physician Practice
11	PCP Baltimore Reynoldsburg 2014 Baltimore-Reynoldsburg Rd Reynoldsburg, OH 43068	Physician Practice
12	RMH Cardio APPs 3535 Olentangy River Rd Columbus, OH 43214	Physician Practice
13	DH Pulmonary Critical Care 5100 West Broad Street Columbus, OH 43228	Physician Practice
14	HVP Cambridge 1341 N Clark ST Cambridge, OH 43725	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)
151	Internal Medicine W Union St 542 W Union St Suite B Athens, OH 45701	Physician Practice
1	Behavioral Health IP 3535 Olentangy River Road RMH 9 Nor th Columbus, OH 43214	Physician Practice
2	Endocrinology Athens 75 Hospital Dr Suite 200 Athens, OH 45701	Physician Practice
3	RMH Ortho and Hosp Based APPs 3535 Olentangy River Rd Columbus, OH 43214	Physician Practice
4	Surgical Specialists Grady MOB 551 W Central Ave Suite 303 Delaware, OH 43015	Physician Practice
5	Urology Athens 75 Hospital Dr Suite 240 Athens, OH 45701	Physician Practice
6	Cancer Specialists Marion 1150 Crescent Heights Rd Marion, OH 43302	Physician Practice
7	Podiatry Athens 75 Hospital Dr Suite 340 Athens, OH 45701	Physician Practice
8	Pain Management Doctors 3663 Ridge Mill Dr Suite 100 Hilliard, OH 43026	Physician Practice
9	Behavioral Health OP 3535 Olentangy River Road RMH 9 Nor th Columbus, OH 43214	Physician Practice
10	Urology Grant 500 E Main St Suite 220 Columbus, OH 43215	Physician Practice
11	RMH CHF Clinic 3525 Olentangy River Road 2nd Floor Columbus, OH 43214	Physician Practice
12	Infectious Disease 295 Glessner Avenue Mansfield, OH 44903	Physician Practice
13	Ortho Surgeons Doctors 5131 Beacon Hill Road Suite 160 Columbus, OH 43228	Physician Practice
14	RMH Trauma Crit Care APPs 3535 Olentangy River Rd 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)
166	PCP Balgreen Dr 770 Balgreen Dr Mansfield, OH 44903	Physician Practice
1	Pathology Athens 55 Hospital Dr 1st Floor Lab Athens, OH 45701	Physician Practice
2	DMH OBGYN and Midwives 7500 Hospital Drive Dublin, OH 43016	Physician Practice
3	PCP Racine 207 5th St Racine, OH 45771	Physician Practice
4	ENT Athens 75 Hospital Dr Suite 360 Athens, OH 45701	Physician Practice
5	Grady Professional Services 801 OhioHealth Blvd Delaware, OH 43015	Physician Practice
6	Radiation Oncology Grant 111 S Grant Ave TBD Columbus, OH 43215	Physician Practice
7	Radiation Oncology Delaware 801 OhioHealth Blvd Delaware, OH 43015	Physician Practice
8	Radiation Oncology Doctors 5100 West Broad St Columbus, OH 43228	Physician Practice
9	Anesthesiology 1050 Delaware Ave Marion, OH 43302	Physician Practice
10	Neuro Grove City 2030 Stringtown Rd Suite 200 Grove City, OH 43123	Physician Practice
11	PCP Nationwide Plaza 3 Nationwide Plaza 1st Floor Columbus, OH 43215	Physician Practice
12	PCP Blymyer 248 Blymyer Avenue Mansfield, OH 44903	Physician Practice
13	Pain Management Athens 55 Hospital Dr TBD Athens, OH 45701	Physician Practice
14	GMC GME Op Care Center Town St 393 E Town Street 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)
181	Neuro Athens 65 Hospital Dr Athens, OH 45701	Physician Practice
1	Ortho Surgeons Shelby 2180 Stumbo Rd Ontario, OH 44906	Physician Practice
2	PCP Mt Victory 458 460 S Main Mount Vicotry, OH 43340	Physician Practice
3	DH GME Specialty Medicine 50 Old Village Road Suite 201 Columbus, OH 43228	Physician Practice
4	ENT Ontario 1770 West Fourth Street Mansfield, OH 44903	Physician Practice
5	GMC Wound Care 285 E State Street Suite 460 Columbus, OH 43215	Physician Practice
6	Medical Oncology Delaware 801 OhioHealth Blvd Suite 180 Delaware, OH 43015	Physician Practice
7	Mansfield Cardiac Anesthesia 335 Glessner Ave Mansfield, OH 44903	Physician Practice
8	HVP Hardin 921 E Franklin Street Kenton, OH 43326	Physician Practice
9	Neuro Oncology 500 Thomas Lane Suite 2E Columbus, OH 43214	Physician Practice
10	Trauma Mansfield 355 Glessner Avenue Mansfield, OH 44903	Physician Practice
11	PCP Express Appt Center 770 Jasonway Avenue Suite 1B Columbus, OH 43214	Physician Practice
12	PCP E Main St 4850 E Main St Suite 110 Columbus, OH 43213	Physician Practice
13	RMH GME General Surgery 3535 Olentangy River Road NG Columbus, OH 43214	Physician Practice
14	Osteopathic Manipulation Med 6905 Hospital Dr Suite 200 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

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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)
196	Mansfield Pulmonary Crit Care 770 Balgreen Drive Mansfield, OH 44903	Physician Practice
1	Mansfield Pulmonary 770 Ballgreen Drive Mansfield, OH 44903	Physician Practice
2	GMC Hosp Based APPs 111 S Grant St Columbus, OH 43215	Physician Practice
3	PCP Glouster 5 Cararas Dr Glouster, OH 45732	Physician Practice
4	CHF Clinic Mansfield 335 Glessner Ave Mansfield, OH 44903	Physician Practice
5	Home Care Hospice 3595 Olentangy River Road Columbus, OH 43214	Physician Practice
6	Grove City Hospitalists 1375 Stringtown Road Grove City, OH 43123	Physician Practice
7	RMH Exec Hlth Wellness Clinic 3773 Olentangy River Road Columbus, OH 43214	Physician Practice
8	Wound Care Athens 444 W Union St Suite D Athens, OH 45701	Physician Practice
9	PCP GCMH MOB 1325 Stringtown Rd Suite 240 Grove City, OH 43123	Physician Practice
10	Mansfield Behavioral Health IP 335 Glessner Ave Mansfield, OH 44903	Physician Practice
11	Radiation Oncology Mansfield 335 Glessner Ave 3rd Floor Mansfield, OH 44903	Physician Practice
12	PCP Concierge Medicine 3363 Tremont Rd Upper Arlington, OH 43221	Physician Practice
13	Medical Oncology Grant 285 E State St Suite 670 Columbus, OH 43215	Physician Practice
14	RMH Senior Health 3724 A Olentangy River Road Gerlach Center 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)
211	WOW Womens Health 393 E Town Street Columbus, OH 43215	Physician Practice
1	Hospitalists Pickerington SSU 1010 Refugee Rd Pickerington, OH 43147	Physician Practice
2	Hospitalists Westerville SSU 300 Polaris Pkwy Suite 3000 Westerville, OH 43082	Physician Practice
3	RMH Adv Practice Providers 3535 Olentangy River Road Columbus, OH 43214	Physician Practice
4	Audiology Mansfield 335 Glessner Ave 5th Floor Mansfield, OH 44903	Physician Practice
5	Neuro Berger 3555 Olentangy River Road Suite 205 0 Columbus, OH 43214	Physician Practice
6	RMH GME Dermatology 3595 Olentangy River Rd Columbus, OH 43214	Physician Practice
7	PCP Marengo 73 Sportsman Dr Marengo, OH 43334	Physician Practice
8	DH Gme Orthopedic Medicine 5131 Beacon Hill Road Suite 160 Columbus, OH 43228	Physician Practice
9	PCP Northfield 6519 US Highway 42 Mt Gilead, OH 43338	Physician Practice
10	CTVS Marion 1040 Delaware Avenue Marion, OH 43302	Physician Practice
11	PCP Wellness On Wheels 393 E Town Street Columbus, OH 43215	Physician Practice
12	Administration 1040 Delaware Ave Marion, OH 43302	Physician Practice
13	OPG Administration 180 E Broad St 10th Floor Columbus, OH 43215	Physician Practice
14	PCP Mt Gilead 900 Meadow Dr Ste A Mt Gilead, OH 43338	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)
226	PCP Cardington 116 E Main St Cardington, OH 43315	Physician Practice
1	GMC HVP APPs 285 E State St Suite 400 Columbus, OH 43215	Physician Practice
2	PCP Grandview 1125 Yard St Columbus, OH 43147	Physician Practice
3	RMH On Call Trauma 3555 Olentangy River Road Suite 201 0 Columbus, OH 43214	Physician Practice
4	Neuro Cognitive 3535 Olentangy River Rd Columbus, OH 43214	Physician Practice
5	Ortho Surgeons Morrow Cty 651 W Marion Rd Mt Gilead, OH 43338	Physician Practice
6	CTVS Doctors 5131 Beacon Hill Road Suite 100 Columbus, OH 43228	Physician Practice
7	PCP Crawford 1820 E Mansfield Ave Mansfield, OH 44903	Physician Practice
8	Integrative Medicine 500 Thomas Lane Columbus, OH 43214	Physician Practice
9	PCP Wexner Heritage TCU 2222 Welcome Place Columbus, OH 43209	Physician Practice
10	Radiation Oncology Obleness 75 Hospital Dr Suite 170 Athens, OH 45701	Physician Practice
11	OPG Central Billing Office 180 East Broad Street 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.**

▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No 1545-0047

2018

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 noncash assistance	(h) Purpose of grant or assistance
(1) OhioHealth Corporation 3430 OhioHealth Parkway Columbus, OH 43202	31-4394942	501C(3)	1,667,660				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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) SCHOLARSHIPS AND AWARDS	266	316,000			
(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.**

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No 1545-0047

2018

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**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☐ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☐ Compensation survey or study		
	☐ Form 990 of other organizations	☐ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Return Reference	Explanation
Schedule J, Part I, Line 3 Arrangement used to establish the top management official's compensation	The Parent Corporation (a related organization) used the following methods to establish the compensation of the CEO for each of the filing organizations included in the OhioHealth Group 990 return - Compensation committee - Independent compensation consultant - Form 990 of other organizations - Compensation survey or study - Approval by the board or compensation committee

Return Reference	Explanation
Schedule J, Part I, Line 4a Severance or change-of-control payment	UNDER A VOLUNTARY TERMINATION AGREEMENT ENTERED INTO BY THE EMPLOYEE AND THE ORGANIZATION OR UPON A QUALIFYING TERMINATION DEFINED AS AN INVOLUNTARY SEPARATION FROM SERVICE OTHER THAN FOR CAUSE, THE EMPLOYEE IS ENTITLED TO SEVERANCE PAY BASED UPON YEARS OF SERVICE THE TERMS AND CONDITIONS TO RECEIVE SEVERANCE PAYMENTS REQUIRE THE EMPLOYEE TO SIGN A RELEASE OF CLAIMS FORM THAT COVERS ALL SITUATIONS SURROUNDING THE EMPLOYEE'S EMPLOYMENT AND SEPARATION FROM OHIOHEALTH SEVERANCE PAYMENTS WERE MADE DURING THE YEAR TO THE FOLLOWING LISTED PERSON IN PART VII JOHN P NILES - $31,223

Return Reference	Explanation
Schedule J, Part I, Line 4b Supplemental nonqualified 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 No supplemental non-qualified retirement plan payments were made during the year to any listed persons in Part VII

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)

Additional Data

Software ID: 18007697
Software Version: 2018v3.1
EIN: 32-0007056
Name: OhioHealth Corporation Group Return

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Blom David P	(I)	0	0	0	0	0	0	0
President/CEO/Board - OhioHealth	(II)	1,324,352	1,634,418	32,780	1,706,294	21,811	4,719,655	0
Caulin-Glaser Teresa L MD	(I)	0	0	0	0	0	0	0
Chair Board	(II)	610,315	546,980	35,603	12,733	19,868	1,225,499	0
Herbert-Sinden Cheryl L	(I)	0	0	0	0	0	0	0
Chair Board	(II)	453,901	376,557	28,566	177,701	19,614	1,056,339	0
Johnson Katherine E MD	(I)	205,255	0	78	12,498	9,528	227,359	0
Chair Board	(II)	0	0	0	0	0	0	0
Knutson Douglas MD	(I)	0	0	0	0	0	0	0
Vice-Chair Board	(II)	419,183	139,855	26,065	14,375	11,893	611,371	0
Louge Michael W	(I)	0	0	0	0	0	0	0
Executive VP & COO/CFO (Start 8/18, End 6/19)	(II)	945,879	942,782	17,881	659,219	26,750	2,592,511	0
Meldrum Terri W Esq	(I)	0	0	0	0	0	0	0
Secretary Board	(II)	379,479	243,500	23,907	70,598	26,750	744,234	0
Morrison Karen J	(I)	0	0	0	0	0	0	0
President Board	(II)	472,759	387,048	9,401	129,307	26,466	1,024,981	0
Snyder Ronald P	(I)	0	0	0	0	0	0	0
President Board	(II)	189,351	52,863	6,876	17,497	19,868	286,455	0
Thornhill Hugh A	(I)	0	0	0	0	0	0	0
President Board	(II)	424,117	363,430	29,056	126,192	26,750	969,545	0
Abel Michael Joseph	(I)	0	0	0	0	0	0	0
Board	(II)	180,227	51,409	5,293	19,048	24,890	280,867	0
Arshi Arash MD	(I)	634,860	1,560	73,743	7,163	27,210	744,536	0
Board	(II)	0	0	0	0	0	0	0
Brandon Heather	(I)	0	0	0	0	0	0	0
Board	(II)	245,933	89,523	21,569	15,170	19,868	392,063	0
Bunyard Stephen P	(I)	0	0	0	0	0	0	0
Board	(II)	364,572	258,397	8,520	67,675	19,868	719,032	0
Collazo Antonio E MD	(I)	433,510	69,557	2,308	16,500	20,450	542,325	0
Board	(II)	0	0	0	0	0	0	0
DeVillers Rebecca E DO	(I)	154,984	6,204	12,230	12,364	226	186,008	0
Board	(II)	0	0	0	0	0	0	0
Ferris Frank MD	(I)	0	0	0	0	0	0	0
Board	(II)	289,177	83,959	46,885	11,608	10,826	442,455	0
Gallaher Connie L	(I)	0	0	0	0	0	0	0
Board	(II)	305,651	146,858	23,518	30,484	10,826	517,337	0
Geskey Joseph DO	(I)	0	0	0	0	0	0	0
Board	(II)	302,171	41,913	16,777	3,625	28,373	392,859	0
Gingrich Curtis MD	(I)	0	0	0	0	0	0	0
Board	(II)	378,004	123,928	4,906	30,275	10,705	547,818	0

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Hagen Bruce P	(I)	0	0	0	0	0	0	0
Board	(II)	503,367	363,433	32,479	76,794	19,614	995,687	0
Imm Amy MD	(I)	0	0	0	0	0	0	0
Board	(II)	482,308	164,121	26,524	34,471	26,078	733,502	0
Jepson Brian D	(I)	0	0	0	0	0	0	0
Board	(II)	492,139	358,638	24,148	54,370	24,890	954,185	0
Lawson Michael S	(I)	0	0	0	0	0	0	0
Board	(II)	467,027	319,058	5,116	69,782	10,405	871,388	0
Grewal Karanvir S MD	(I)	870,508	1,560	68,517	13,613	27,535	981,733	0
Board	(II)	0	0	0	0	0	0	0
Markovich Stephen E MD	(I)	0	0	0	0	0	0	0
Board	(II)	794,812	709,750	29,146	452,427	26,150	2,012,285	0
Moorman Matthew MD	(I)	337,951	75,600	15,320	8,583	47,263	484,717	0
Board	(II)	0	0	0	0	0	0	0
Niles John P	(I)	0	0	0	0	0	0	0
Board (End 11/18)	(II)	222,534	50,946	74,161	0	17,976	365,617	0
Reichfield Michael L	(I)	0	0	0	0	0	0	0
Board	(II)	394,186	293,309	27,896	113,699	19,868	848,958	0
Rudy John	(I)	0	0	0	0	0	0	0
Board	(II)	157,369	19,537	1,076	14,874	22,690	215,546	0
Urse Geraldine L DO	(I)	251,490	30,862	8,766	30,111	18,838	340,067	0
Board	(II)	0	0	0	0	0	0	0
von Gunten Charles MD	(I)	0	0	0	0	0	0	0
Board	(II)	293,745	70,000	34,992	11,608	10,826	421,171	0
Vora Sanjay K MD	(I)	267,727	60,040	21,608	12,120	27,774	389,269	0
Board	(II)	0	0	0	0	0	0	0
Wasielewski Ray MD	(I)	654,706	32,966	21,588	10,052	28,390	747,702	0
Board	(II)	0	0	0	0	0	0	0
Romanelli Vincent MD	(I)	496,170	57,807	19,398	15,349	26,968	615,692	0
OhioHlth Board	(II)	0	0	0	0	0	0	0
Crowell Robert MD	(I)	0	0	0	0	0	0	0
Board	(II)	664,275	124,469	27,731	11,092	24,700	852,267	0
Gossman Charles	(I)	0	0	0	0	0	0	0
Board	(II)	188,182	39,213	49,256	21,355	22,690	320,696	0
Smith Jeffrey	(I)	0	0	0	0	0	0	0
Board	(II)	247,124	88,960	23,195	19,175	25,951	404,405	0
Smith Brien J MD	(I)	0	0	0	0	0	0	0
Board	(II)	527,780	46,849	21,336	4,902	18,242	619,109	0
O'Brien Jr James M MD	(I)	0	0	0	0	0	0	0
Board	(II)	394,571	137,326	23,772	7,063	26,078	588,810	0

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Silver Mitchell MD	(I)	964,238	1,560	77,090	13,490	25,690	1,082,068	0
Board	(II)	0	0	0	0	0	0	0
Kadar Melissa	(I)	0	0	0	0	0	0	0
Board (Start 11/18)	(II)	168,017	29,892	4,997	8,422	23,489	234,817	0
Vanderhoff Bruce MD	(I)	0	0	0	0	0	0	0
Sr VP and Chief Medical Officer OhioHealth	(II)	704,187	576,397	25,197	213,144	26,450	1,545,375	0
Yates Vinson M	(I)	0	0	0	0	0	0	0
Sr Vice President & CFO (End 8/18)	(II)	616,231	503,928	27,036	191,277	19,868	1,358,340	0
Sperling Ronald	(I)	0	0	0	0	0	0	0
Interim Sr Vice President & CFO (Start 10/18 through 6/19)	(II)	180,000	0	0	0	180,000		0
Yakubov Steven MD	(I)	1,062,201	44,241	91,228	8,025	28,360	1,234,055	0
Physician Core - OPG	(II)	174,642	0	78	0	30	174,750	0
BalturshotGregory W MD	(I)	1,402,265	1,613,309	20,162	10,403	28,331	3,074,470	0
Physician Core OPG	(II)	0	0	0	0	0	0	0
BonassoChristian L MD	(I)	1,390,106	1,391,988	18,968	13,823	27,990	2,842,875	0
Physician Core OPG	(II)	0	0	0	0	0	0	0
Dorbish Ronald	(I)	1,030,420	547,000	55,060	13,146	27,690	1,673,316	0
Physician Core OPG	(II)	0	0	0	0	0	0	0
SeamanBrian F DO	(I)	1,004,408	1,601,547	18,968	13,886	22,489	2,661,298	0
Physician Ortho Surgery (General)	(II)	0	0	0	0	0	0	0
Cassandra James MD	(I)	934,504	496,364	19,400	4,823	22,112	1,477,203	0
Physician Cardio Interventional	(II)	0	0	0	0	0	0	0
Seckinger Mark R	(I)	0	0	0	0	0	0	0
FRM Secretary Board	(II)	265,163	154,494	25,875	49,291	11,132	505,955	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.**
▶**Go to *www.irs.gov/Form990* for the latest information.**

OMB No 1545-0047

2018

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)	19,553	Comp/Ben - Spouse is employed at Hardin Memorial Hospital and receives compensation		No

Part V Supplemental Information

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

Return Reference	Explanation
Schedule L, Part IV	(a) Name of Person Marissa Root (b) Relationship Between Interested Person and Organization Spouse of HMH Director (Chip Root) (d) Description of Transaction Comp/Ben - Spouse is employed at HMH and receives compensation

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

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	X	4	145,120	Selling cost
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	X	1	36,693	Cost
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ See Additional Data				
26	Other ▶ (_____)				
27	Other ▶ (_____)				
28	Other ▶ (_____)				

			Yes	No
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
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 nonstandard 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 - Personal Health Managers, Wigs, and Look Good Feel Better Kits - from American Cancer Society Combination of number of contributions and items received Other - MEDICAL EDUCATION EQUIPMENT AND SUPPLIES COMBINATION OF NUMBER OF CONTRIBUTIONS AND ITEMS RECEIVED Other - SINUS INSTRUMENT SETS AND VIDEO TOWERS FOR ENT SINUS LAB NUMBER OF ITEMS RECEIVED Other - AUGMENTATIVE COMMUNICATION DEVICES NUMBER OF ITEMS RECEIVED Other - WELLNESS ON WHEELS PRENATAL UNIT BABY BUNDLES NUMBER OF ITEMS RECEIVED Securities - Publicly traded - Number of contributions Other - VARIOUS OTHER NONCASH CONTRIBUTIONS NUMBER OF CONTRIBUTIONS Drugs and medical supplies - NUMBER OF CONTRIBUTIONS

Additional Data

Software ID: 18007697
Software Version: 2018v3.1
EIN: 32-0007056
Name: OhioHealth Corporation Group Return

Part I, Lines 25-28

	(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
Other ▶ (Personal Health Managers, Wigs, and Look Good Feel Better Kits - from American Cancer Society)	X	50	67,875	Cost
Other ▶ (MEDICAL EDUCATION EQUIPMENT AND SUPPLIES)	X	50	25,348	Cost
Other ▶ (SINUS INSTRUMENT SETS AND VIDEO TOWERS FOR ENT SINUS LAB)	X	13	18,970	Cost
Other ▶ (AUGMENTATIVE COMMUNICATION DEVICES)	X	3	20,995	Cost
Other ▶ (WELLNESS ON WHEELS PRENATAL UNIT BABY BUNDLES)	X	47	3,974	Cost
Other ▶ (VARIOUS OTHER NONCASH CONTRIBUTIONS)	X	51	63,428	Cost

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ **Attach to Form 990 or 990-EZ.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No 1545-0047

2018

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 $ 3,669,476 including grants of $ 1,983,660)(Revenue $ 4,334,448) 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 raisi ng and investing funds to support many important programs and services All earnings are r e-invested to improve patient care We rely on philanthropic support from individuals, cor porations, foundations and organizations to continue our mission of achieving excellence i n patient care, transforming the future of medical research and education and developing p rograms that help us improve the health of those we serve

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IV, Line 24a Tax-Exempt Bond Liability	The subordinate entities included with the filing of this Group return are part of OhioHea lth Corporation, which is the borrower for tax-exempt bonds The subordinate entities hold an intercompany note payable with OhioHealth Corporation, and this information is reporte d on the balance sheet

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 John P McConnell, Vice Chair o f Grady Memorial Hospital, MedCentral Health System, and Sheltering Arms Hospital Foundati on, and Kerrii B Anderson, Treasurer of Grady Memorial Hospital, MedCentral Health System , and Sheltering Arms Hospital Foundation, have a business relationship

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	OhioHealth prepares the Form 990 using third-party tax software Within OhioHealth there a re multiple levels of review, as well as a presentation to the OhioHealth Board Finance an d Audit Committee, prior to copies being provided to the OhioHealth Corporation Board befo re filing Additionally, Deloitte Tax reviews and signs the tax return prior to filing wit h the IRS Each entity within Group is a wholly owned or controlled subsidiary of OhioHeal th and requires the approval of OhioHealth for major financial transactions Due to the ad ministrative 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 memb er entity Any board member requesting a copy will be provided a copy in full compliance w ith 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 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 Akins, Nicholas ADDITIONAL POSITIONS HELD	Organization Name Grady Memorial Hospital, Title Vice Chair (Start 7/18), AverageHours 1 000, IndividualTrusteeOrDirectorOfficer Organization Name MedCentral Health System, Title Vice Chair (Start 7/18), AverageHours 1 000, IndividualTrusteeOrDirectorOfficer Organization Name Sheltering Arms Hospital Foundation, Title Vice Chair (Start 7/18), Average Hours 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 Vice-Chair 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 (End 11/19), 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 Dewire, Rev Dr Norman E 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 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, AverageHours 1 000, IndividualTrusteeOrDirectorOfficer Organization Name Grady Memorial Hospital, Title Boa rd, AverageHours 1 000, IndividualTrusteeOrDirector Organization Name MedCentral Health System, Title Board , AverageHours 1 000, IndividualTrusteeOrDirector Organization Name Sheltering Arms Hospital Foundation, Title Board, AverageHours 1 000, IndividualTrustee OrDirector

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 (End 9/18), AverageHours 1 000, IndividualTrusteeOrDirector

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VII, Section A Jennings, Matthew ADDITIONAL POSITIONS HELD	Organization Name Hardin Memorial Hospital, Title Secretary Board (Start 1/19), AverageHours 1 000, IndividualTrusteeOrDirectorOfficer Organization Name Hardin Physician Foundation, Title Board (Start 1/19), 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, 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 McConnell, John P ADDITIONAL POSITIONS HELD	Organization Name Grady Memorial Hospital, Title Chair (Start 7/18), AverageHours 1 000 , IndividualTrusteeOrDirectorOfficer Organization Name MedCentral Health System, Title C hair (Start 7/18), AverageHours 1 000, IndividualTrusteeOrDirectorOfficer Organization Na me OhioHealth Foundation Inc , Title Vice-Chair Board, AverageHours 1 000, IndividualTr usteeOrDirectorOfficer Organization Name Sheltering Arms Hospital Foundation, Title Chai r (Start 7/18), AverageHours 1 000, IndividualTrusteeOrDirectorOfficer

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 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 McFarland, James E ADDITIONAL POSITIONS HELD	Organization Name Marion General Hospital Inc , Title Sec/Treas Board, AverageHours 1 000, IndividualTrusteeOrDirectorOfficer

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 Oates, Todd, O D ADDITIONAL POSITIONS HELD	Organization Name Hardin Memorial Hospital, Title Vice 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 Rasmussen, Steven ADDITIONAL POSITIONS HELD	Organization Name Grady Memorial Hospital, Title Chair Emeritus, AverageHours 1 000, In dividualTrusteeOrDirectorOfficer Organization Name MedCentral Health System, Title Chair Emeritus, AverageHours 1 000, IndividualTrusteeOrDirectorOfficer Organization Name Ohio Health Foundation Inc , Title Board, AverageHours 1 000, IndividualTrusteeOrDirector Org anization Name Sheltering Arms Hospital Foundation, Title Chair Emeritus, AverageHours 1 000, IndividualTrusteeOrDirectorOfficer

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, 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 Organization Name Hardin Memorial Hospital, Title Chair Board, AverageHours 1 000, IndividualTrusteeOrDirectorOff icer Organization Name Hardin Physician Foundation, Title Board, AverageHours 1 000, In dividualTrusteeOrDirector

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 President Board, AverageHours 1 000, IndividualTrusteeOrDirectorOfficer 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 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, Aver ageHours 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 Recchie, Nancy 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 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 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 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 OhioHealth Foundation Inc , Title Board, AverageHours 1 000, IndividualTrusteeOrDirector

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 Cook, Karen, Rev ADDITIONAL POSITIONS HELD	Organization Name Grady Memorial Hospital, Title Board, AverageHours 1 000, IndividualTrusteeOrDirector Organization Name MedCentral Health System, Title Board , AverageHours 1 000, IndividualTrusteeOrDirector Organization Name Sheltering Arms Hospital Foundation , Title Board, AverageHours 1 000, IndividualTrusteeOrDirector

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, AverageHours 1 000, IndividualTrusteeOrDirector

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VII, Section A Watson-Cunningham, Jane 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, AverageHours 1 000, IndividualTrusteeOrDirector

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 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 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 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, 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 Organization Name OhioHealth Fo undation Inc , Title Board, AverageHours 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 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, Individu alTrusteeOrDirector Organization Name Appalachian Community Visiting Nurse Association, T itle Board, AverageHours 1 000, IndividualTrusteeOrDirector Organization Name HomeReach , Title Board, AverageHours 1 000, IndividualTrusteeOrDirector Organization Name Home R each HomeCare, 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, AverageHours 1 000, IndividualTrusteeOrDirector

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VII, Section A Morgan, Mary Beth 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, Indiv idualTrusteeOrDirector Organization Name Hardin Memorial Hospital, Title Board (Start 10 /18), 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, 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 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 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 Imm, Amy, M D ADDITIONAL POSITIONS HELD	Organization Name Appalachian Community Visiting Nurse Association, Title Board, Average Hours 1 000, IndividualTrusteeOrDirector Organization Name HomeReach, Title Board, Aver ageHours 1 000, IndividualTrusteeOrDirector Organization Name Home Reach HomeCare, 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, IndividualTrusteeOrDirector 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 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 Rayburn, Anamarie 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 Smith, Howard N 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 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 Grewal, Karanvir S 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 Markovich, Stephen E M D ADDITIONAL POSITIONS HELD	Organization Name Appalachian Community Visiting Nurse Association, Title Board , Averag eHours 1 000, IndividualTrusteeOrDirector Organization Name HomeReach, Title Board , Av erageHours 1 000, IndividualTrusteeOrDirector Organization Name Home Reach HomeCare, Tit le 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 McQuown, Richard 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 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 Sheltering Arms Hospital Foundation, 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 OhioHealth Foundation Inc , Title Board , AverageHours 1 000, IndividualTrusteeOrDirector

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VII, Section A Strine, Douglas L 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 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, 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 Niles, John P ADDITIONAL POSITIONS HELD	Organization Name OhioHealth Research Foundation, Title Board (End 11/18), 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 Parker, Mark 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 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 (End 6/19), 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, 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, 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 Schwemer, John ADDITIONAL POSITIONS HELD	Organization Name Hardin Memorial Hospital, Title Board, AverageHours 1 000, Individual TrusteeOrDirector Organization Name Hardin Physician Foundation, Title Board (End 12/18) , AverageHours 1 000, IndividualTrusteeOrDirector

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VII, Section A Watson, Pete 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 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 Steel, Brian 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 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 Ulrey, 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 Urse, Geraldine L , D O ADDITIONAL POSITIONS HELD	Organization Name OhioHealth Foundation Inc , Title Board, AverageHours 1 000, IndividualTrusteeOrDirector 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, 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 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 Aronowitz, Carol 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 Romanelli, Vincent, M D , ADDITIONAL POSITIONS HELD	Organization Name Grady Memorial Hospital, Title Board , AverageHours 1 000, Individual TrusteeOrDirector Organization Name MedCentral Health System, Title Board , AverageHours 1 000, IndividualTrusteeOrDirector Organization Name Sheltering Arms Hospital Foundatio n, Title Board, AverageHours 1 000, IndividualTrusteeOrDirector Organization Name OhioH ealth Physician Group, Inc , Title Physician Core OPG, AverageHours 40 000,

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VII, Section A Casey, John, D O ADDITIONAL POSITIONS HELD	Organization Name Grady Memorial Hospital Foundation, Title Board, AverageHours 1 000, IndividualTrusteeOrDirector Organization Name MedCentral Health System, Title Board, Ave rageHours 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 Hughes, Andrew, D O 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 Crowell, Robert, 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 Chester, Karen 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 Vradenburg, Gregory 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 Hulme, Amber 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 Jones, Eric 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 Goldberg, Joshua, 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 Gossman, Charles 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, Jeffrey 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, Brien J , 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 O'Brien Jr , James M , 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 Silver, Mitchell, 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 Bates, Justin ADDITIONAL POSITIONS HELD	Organization Name OhioHealth Foundation Inc , Title Board (Start 7/18), AverageHours 1 000, IndividualTrusteeOrDirector

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VII, Section A Eichinger, David ADDITIONAL POSITIONS HELD	Organization Name Grady Memorial Hospital, Title Board - OHIOHLTH (Start 7/18), AverageHours 1 000, IndividualTrusteeOrDirector Organization Name MedCentral Health System, Title Board - OHIOHLTH (Start 7/18), AverageHours 1 000, IndividualTrusteeOrDirector Organization Name Sheltering Arms Hospital Foundation, Title Board - OHIOHLTH (Start 7/18), AverageHours 1 000, IndividualTrusteeOrDirector

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VII, Section A Feiler, Kirk S ADDITIONAL POSITIONS HELD	Organization Name OhioHealth Foundation Inc , Title Board (Start 7/18), AverageHours 1 000, IndividualTrusteeOrDirector

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VII, Section A Kadar, Melissa ADDITIONAL POSITIONS HELD	Organization Name OhioHealth Research Foundation, Title Board (Start 11/18), AverageHours 1 000, IndividualTrusteeOrDirector

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VII, Section A Low, Daniel ADDITIONAL POSITIONS HELD	Organization Name OhioHealth Foundation Inc , Title Board (Start 7/18), AverageHours 1 000, IndividualTrusteeOrDirector

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VII, Section A Palma, Robert, D O ADDITIONAL POSITIONS HELD	Organization Name Grady Memorial Hospital, Title Board - OHIOHLTH (Start 7/18), AverageH ours 1 000, IndividualTrusteeOrDirector Organization Name MedCentral Health System, Titl e Board - OHIOHLTH (Start 7/18), AverageHours 1 000, IndividualTrusteeOrDirector Organiz ation Name Sheltering Arms Hospital Foundation, Title Board - OHIOHLTH (Start 7/18), Ave rageHours 1 000, IndividualTrusteeOrDirector

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VII, Section A Peery, Carla J ADDITIONAL POSITIONS HELD	Organization Name OhioHealth Foundation Inc , Title Board (Start 7/18), AverageHours 1 000, IndividualTrusteeOrDirector

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VII, Section A Perez, Sarah J ADDITIONAL POSITIONS HELD	Organization Name OhioHealth Foundation Inc , Title Board (Start 7/18), AverageHours 1 000, IndividualTrusteeOrDirector

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VII, Section A Philbin, Terrance ADDITIONAL POSITIONS HELD	Organization Name OhioHealth Foundation Inc , Title Board (Start 7/18), AverageHours 1 000, IndividualTrusteeOrDirector

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VII, Section A Vanderhoff, Bruce, M D ADDITIONAL POSITIONS HELD	Organization Name OhioHealth Research Foundation, Title Board, AverageHours 1 000, Individual TrusteeOrDirector Organization Name OhioHealth Physician Group, Inc , Title Board , AverageHours 1 000, IndividualTrusteeOrDirector

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VII, Section A Wallace, Paige ADDITIONAL POSITIONS HELD	Organization Name Hardin Memorial Hospital, Title Board (Start 1/19), 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 Sr Vice Presi dent & CFO (End 8/18), AverageHours 1 000, Officer Organization Name Grady Memorial Hosp ital, Title Sr Vice President & CFO (End 8/18), AverageHours 1 000, Officer Organizatio n Name Home Reach HomeCare, Title Sr Vice President & CFO (End 8/18), AverageHours 1 0 00, Officer Organization Name HomeReach, Title Sr Vice President & CFO (End 8/18), Aver ageHours 1 000, Officer Organization Name MedCentral Health System, Title Sr Vice Pres ident & CFO (End 8/18), AverageHours 1 000, Officer Organization Name OhioHealth Foundat ion Inc , Title Sr Vice President & CFO (End 8/18), AverageHours 1 000, Officer Organiz ation Name OhioHealth Physician Group, Inc , Title Sr Vice President & CFO (End 8/18), AverageHours 1 000, Officer Organization Name OhioHealth Research Foundation, Title Sr Vice President & CFO (End 8/18), AverageHours 1 000, Officer Organization Name Shelter ing Arms Hospital Foundation, Title Sr Vice President & CFO (End 8/18), AverageHours 1 000, Officer Organization Name Hardin Memorial Hospital, Title Sr Vice President & CFO (End 8/18), AverageHours 1 000, Officer Organization Name Hardin Memorial Hospital Found ation, Title Sr Vice President & CFO (End 8/18), AverageHours 1 000, Officer Organizati on Name Hardin Physician Foundation, Title Sr Vice President & CFO (End 8/18), AverageH ours 1 000, Officer

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VII, Section A Browning, Mike P ADDITIONAL POSITIONS HELD	Organization Name Appalachian Community Visiting Nurse Association, Title Sr VP and CFO (Start 6/19), AverageHours 1 000, Officer Organization Name Grady Memorial Hospital, Title Sr VP and CFO (Start 6/19), AverageHours 1 000, Officer Organization Name Hardin Memorial Foundation, Title Sr VP and CFO (Start 6/19), AverageHours 1 000, Officer Organization Name Hardin Memorial Hospital, Title Sr VP and CFO (Start 6/19), AverageHours 1 000, Officer Organization Name OhioHealth Research Foundation, Title Sr VP and CFO (Start 6/19), AverageHours 1 000, Officer Organization Name OhioHealth Physician Group, Inc , Title Sr VP and CFO (Start 6/19), AverageHours 1 000, Officer Organization Name Home Reach HomeCare, Title Sr VP and CFO (Start 6/19), AverageHours 1 000, Officer Organization Name HomeReach, Title Sr VP and CFO (Start 6/19), AverageHours 1 000, Officer Organization Name Hardin Physician Foundation, Title Sr VP and CFO (Start 6/19), AverageHours 1 000, Officer Organization Name MedCentral Health System, Title Sr VP and CFO (Start 6/19), AverageHours 1 000, Officer Organization Name OhioHealth Foundation Inc , Title Sr VP and CFO (Start 6/19), AverageHours 1 000, Officer Organization Name Sheltering Arms Hospital Foundation, Title Sr VP and CFO (Start 6/19), AverageHours 1 000, Officer

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VII, Section A Sperling, Ronald ADDITIONAL POSITIONS HELD	Organization Name Appalachian Community Visiting Nurse Association, Title Interim Sr Vice President & CFO (Start 10/18 through 6/19), AverageHours 1 000, Officer Organization Name Grady Memorial Hospital, Title Interim Sr Vice President & CFO (Start 10/18 through 6/19), AverageHours 1 000, Officer Organization Name Hardin Memorial Hospital Foundation, Title Interim Sr Vice President & CFO (Start 10/18 through 6/19), AverageHours 1 000, Officer Organization Name Hardin Memorial Hospital, Title Interim Sr Vice President & CFO (Start 10/18 through 6/19), AverageHours 1 000, Officer Organization Name OhioHealth Research Foundation, Title Interim Sr Vice President & CFO (Start 10/18 through 6/19), AverageHours 1 000, Officer Organization Name OhioHealth Physician Group, Inc , Title Interim Sr Vice President & CFO (Start 10/18 through 6/19), AverageHours 1 000, Officer Organization Name Home Reach HomeCare, Title Interim Sr Vice President & CFO (Start 10/18 through 6/19), AverageHours 1 000, Officer Organization Name HomeReach, Title Interim Sr Vice President & CFO (Start 10/18 through 6/19), AverageHours 1 000, Officer Organization Name Hardin Physician Foundation, Title Interim Sr Vice President & CFO (Start 10/18 through 6/19), AverageHours 1 000, Officer Organization Name MedCentral Health System, Title Interim Sr Vice President & CFO (Start 10/18 through 6/19), AverageHours 1 000, Officer Organization Name OhioHealth Foundation Inc , Title Interim Sr Vice President & CFO (Start 10/18 through 6/19), AverageHours 1 000, Officer Organization Name Sheltering Arms Hospital Foundation, Title Interim Sr Vice President & CFO (Start 10/18 through 6/19), AverageHours 1 000, Officer

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VII, Section A Yakubov, Steven, M D ADDITIONAL POSITIONS HELD	Organization Name OhioHealth Research Foundation, Title Chair Board (Start 11/18), Avera geHours 1 000, Officer Organization Name OhioHealth Physician Group, Inc , Title Physi cian Core - OPG, AverageHours 40 000,

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VII, Section A Balturshot,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 Cassandra, James, 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 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 VIII, Line 11d Other Miscellaneous Revenue	All other revenue - Total Revenue 11156555, Related or Exempt Function Revenue 10265450, Unrelated Business Revenue 891105, 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 - 127185409, Net Assets Released from Restriction for PP&E - 491 419, Transfers to Related Organizations - -58208550, Foundation Reclassifications for Cont ributions - -11425330, Other - -187088,

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Lines 15a and 15b Section B, Policies	COMPENSATION DETERMINATIONS OF OHIOHEALTH CORPORATION GROUP RETURN'S TOP MANAGEMENT OFFICIALS AND OTHER OFFICERS ARE MADE BY OHIOHEALTH CORPORATION, A RELATED ORGANIZATION OF OHIOHEALTH CORPORATION GROUP RETURN 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 2018 base salary and his 2018 total compensation which includes all incentive plans and benefits were estimated to approximate the 75th 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 an overlapping three year cycle running concurrently and with a potential payout each year, if earned The organization's performance for FY 6/30/2018 was measured against balanced scorecard metrics in quality, customer service, culture, and finance performance Most metrics are benchmarked against like organizations nationally Our financial performance as measured by the Moody AA2 is at the 94th percentile The 990 reporting of Compensation Committee approved CEO compensation for 2018 is in alignment with the CEO's tenure, experience and demonstrated level of sustained top quartile performance of OhioHealth The OhioHealth Corporation's Compensation Committee annually receives a report from its independent executive compensation consultant, which includes third-party comparability data for functionally-similar positions in comparable not-for-profit health systems across the United States The annual report to the OhioHealth Corporation's Compensation Committee, completed each fall, includes market analyses for base salaries, total cash compensation, benefits and perquisites, and aggregate total compensation values for the Chief Executive Officer, Executive Vice Presidents, Senior Vice Presidents and Entity Presidents, to support OhioHealth's qualification for the rebuttable presumption of reasonableness The OhioHealth Corporation's Compensation Committee reviews and approves each executive's compensation, based on performance and the compensation philosophy, and rationale for the Committee's decisions is documented in meeting minutes WITH RESPECT TO NON-DISQUALIFIED POSITIONS, COMPENSATION FOR RELATED ORGANIZATION EMPLOYMENT IS DETERMINED IN THE SAME MANNER AS SET FORTH ABOVE, HOWEVER IT IS NOT REVIEWED BY THE EXECUTIVE COMPENSATION COMMITTEE AND IS INSTEAD DETERMINED BY MANAGEMENT

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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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

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 3430 OhioHealth Parkway Columbus, OH 43202 31-1206071	Property Management	OH	501(c)(2)		OhioHealth Corporation	Yes	
(2) PICKAWAY HEALTH SERVICES DBA OHIOHEALTH PHYSICIAN GROUP BERGER HEALTH PARTN ERS600 N PICKAWAY STREET CIRCLEVILLE, OH 43113 31-1438107	MEDICAL SERVICES PHYSICIAN PRACTICES	OH	501(c)(3)	9	OHIOHEALTH PHYSICIAN GROUP INC	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 3430 OhioHealth Parkway Columbus, OH 43202 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	-39,375	873,797	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
(4)OHIOHEALTH STAR VENTURES INC 3430 OHIOHEALTH PARKWAY COLUMBUS, OH 43202 83-3767672	HEALTHCARE SERVICES	OH	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

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

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

Part VII Supplemental Information

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

Return Reference	Explanation

Additional Data

Software ID: 18007697
Software Version: 2018v3.1
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) Marion Physician Billing LLC 1000 McKinley Park Drive Marion, OH 43302 61-1605305	Medical Billing	OH	0	0	Marion General Hospital
(1) Marion Ancillary Services LLC 1000 McKinley Park Drive Marion, OH 43302 31-1704991	Outpatient Services	OH	0	0	Marion General Hospital
(2) Marion Health Systems LLC 1000 McKinley Park Drive Marion, OH 43302 31-1639538	Outpatient Surgery Center	OH	0	0	Marion General Hospital
(3) OhioHealth MedCentral Professional Foundation 335 Glessner Avenue Mansfield, OH 44903 26-1775665	Healthcare	OH	-30,610,794	7,913,614	MedCentral Health System
(4) Athens Medical Associates LLC DBA OhioHealth Physician Group Heritage Colle ge 75 Hospital Drive Athens, OH 45701 02-0734615	Physician Services	OH	-879,569	19,296,901	OhioHealth Physicians Group Inc
(5) OhioHealth Regional Physician Services LLC 3430 OhioHealth Parkway Columbus, OH 43202 47-2512005	Healthcare	OH	-9,373,155	3,903,260	OhioHealth Physicians Group Inc
(6) GRADY FSED LLC 3430 OhioHealth Parkway COLUMBUS, OH 43202 82-3014562	FREE-STANDING EMERGENCY DEPARTMENTS	OH	-735,647	3,006,688	GRADY MEMORIAL HOSPITAL
(7) MEDCENTRAL FSED LLC 3430 OhioHealth Parkway COLUMBUS, OH 43202 82-3014343	FREE-STANDING EMERGENCY DEPARTMENT	OH	-727,330	3,814,654	MEDCENTRAL HEALTH SYSTEM
(8) GRANT ANESTHESIA SERVICES LTD 3430 OHIOHEALTH PARKWAY COLUMBUS, OH 43202 20-1501295	PRACTICE MANAGEMENT SERVICES	OH	0	0	OHIOHEALTH PHYSICIAN GROUP INC
(9) ORTHOPEDIC TRAUMA SERVICES LTD 3430 OHIOHEALTH PARKWAY COLUMBUS, OH 43202 56-2294320	PRACTICE MANAGEMENT SERVICES	OH	0	0	OHIOHEALTH PHYSICIAN GROUP INC
(10) HEALTHWORKS LLC 561 WEST CENTRAL AVENUE DELAWARE, OH 43015 31-1435822	MEDICAL SERVICES PHYSICIAN PRACTICES	OH	-7,340,604	5,316,154	GRADY MEMORIAL HOSPITAL SYSTEM

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								
(1) Polaris Surgery Center LLC 6200 Cleveland Avenue Columbus, OH 43231 20-8074623	Medical Services	OH	NA	N/A								
(2) Upper Arlington Medical Limited Partnership 3430 OhioHealth Parkway Columbus, OH 43202 31-1472667	Medical Services	OH	NA	N/A								
(3) Grant Scope Center LLC 3430 OhioHealth Parkway Columbus, OH 43202 26-0765486	Endoscopy Services	OH	NA	N/A								
(4) OhioHealth Rehabilitation Hospital LLC 4714 Gettysburg Road Mechanicsburg, OH 17055 46-2458436	Medical Services	OH	NA	N/A								
(5) Westerville Endoscopy Center LLC 300 Polaris Parkway Westerville, OH 43082 46-2755661	Endoscopy Services	OH	NA	N/A								
(6) O'Bleness Memorial Pain Management LLC 55 Hospital Drive Athens, OH 45701 45-4587317	Medical Services	OH	O'Bleness Hospital	Related	32,443	149,690		No		Yes		51 %
(7) Athens Surgery Center 75 Hospital Drive Athens, OH 45701 55-0840856	Medical Services	OH	O'Bleness Hospital	Related	752,328	978,577		No		Yes		92 %
(8) GROVE CITY SURGERY CENTER LLC 3430 OhioHealth Parkway COLUMBUS, OH 43202 81-2096173	MEDICAL SERVICES	OH	NA	N/A								

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)	HOSPITAL PROPERTIES INC	K	3,879,769	ACTUAL AMOUNT PAID
(1)	HOSPITAL PROPERTIES INC	P	7,846,796	ACTUAL AMOUNT PAID
(2)	HOSPITAL PROPERTIES INC	R	587,380	ACTUAL AMOUNT PAID
(3)	OHIOHEALTH CORPORATION	B	1,667,660	ACTUAL AMOUNT PAID
(4)	INTEL HEALTH SERVICES INS CO (SPC) LTD	P	982,128	ACTUAL AMOUNT PAID
(5)	OHIOHEALTH CORPORATION	R	41,644,044	ACTUAL AMOUNT PAID
(6)	OHIOHEALTH CORPORATION	S	12,647,481	ACTUAL AMOUNT PAID