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Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

A For the 2019 calendar year, or tax year beginning 07-01-2019 , and ending 06-30-2020

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
OhioHealth Corporation Group Return
Doing business as
Number and street (or P.O. box if mail is not delivered to street address) Room/suite
3430 OhioHealth Parkway
City or town, state or province, country, and ZIP or foreign postal code
Columbus, OH 43202

F Name and address of principal officer:
Stephen E Markovich MD
3430 OhioHealth Parkway
Columbus, OH 43202

D Employer identification number
32-0007056
E Telephone number
(614) 544-4052
G Gross receipts \$ 1,783,677,626

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ► www.OhioHealth.com

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

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ►

L Year of formation:

M State of legal domicile:

Part I Summary

Activities & Governance

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) 3 211

4 Number of independent voting members of the governing body (Part VI, line 1b) 4 135

5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 7,937

6 Total number of volunteers (estimate if necessary) 6 1,366

7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 320,647

7b Net unrelated business taxable income from Form 990-T, line 39 7b -307,673

Revenue

8 Contributions and grants (Part VIII, line 1h) 18,293,127 21,665,803

9 Program service revenue (Part VIII, line 2g) 1,198,099,770 1,223,138,026

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 16,757,275 9,777,298

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 176,501,036 216,155,268

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,409,651,208 1,470,736,395

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 1,983,660 7,877,506

14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 1,001,824,838 1,118,329,858

16a Professional fundraising fees (Part IX, column (A), line 11e) 0 0

16b Total fundraising expenses (Part IX, column (D), line 25) ►3,988,663

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 519,381,382 529,588,526

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 1,523,189,880 1,655,795,890

19 Revenue less expenses. Subtract line 18 from line 12 -113,538,672 -185,059,495

Net Assets or Fund Balances

20 Total assets (Part X, line 16) 1,135,645,239 1,239,238,953

21 Total liabilities (Part X, line 26) 492,266,987 706,497,378

22 Net assets or fund balances. Subtract line 21 from line 20 643,378,252 532,741,575

Part II Signature Block

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

Sign Here

Signature of officer
MIKE P BROWNING SR. VP AND CFO
Type or print name and title

2021-05-17
Date

Paid Preparer Use Only

Print/Type preparer's name Preparer's signature Date
Firm's name ► Deloitte Tax LLP Firm's EIN ► 86-1065772
Firm's address ► 111 Monument Circle Suite 4200 Phone no. (317) 464-8600
Indianapolis, IN 462045108

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form 990 (2019)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission:

To improve the health of those we serve.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a	(Code:)	(Expenses \$	1,015,433,997	including grants of \$	) (Revenue \$	1,252,923,075)
See Additional Data						

4b	(Code:)	(Expenses \$	332,897,912	including grants of \$	) (Revenue \$	162,634,943)
See Additional Data						

4c	(Code:)	(Expenses \$	15,931,484	including grants of \$	) (Revenue \$	8,578,835)
See Additional Data						

	(Code:)	(Expenses \$	4,568,741	including grants of \$	7,877,506) (Revenue \$	3,289,100)
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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 \$	4,568,741	including grants of \$	7,877,506) (Revenue \$	3,289,100)	

4e	Total program service expenses ▶	1,368,832,134
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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	

Part IV Checklist of Required Schedules (continued)

		Yes	No	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) 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, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	Yes	
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? 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 ComplianceCheck 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	740	
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	

Part V **Statements Regarding Other IRS Filings and Tax Compliance** *(continued)*

Form **990** (2019)

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 211		
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 135		
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

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 ☐

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.

See instructions for the order in which to list the persons above.

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

[illegible]

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)								18,944,525	42,636,896	6,384,120

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 ▶ 1,330

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>	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
MID-OHIO EMERGENCY PHYSICIANS LLP 335 GLESSNER AVE MANSFIELD, OH 44903	PHYSICIAN SERVICES -EMERGENCY MEDICINE	5,658,249
MID-STATE PHYSICIANS LLP 336 GLESSNER AVE MANSFIELD, OH 44904	PHYSICIAN SERVICES - NURSING	4,472,466
DAWSON RESOURCES 1114 DUBLIN ROAD COLUMBUS, OH 43215	STAFFING AND WORKFORCE SOLUTIONS	3,464,798
ANESTHESIA ASSOCIATES OF MANSFIELD INC 799 LEXINGTON AVE MANSFIELD, OH 44907	ANESTHESIOLOGY SERVICES	3,066,710
MOHICAN REHABILITATION SERVICES LLC 112 HARCORT RD MOUNT VERNON, OH 43050	OCCUPATIONAL, SPEECH AND PHYSICAL THERAPY SERVICES	2,594,584

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 ▶ 305

Form 990 (2019)										Page 9	
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	96,355								
	b Membership dues . . .	1b									
	c Fundraising events . . .	1c	427,110								
	d Related organizations	1d									
	e Government grants (contributions)	1e									
	f All other contributions, gifts, grants, and similar amounts not included above	1f	21,142,338								
	g Noncash contributions included in lines 1a - 1f:\$	1g	433,818								
	h Total. Add lines 1a-1f ▶			21,665,803							
Program Service Revenue			Business Code								
	2a MEDICARE AND MEDICAID		923130	857,178,032	857,178,032						
	b HEALTH & MEDICAL SERVICES		900099	363,585,175	363,585,175						
	c RESEARCH REVENUE		900099	2,374,819	2,374,819						
	d										
	e										
	f All other program service revenue.			0	0	0	0	0	0		
	g Total. Add lines 2a-2f. ▶			1,223,138,026							
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶			9,194,311				9,194,311			
	4 Income from investment of tax-exempt bond proceeds ▶										
	5 Royalties ▶										
		(i) Real	(ii) Personal								
	6a Gross rents	6a	1,760,979								
	b Less: rental expenses	6b	1,433,238								
	c Rental income or (loss)	6c	327,741	0							
	d Net rental income or (loss) ▶			327,741				327,741			
		(i) Securities	(ii) Other								
	7a Gross amount from sales of assets other than inventory	7a	195,133,024	109,221,194							
	b Less: cost or other basis and sales expenses	7b	193,839,748	109,931,483							
	c Gain or (loss)	7c	1,293,276	-710,289							
	d Net gain or (loss) ▶			582,987				582,987			
	8a Gross income from fundraising events (not including \$ 427,110 of contributions reported on line 1c). See Part IV, line 18										
		8a	50,696								
	b Less: direct expenses										
		8b	40,847								
	c Net income or (loss) from fundraising events . . . ▶			9,849				9,849			
	9a Gross income from gaming activities. See Part IV, line 19										
		9a									
	b Less: direct expenses										
		9b									
c Net income or (loss) from gaming activities . . . ▶											
10a Gross sales of inventory, less returns and allowances . . .											
	10a	15,886,821									
b Less: cost of goods sold . . .											
	10b	7,695,915									
c Net income or (loss) from sales of inventory . . . ▶			8,190,906				8,190,906				
Miscellaneous Revenue		Business Code									
11a INTERCOMPANY ADMINISTRATION		900099	27,856,931	27,856,931							
b CAFETERIA/FOOD SERVICE		722210	3,018,198				3,018,198				
c DEPARTMENT SERVICES		812930	39,132	39,132							
d All other revenue			176,712,511	176,391,864	320,647		0				
e Total. Add lines 11a-11d ▶			207,626,772								
12 Total revenue. See instructions ▶			1,470,736,395	1,427,425,953	320,647		21,323,992				

Form 990 (2019)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☒

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	7,530,256	7,530,256		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	347,250	347,250		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0	0		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	7,941,789	6,551,976	1,389,813	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	22,780	18,793	3,987	
7 Other salaries and wages	926,830,409	743,781,404	179,997,368	3,051,637
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	32,187,361	25,830,357	6,244,354	112,650
9 Other employee benefits	105,895,959	84,981,507	20,631,854	282,598
10 Payroll taxes	45,451,560	36,474,877	8,809,553	167,130
11 Fees for services (non-employees):				
a Management				
b Legal	375,736	301,528	71,691	2,517
c Accounting	237,379		237,379	
d Lobbying	38,288		38,288	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	302,178		302,178	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	173,627,971	139,336,447	34,179,416	112,108
12 Advertising and promotion	1,422,434	1,141,503	134,196	146,735
13 Office expenses	12,572,248	10,089,229	2,452,261	30,758
14 Information technology	5,826,045	4,675,401	1,148,511	2,133
15 Royalties				
16 Occupancy	46,585,178	37,384,605	9,199,253	1,320
17 Travel	6,248,692	5,014,575	1,169,549	64,568
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	58,758	47,153		11,605
20 Interest	7,908,118	6,346,265	1,561,853	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	65,709,687	52,732,024	12,977,663	
23 Insurance	10,594,723	8,502,265	2,089,554	2,904
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Medical supply expense	154,664,433	154,664,433		
b Repair & Maintenance Service	22,923,034	22,923,034		
c Medicaid tax expense	14,907,410	14,907,410		
d Maintenance & service supplies	3,883,076	3,883,076		
e All other expenses	1,703,138	1,366,766	336,372	0
25 Total functional expenses. Add lines 1 through 24e	1,655,795,890	1,368,832,134	282,975,093	3,988,663
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 SheetCheck 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		22,002	1	25,649
	2	Savings and temporary cash investments		41,891,166	2	6,730,680
	3	Pledges and grants receivable, net		18,604,825	3	19,393,671
	4	Accounts receivable, net		127,744,114	4	113,111,007
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		0	6	0
	7	Notes and loans receivable, net		26,474,762	7	30,323,402
	8	Inventories for sale or use		22,449,060	8	22,931,987
	9	Prepaid expenses and deferred charges		4,758,731	9	4,692,060
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 820,306,049			
	b	Less: accumulated depreciation	10b 371,250,675	441,917,840	10c	449,055,374
	11	Investments—publicly traded securities		275,183,287	11	242,055,202
	12	Investments—other securities. See Part IV, line 11		121,883,963	12	264,080,203
	13	Investments—program-related. See Part IV, line 11		978,211	13	1,993,487
	14	Intangible assets		24,420,995	14	24,227,559
	15	Other assets. See Part IV, line 11		29,316,283	15	60,618,672
16	Total assets. Add lines 1 through 15 (must equal line 34)		1,135,645,239	16	1,239,238,953	
Liabilities	17	Accounts payable and accrued expenses		165,592,594	17	252,664,202
	18	Grants payable			18	
	19	Deferred revenue		1,889,615	19	2,061,877
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		324,784,778	25	451,771,299
	26	Total liabilities. Add lines 17 through 25		492,266,987	26	706,497,378
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.					
	27	Net assets without donor restrictions		542,669,641	27	434,410,575
	28	Net assets with donor restrictions		100,708,611	28	98,331,000
	Organizations that do not follow FASB ASC 958, check here ☐ and complete lines 29 through 33.					
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		643,378,252	32	532,741,575
33	Total liabilities and net assets/fund balances		1,135,645,239	33	1,239,238,953	

Part XI Reconciliation of Net AssetsCheck 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	1,470,736,395
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,655,795,890
3	Revenue less expenses. Subtract line 2 from line 1	3	-185,059,495
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	643,378,252
5	Net unrealized gains (losses) on investments	5	5,213,856
6	Donated services and use of facilities	6	68,290
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	69,140,672
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	532,741,575

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

- 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?
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?
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?
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?
- 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.

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a	Yes	
3b	Yes	

Additional Data

Software ID: 19010655
Software Version: 2019v5.0
EIN: 32-0007056
Name: OhioHealth Corporation Group Return

Form 990 (2019)

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, and OhioHealth HomeReach 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 2020 (July 1, 2019 through June 30, 2020), 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 \$479.1 million in charity care and community benefit programs and services, reaching hundreds of thousands of people in the communities we serve. Of this total, \$173.0 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. During FY2020 the filing organization's operations were significantly impacted by the challenges of the COVID-19 global pandemic as shelter-in-place orders and government mandates to suspend elective procedures were implemented in order to combat the outbreak. OhioHealth honored its commitment to the people of Ohio by providing care for patients and support to the communities served. 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 14 Years of Improving Care Transcatheter Aortic Valve Replacement For ten 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 fourteen 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	3.0	X		X				0	0	0
Vice Chair - Board OhioHlth	1.0									
Anderson Kerrii B	3.0	X		X				0	0	0
Treasurer Board - OhioHlth	1.0									
Bradley Kevin G	1.0	X		X				0	0	0
Chair Board (End 3/20)	1.0									
Caulin-Glaser Teresa L MD	1.0	X		X				0	1,113,149	272,559
Chair Board (End 11/19)	40.0									
Dewire Rev Dr Norman E	3.0	X		X				0	0	0
Secretary Board - OhioHlth	1.0									
Foreman Ivery D Esq	1.0	X		X				0	0	0
Secretary/Treasurer Board	0									
Haas Robert S PhD	1.0	X		X				0	0	0
Chair Board	0									
Herbert Cheryl L	1.0	X		X				0	880,070	285,326
Chair Board	40.0									
Hondros Linda	4.0	X		X				0	0	0
Board Chair (Start 7/19)	1.0									
Jennings Matthew	2.0	X		X				0	0	0
Secretary Board	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			
Johnson Katherine E MD Chair Board	41.0 0	X		X				197,039	0	23,700
Kile Carolyn S Board - Secretary/Treasurer	1.0 0	X		X				0	0	0
Knutson Douglas MD Vice-Chair Board	1.0 40.0	X		X				0	630,206	99,492
Louge Michael W Executive VP & COO	2.0 41.0	X		X				0	1,936,793	734,159
Markovich Stephen E MD CEO/President/Board-OhioHealth (Start 7/19)	11.0 41.0	X		X				0	2,229,969	1,290,876
McConnell John P Chair - OHIOHLTH	4.0 1.0	X		X				0	0	0
McCullough Steve Treasurer Board	2.0 0	X		X				0	0	0
McFarland James E Vice-Chair Board	1.0 0	X		X				0	0	0
Meldrum Terri W Esq Secretary Board	2.0 41.0	X		X				0	790,518	131,385
Morrison Karen J President Board	20.0 20.0	X		X				0	843,222	190,907

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			
Oates Todd OD Vice-Chair Board	2.0 0	X		X				0	0	0
Schwemer John Chair Board (Start 7/19)	5.0 1.0	X		X				0	0	0
Snyder Ronald P President Board	3.0 40.0	X		X				0	254,563	38,873
Thornhill Hugh A President Board	3.0 40.0	X		X				0	833,968	199,235
Yakubov Steven MD Chair Board	41.0 0.0	X		X				1,133,487	218,400	143,190
Aronowitz Carol Board	1.0 0	X						0	0	0
Arshi Arash MD Board	41.0 0	X						743,566	0	68,218
Barrett Scott Board	2.0 0	X						0	0	0
Bates Justin Board	1.0 0	X						0	0	0
Berwanger Joseph M 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			
Bing Arthur GH MD	1.0									
Board	 0	X						0	0	0
Bloomfield Toni	1.0									
Board	 0	X						0	0	0
Bright David	1.0									
Board	 0	X						0	0	0
Bunyard Stephen P	1.0									
Board	 40.0	X						0	644,182	91,350
Butler David	1.0									
Board	 0	X						0	0	0
Campbell Thomas	1.0									
Board	 0	X						0	0	0
Casey John DO	3.0									
Board - OhioHlth (End 12/19)	 40.0	X						0	72,003	118
Cercek Robert	1.0									
Board (Start 10/19)	 40.0	X						0	116,588	10,546
Chester Karen	1.0									
Board	 0	X						0	0	0
Coley-Malir Bonnie	1.0									
Board	 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						533,826	0	42,603
Cook Karen Rev Board - OhioHlth	3.0 1.0	X						0	0	0
Copeland Rhonda Board	1.0 0	X						0	0	0
Crowell Robert MD Board	1.0 40.0	X						1,994	821,369	72,387
DeCapua Joseph C Board	1.0 0	X						0	0	0
DeVillers Rebecca E DO Board	41.0 0	X						190,371	0	46,650
Doody Anderson Elizabeth Board	1.0 0	X						0	0	0
Dyer Lori Board (Start 8/19)	1.0 0	X						0	0	0
Eichinger David Board - OHIOHLTH	3.0 1.0	X						0	0	0
Feiler Kirk S 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			
Ferris Frank MD Board	1.0 40.0	X						0	418,151	75,001
Fields Steven P Board	1.0 0	X						0	0	0
Fletcher Paul Board	1.0 0	X						0	0	0
France Mandy Board	1.0 0	X						0	0	0
Galbreath John Board (Start 7/19)	1.0 0	X						0	0	0
Gallagher-Allred Charlette PhD Board	1.0 0	X						0	0	0
Gallaher Connie L Board	2.0 40.0	X						0	519,277	43,167
Gavin Thomas Board - OhioHlth (Start 1/20)	3.0 40.0	X						0	8,790	118
Gingrich Curtis MD Board	3.0 40.0	X						0	508,995	51,725
Glandon Philip J Sr 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			
Goldberg Joshua MD	1.0									
Board	 0	X						0	0	0
Gossman Charles	1.0									
Board	 40.0	X						0	301,681	45,257
Grainger Andrew MD	1.0									
Board	 40.0	X						0	97,510	118
Grewal Karanvir S MD	41.0									
Board	 0	X						914,306	0	107,046
Habash Stephen J	1.0									
Board	 0	X						0	0	0
Hagen Bruce P	2.0									
Board	 40.0	X						0	917,282	98,947
Hamrock Joe	3.0									
Board - OhioHlth	 1.0	X						0	0	0
Haushalter Nikki	1.0									
Board	 0	X						0	0	0
Hidaka Yoshihiro	1.0									
Board	 0	X						0	0	0
Hughes Andrew DO	1.0									
Board (End 9/19)	 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			
Hulme Amber R Board	1.0 0	X						0	0	0
Imm Amy MD Board	1.0 40.0	X						0	683,188	73,918
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
Iyengar Vidya Board (Start 7/19)	1.0 0	X						0	0	0
James Donna Board - OhioHlth	3.0 1.0	X						0	0	0
Jones Chenelle Board (Start 7/19)	1.0 0	X						0	0	0
Jones Eric A Board	1.0 0	X						0	0	0
Kadar Melissa Board	1.0 40.0	X						0	211,673	29,268

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			
Kiger Rev Daniel A Board	1.0 0	X						0	0	0
Kimmel Greg Board (Start 7/19)	1.0 0	X						0	0	0
LaRocca Nicholas J Board	1.0 0	X						0	0	0
Lawson Michael S Board	1.0 40.0	X						0	904,450	81,833
Lilly Joel Board (Start 7/19)	1.0 0	X						0	0	0
Loudenslager Roy A Board	1.0 0	X						0	0	0
Low Daniel Board	1.0 0	X						0	0	0
Majzun Matthew DO Board - OhioHlth (Start 1/20)	3.0 40.0	X						0	173,322	5,316
McCloy George W Board	1.0 0	X						0	0	0
McComas Janie Board	1.0 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
McQuown Richard Board	1.0 0	X						0	0	0
Melillo Jason MD Board - OhioHlth	3.0 40.0	X						2,475	139,483	1,448
Moodley Jaybalan MD Board (Start 9/19)	1.0 0	X						0	0	0
Moorman Matthew MD Board	1.0 0	X						0	0	0
Morgan Mary Beth Board	1.0 0	X						0	0	0
Music William D Board	1.0 0	X						0	0	0
Nag Dipanjan Board (Start 7/19)	1.0 0	X						0	0	0
Noah Horsed Board (Start 7/19)	1.0 0	X						0	0	0
O'Brien Jr James M MD Board (End 12/19)	1.0 40.0	X						0	582,713	70,480
Paik Paul DO Board (Start 3/20)	1.0 40.0	X						0	513,526	54,170

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			
Palma Robert DO	3.0									
Board - OHIOHLTH	 1.0	X						0	0	0
Palmer Bishop Gregory	3.0									
Board - OhioHlth	 1.0	X						0	0	0
Parker Mark S	1.0									
Board	 0	X						0	0	0
Peery Carla J	1.0									
Board	 0	X						0	0	0
Perez Sarah J	1.0									
Board	 0	X						0	0	0
Perona Phillip MD	41.0									
Board (Start 9/19)	 0	X						417,267	0	19,666
Petska Tim	1.0									
Board (Start 7/19)	 0	X						0	0	0
Philbin Terrance	1.0									
Board	 0	X						0	0	0
Probst David	1.0									
Board (Start 7/19)	 0	X						0	0	0
Rader Traci	1.0									
Board	 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			
Ragan Virginia D Board	1.0 0	X						0	0	0
Rayburn Anamarie Board	1.0 0	X						0	0	0
Recchie Nancy A Board	1.0 0	X						0	0	0
Reddy Sudesh S MD Board	1.0 0	X						0	0	0
Riley Joel Board	1.0 0	X						0	0	0
Robins Jr Ronald Board	1.0 0	X						0	0	0
Romanelli Vincent MD Board (End 12/19)	43.0 1.0	X						578,640	0	122,108
Root Chip Board - OhioHlth	5.0 1.0	X						0	0	0
Royer Mariann Board (End 8/19)	1.0 0	X						0	0	0
Rudy John Board	1.0 40.0	X						0	194,927	38,958

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			
Schwarz David H Board	1.0 0	X						0	0	0
Shepard Noel Board (Start 7/19)	1.0 0	X						0	0	0
Silver Mitchell DO Board	41.0 0	X						1,036,310	0	124,199
Slates David Board (Start 7/19)	1.0 0	X						0	0	0
Smith Brien J MD Board	1.0 40.0	X						0	841,439	46,735
Smith Howard N Board	1.0 0	X						0	0	0
Smith Jeffrey Board	2.0 40.0	X						0	369,777	54,881
Smith Linda Board	41.0 0	X						3,126	0	72
Spalding Marshall C DO Board (Start 12/19)	1.0 40.0	X						0	523,669	41,661
Steel Brian 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			
Strine Douglas L Board	1.0 0	X						0	0	0
Ulrey Steven Board	1.0 0	X						0	0	0
Urse Geraldine L DO Board	41.0 0	X						300,817	0	49,592
Vanderhoff Bruce MD Sr. VP and Chief Medical Officer OhioHealth	3.0 40.0	X						0	1,327,725	289,200
Vora Sanjay K MD Board	41.0 0	X						341,209	0	69,435
Vornbrock Page Board	1.0 0	X						0	0	0
Vradenburg Gregory G Board	1.0 0	X						0	0	0
Wallace Paige Board	1.0 0	X						0	0	0
Walsh Edward Board (Start 7/19)	1.0 0	X						0	0	0
Walter Matt Board - OhioHlth	3.0 1.0	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			
Walton Troy	1.0									
Board	 0	X						0	0	0
Wasielewski Ray MD	41.0									
Board (End 1/20)	 0	X						426,884	0	85,594
Watson Pete	3.0									
Board - OhioHlth	 1.0	X						0	0	0
Watson-Cunningham Jane	1.0									
Board	 0	X						0	0	0
White Aimee	1.0									
Board	 0	X						0	0	0
White Scott	1.0									
Board	 0	X						0	0	0
Wilder Deborah	1.0									
Board (Start 7/19)	 40.0	X						0	83,719	8,362
Young Beverly S	1.0									
Board	 0	X						0	0	0
Zobel Mark	1.0									
Board (Start 7/19)	 0	X						0	0	0
Browning Mike P	11.0									
Sr. VP and CFO	 41.0			X				0	606,188	184,247

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			
Abaza Ronney MD Physician Core OPG	40.0 0					X		1,665,305	0	34,220
BalturshotGregory W MD Physician Core OPG	40.0 0					X		3,036,725	0	53,804
BonassoChristian L MD Physician Core OPG	40.0 0					X		2,838,685	0	34,583
Dorbish Ronald Physician Core OPG	40.0 0					X		1,911,308	0	88,763
SeamanBrian F DO Physician Ortho Surgery (General)	40.0 0					X		2,671,185	0	99,526
Blom David P FRM CEO	0.0 41.0						X	0	19,173,700	23,455
Seckinger Mark R FRM Secretary Board	0 40.0						X	0	457,902	183,133
Sperling Ronald FRM Interim CFO	0.0 40.0						X	0	540,400	0
Yates Vinson M FRM CFO/PRESIDENT MEDCENTRAL HEALTH SYSTEM	40.0 0.0						X	0	1,152,409	252,540

SCHEDULE A
(Form 990 or 990-EZ)

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 instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
OhioHealth Corporation Group Return

Employer identification number
32-0007056

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☒ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III.
If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 6, column (f) divided by line 11, column (f))					14	
15 Public support percentage for 2018 Schedule A, Part II, line 14					15	
16a 33 1/3% support test—2019. 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—2018. 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—2019. 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—2018. 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1	1	1	1	1	5
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	228,468,083	331,303,544	392,584,728	395,181,354	348,143,484	1,695,681,193
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	228,468,084	331,303,545	392,584,729	395,181,355	348,143,485	1,695,681,198
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	0	0	0	0	0	0
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.	0	0	0	0	0	0
8 Public support. (Subtract line 7c from line 6.)						1,695,681,198

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6.	228,468,084	331,303,545	392,584,729	395,181,355	348,143,485	1,695,681,198
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2	0	0	0	0	2
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						0
c Add lines 10a and 10b.	2	0	0	0	0	2
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.)	228,468,086	331,303,545	392,584,729	395,181,355	348,143,485	1,695,681,200
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 2019 (line 8, column (f) divided by line 13, column (f))	15	100.00 %
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	100.00 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	0 %
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	0 %
19a 33 1/3% support tests—2019. 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—2018. 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? <i>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.</i>		
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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
2		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3b		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
3c		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
4a		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
4c		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i>		
7		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
10a		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
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?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

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? <i>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.</i>		
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? <i>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.</i>		

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)? <i>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).</i>		

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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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)		
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? <i>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.</i>		
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? <i>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.</i>		
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? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. 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 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

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 Hospital, Sheltering Arms Hospital Foundation, and Hardin Memorial Hospital are hospitals as defined 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, Pickaway Health Services, and OhioHealth Research Institute are 509(a)(3), Type I, supporting organizations operated, supervised, or controlled by their supported organizations. As such they are required to complete the Part I, Line 11f and Line 11g, Part IV, Section A, and Part IV Section B. The responses to these questions are provided below.

990 Schedule A, Supplemental Information

Return Reference	Explanation
Schedule A, Part I, Line 12f	Part I, Line 12f: 9

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 Institute, OhioHealth Foundation and Pickaway Health Services is OhioHealth Corporation, an Ohio nonprofit corporation, which has a historic and continuing relationship with these entities as supporting organizations to OhioHealth Corporation, which is the supported organization. The sole member of Hardin Memorial Hospital, which is supported by Hardin Memorial Hospital Foundation, is OhioHealth Corporation, an Ohio nonprofit corporation, which has a historic and continuing relationship with both Hardin entities. As the sole member of these entities, OhioHealth Corporation has the sole right to elect the Trustees of each entity and to remove, with or without cause, any Trustee of these entities, prior to the expiration of the Trustee's term. 2. No 3a. No 4a. No 5a. Yes The organization removed the following supported organizations during the year: Appalachian Community Visiting Nurse Association dba OhioHealth Home Care in Athens, EIN 31-1045101, and HomeReach HomeCare, EIN 31-1417595, which were legally merged out of existence into HomeReach, Inc. EIN 31-1372702 on January 1, 2019. 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 four Type I organizations within the OhioHealth Corporation Group Return; Hardin Memorial Hospital Foundation, OhioHealth Foundation, OhioHealth Research Institute and Pickaway Health Services 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 S heltering Arms Hospital Foundation, Inc. 31-4446959 170(b)(1)(A)(iii) MedCentral Health Sy stem 34-0714456 170(b)(1)(A)(iii) Grady Memorial Hospital 31-4379436 170(b)(1)(A)(iii) Har din Memorial Hospital 34-4440479 170(b)(1)(A)(iii) Hardin Memorial Hospital Foundation 34- 1521537 509(a)(3) - Type I organization Hardin Physician Foundation, Inc. 31-1414276 509(a) (2) HomeReach, Inc. 31-1372702 509(a)(2) Marion General Hospital 31-1070877 170(b)(1)(A)(iii) OhioHealth Foundation 23-7446919 509(a)(3) - Type I organization OhioHealth Research Institute 31-6059784 509(a)(3) - Type I organization OhioHealth Physician Group, Inc. 31-1 351965 509(a)(2) Pickaway Health Services 31-1438107 509(A)(3) - Type I Organization

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) \$7,530,256 (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) \$0 (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) 10 - Publicly supported organization (iv) No (v) \$1,289,734 (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) 10 - 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) 10 - 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) \$12,770 (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) \$65,784 (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

990 Schedule A, Supplemental Information

Return Reference	Explanation
Schedule A, Part I, Line 10	Hardin Physician Foundation, HomeReach, Inc., and OhioHealth Physician Group, Inc. are 509 (a)(2) supporting organizations operated, supervised, or controlled by their supported organizations.

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

2019

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 OhioHealth Corporation Group Return	Employer identification number 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.		
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.	
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-		
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) 2016	(b) 2017	(c) 2018	(d) 2019	(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)		(b)
		Yes	No	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		38,288
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			38,288
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 instructions and the latest information.

OMB No. 1545-0047

2019

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 ► \$

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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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:

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
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	59,240,727	53,197,469	48,908,616	46,314,656	46,936,377
b Contributions	1,247,120	5,578,753	2,545,025	597,677	660,374
c Net investment earnings, gains, and losses	2,246,179	2,790,265	3,545,425	4,007,244	1,177,450
d Grants or scholarships	121,215	149,900	149,150	112,578	78,875
e Other expenditures for facilities and programs	1,049,735	1,074,390	688,447	751,264	1,507,505
f Administrative expenses	189,840	1,101,470	964,000	1,147,119	873,165
g End of year balance	61,373,236	59,240,727	53,197,469	48,908,616	46,314,656

2

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

a

Board designated or quasi-endowment ▶ 48.6 %

b

Permanent endowment ▶ 16.76 %

c

Temporarily restricted endowment ▶ 34.64 %

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:

(i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

No

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

3b

Yes

No

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		319,003,276	136,141,154	182,862,122
c Leasehold improvements		18,780,400	10,968,300	7,812,100
d Equipment		398,293,290	213,741,339	184,551,951
e Other		63,053,091	10,399,882	52,653,209
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				449,055,374

Schedule D (Form 990) 2019

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	264,080,203	
(B) OTHER SECURITIES		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	264,080,203	

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)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	451,771,299

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: 19010655
Software Version: 2019v5.0
EIN: 32-0007056
Name: OhioHealth Corporation Group Return

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

1. (a) Description of Liability	(b) Book Value
Deferred Long Term Liabilities	17,909,545
Due to Affiliates - Loans and Notes	0
Pension Liabilities	31,109,803
Allowance for Medical Malpractice Claims	8,042,201
INTEL Commercial Liability	742,605
Deferred LT Liability Tenant Allowance	6,177,513
Legal Reserves	750,555
Intercompany Debt with OhioHealth Corporation	338,636,099
Medical Staff Fund	0
Foundation Annuity Obligation	0

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

1. (a) Description of Liability	(b) Book Value
EPIC Suspense	368,514
Other - Doctors Put Options and Audit Adjustments	0
Lease Obligations	48,034,464

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, 2020, there are no uncertain positions taken or expected to be taken that would require recognition of any tax benefits or liabilities, or disclosure in the financial statements.

Part 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 2021 HOME IN OHIO (event type)	(b) Event #2 OHIOHEALTH FOUNDATION INVITATIONAL GOLF OUTING (event type)	(c) Other events 8 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	229,000	93,450	155,356	477,806
	2 Less: Contributions	218,354	72,975	135,781	427,110
	3 Gross income (line 1 minus line 2)	10,646	20,475	19,575	50,696
Direct Expenses	4 Cash prizes				
	5 Noncash prizes			792	792
	6 Rent/facility costs			20,683	20,683
	7 Food and beverages		625	253	878
	8 Entertainment				
	9 Other direct expenses	816	2,340	15,338	18,494
	10 Direct expense summary. Add lines 4 through 9 in column (d) ►				40,847
	11 Net income summary. Subtract line 10 from line 3, column (d) ►				9,849

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				
	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
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

2019

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: ☐ 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: ☐ 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"? 5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? 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 eligible for free or discounted care? 6a Did the organization prepare a community benefit report during the tax year? b If "Yes," did the organization make it available to the public? Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.	3a	Yes
		3b	Yes
		4	Yes
		5a	Yes
		5b	No
		5c	
		6a	Yes
		6b	Yes

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)			40,150,529	7,359,075	32,791,454	1.98 %
b Medicaid (from Worksheet 3, column a)			289,399,739	153,808,213	135,591,526	8.19 %
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	329,550,268	161,167,288	168,382,980	10.17 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			1,596,988	198,187	1,398,801	0.08 %
f Health professions education (from Worksheet 5)			1,427,361	659,046	768,315	0.05 %
g Subsidized health services (from Worksheet 6)			1,847,441	10,571	1,836,870	0.11 %
h Research (from Worksheet 7)			1,507,354	1,258,070	249,284	0.02 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			243,302	827	242,475	0.01 %
j Total. Other Benefits	0	0	6,622,446	2,126,701	4,495,745	0.27 %
k Total. Add lines 7d and 7j	0	0	336,172,714	163,293,989	172,878,725	10.44 %

Part IICommunity 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			22,918		22,918	0 %
4 Environmental improvements					0	0 %
5 Leadership development and training for community members					0	0 %
6 Coalition building			13,334		13,334	0 %
7 Community health improvement advocacy					0	0 %
8 Workforce development			95,507		95,507	0.01 %
9 Other					0	0 %
10 Total	0	0	131,759	0	131,759	0.01 %

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?

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.

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.

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.

1

Yes

No

2

58,559,036

3

0

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)

6 Enter Medicare allowable costs of care relating to payments on line 5

7 Subtract line 6 from line 5. This is the surplus (or shortfall)

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:

5

567,778,294

6

772,167,099

7

-204,388,805

☐ 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?

9b 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

9a

Yes

No

9b

Yes

No

Part IVManagement Companies and Joint Ventures

(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	3.23 %		96.77 %
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. If "Yes," indicate what the CHNA report describes (check all that apply):	3	Yes
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 <u>18</u>		
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? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	7	Yes
a	☒ Hospital facility's website (list url): <u>HTTPS://WWW.OHIOHEALTH.COM/COMMUNITY-HEALTH/</u>		
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 <u>18</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): _____	10	No
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? If "Yes," indicate the eligibility criteria explained in the FAP:	13	Yes	
a	☒ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200.0% and FPG family income limit for eligibility for discounted care of 400.0%			
b	☒ Income level other than FPG (describe in Section C)			
c	☐ Asset level			
d	☒ Medical indigency			
e	☒ Insurance status			
f	☒ Underinsurance discount			
g	☒ Residency			
h	☒ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance? 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):	15	Yes	
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? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	16	Yes	
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 (if not, describe in Section C) b ☒ Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) c ☒ Processed incomplete and complete FAP applications (if not, describe in Section C) d ☒ Made presumptive eligibility determinations (if not, describe in Section C) 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 _____**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?

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?

If "Yes," explain in Section C.

	Yes	No
22		
23		No
24		No

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)
OhioHealth Marion General Hospital

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): _____

2

Community Health Needs Assessment

	Yes	No
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. If "Yes," indicate what the CHNA report describes (check all that apply):	3	Yes
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 <u>18</u>		
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? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	7	Yes
a ☒ Hospital facility's website (list url): <u>HTTPS://WWW.OHIOHEALTH.COM/COMMUNITY-HEALTH/</u>		
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 <u>18</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): _____	10	No
a		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	Yes
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

OhioHealth Marion General Hospital			
Name of hospital facility or letter of facility reporting group			
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? If "Yes," indicate the eligibility criteria explained in the FAP:	13	Yes
a	☒ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200.0 % and FPG family income limit for eligibility for discounted care of 400.0 %		
b	☒ Income level other than FPG (describe in Section C)		
c	☐ Asset level		
d	☒ Medical indigency		
e	☒ Insurance status		
f	☒ Underinsurance discount		
g	☒ Residency		
h	☒ Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	14	Yes
15	Explained the method for applying for financial assistance? 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):	15	Yes
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? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	16	Yes
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 (if not, describe in Section C) b ☒ Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) c ☒ Processed incomplete and complete FAP applications (if not, describe in Section C) d ☒ Made presumptive eligibility determinations (if not, describe in Section C) 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 _____**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?

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?

If "Yes," explain in Section C.

	Yes	No
22		
23		No
24		No

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)
OhioHealth O'Bleness Memorial Hospital

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): _____

3

Community Health Needs Assessment

	Yes	No
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. If "Yes," indicate what the CHNA report describes (check all that apply):	3	Yes
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 <u>18</u>		
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? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	7	Yes
a ☒ Hospital facility's website (list url): <u>HTTPS://WWW.OHIOHEALTH.COM/COMMUNITY-HEALTH/</u>		
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 <u>18</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): _____	10	No
a		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	Yes
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**

OhioHealth O'Brien 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? If "Yes," indicate the eligibility criteria explained in the FAP:	13 Yes	
a	☒ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200.0</u> % and FPG family income limit for eligibility for discounted care of <u>400.0</u> %		
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? 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):	15 Yes	
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? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	16 Yes	
a	☒ The FAP was widely available on a website (list url): <u>HTTPS://OHIOHEALTH.COM/PATIENTS-AND-VISITORS/PAYING-FOR-YOUR-CARE/FINANCIAL-ASSISTANCE/</u>		
b	☒ The FAP application form was widely available on a website (list url): <u>HTTPS://OHIOHEALTH.COM/PATIENTS-AND-VISITORS/PAYING-FOR-YOUR-CARE/FINANCIAL-ASSISTANCE/</u>		
c	☒ A plain language summary of the FAP was widely available on a website (list url): <u>HTTPS://OHIOHEALTH.COM/PATIENTS-AND-VISITORS/PAYING-FOR-YOUR-CARE/FINANCIAL-ASSISTANCE/</u>		
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'Brien 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 (if not, describe in Section C) b ☒ Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) c ☒ Processed incomplete and complete FAP applications (if not, describe in Section C) d ☒ Made presumptive eligibility determinations (if not, describe in Section C) 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 _____

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?

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?

If "Yes," explain in Section C.

	Yes	No
22		
23		No
24		No

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)
OhioHealth Grady Memorial Hospital

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): _____

4

Community Health Needs Assessment

	Yes	No
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. If "Yes," indicate what the CHNA report describes (check all that apply):	3	Yes
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 <u>18</u>		
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? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	7	Yes
a ☒ Hospital facility's website (list url): <u>HTTPS://WWW.OHIOHEALTH.COM/COMMUNITY-HEALTH/</u>		
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 <u>18</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): _____	10	No
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? If "Yes," indicate the eligibility criteria explained in the FAP:	13	Yes
a ☒ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200.0 % and FPG family income limit for eligibility for discounted care of 400.0 %			
b ☒ Income level other than FPG (describe in Section C)			
c ☐ Asset level			
d ☒ Medical indigency			
e ☒ Insurance status			
f ☒ Underinsurance discount			
g ☒ Residency			
h ☒ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes
15	Explained the method for applying for financial assistance? 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):	15	Yes
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? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	16	Yes
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 (if not, describe in Section C) b ☒ Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) c ☒ Processed incomplete and complete FAP applications (if not, describe in Section C) d ☒ Made presumptive eligibility determinations (if not, describe in Section C) 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 _____

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?

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?

If "Yes," explain in Section C.

	Yes	No
22		
23		No
24		No

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)
OhioHealth Hardin Memorial Hospital

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): _____

5

Community Health Needs Assessment

	Yes	No
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. If "Yes," indicate what the CHNA report describes (check all that apply):	3	Yes
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 <u>18</u>		
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? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	7	Yes
a ☒ Hospital facility's website (list url): <u>HTTPS://WWW.OHIOHEALTH.COM/COMMUNITY-HEALTH/</u>		
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 <u>18</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? a If "Yes" (list url): _____	10	No
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			
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? If "Yes," indicate the eligibility criteria explained in the FAP:	13	Yes
a	☒ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200.0% and FPG family income limit for eligibility for discounted care of 400.0%		
b	☒ Income level other than FPG (describe in Section C)		
c	☐ Asset level		
d	☒ Medical indigency		
e	☒ Insurance status		
f	☒ Underinsurance discount		
g	☒ Residency		
h	☒ Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	14	Yes
15	Explained the method for applying for financial assistance? 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):	15	Yes
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? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	16	Yes
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 (if not, describe in Section C) b ☒ Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) c ☒ Processed incomplete and complete FAP applications (if not, describe in Section C) d ☒ Made presumptive eligibility determinations (if not, describe in Section C) 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 _____**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?

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?

If "Yes," explain in Section C.

	Yes	No
23		No
24		No

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, 20a, 20b, 20c, 20d, 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.

[illegible]

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? 249

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 Glessner Avenue, Mansfield, Richland County, Ohio 44903. OhioHealth Mansfield Hospital operates seven satellite facilities, all located in Mansfield, Richland County, Ohio. OhioHealth Shelby Hospital is located at 199 West Main Street, Shelby, Richland County, Ohio 44875. The "community served" by OhioHealth Mansfield Hospital and OhioHealth Shelby Hospital is Richland County, Ohio. Review of OhioHealth data showed that for fiscal year 2018, 77.4 percent 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 time of admission. Similarly, 76.6 percent of all patients from Mansfield Hospital and 80.5 percent of all patients from Shelby Hospital who had outpatient procedures or visits in fiscal 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 African American, 0.8 percent were Asian, 1.7 percent were Hispanic (of any race), 0.5 percent other 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 were 45-64 years, and 18 percent were 65 years or older. Median age was 41.2. Median household 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. OhioHealth Grady Memorial Hospital: OhioHealth Grady Memorial Hospital is located at 561 West Central Avenue, Delaware, Ohio 43015. There are no satellite facilities operated through Grady Memorial. The "community served" by OhioHealth Grady Memorial Hospital is Delaware County, Ohio. Review of OhioHealth internal data has shown that for Calendar Year 2018, 81.3 percent 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, 88.8 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 percent Pacific Islander and 2.0 percent two or more races. Total minority represented 13.2 percent 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 years or older. Median age was 38. Median household income for 2017 was \$94,234 and per capita income was \$66,532. Approximately 3.2 percent of families and 4.9 percent of individuals had income below the poverty level. OhioHealth Hardin Memorial Hospital: OhioHealth Hardin 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 patients 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 County 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 population 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 two or more races. In 2017, among Hardin County residents, 6.2 percent were younger than 5 years old, 17.0 percent were 5-17 years old, 15.8 percent were 18-24 years old, 21.7 percent 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: OhioHealth 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 General Hospital is Marion County, Ohio. Review of OhioHealth internal data has shown that for 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 had 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 population was 64,967. In 2017, among Marion County residents, 90 percent were white, 5.7 percent 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 Marion 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 percent were 45-64 years, and 16 percent were 65 years or older. Median age was 40.5. Median household 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. OhioHealth 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 Evans Memorial Drive, Nelsonville, Ohio, Athens County, offers multiple onsite services from urgent care and primary care physicians to imaging, laboratory and sleep services. In addition, O'Bleness Hospital operates two satellite facilities: (a) OhioHealth Castrop Health Center, located at 75 Hospital Drive, Athens, Ohio 45701, Athens County, provides work health 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 OhioHealth 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 percent of all patients from O'Bleness Hospital who had outpatient procedures or visits in fiscal 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 population 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 income below the poverty level.

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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 \$479.1 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.

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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.

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

Additional Data

Software ID: 19010655
Software Version: 2019v5.0
EIN: 32-0007056
Name: OhioHealth Corporation Group Return

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

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 6		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/locations/mansfield-hospital/ ODH1257	X	X					X			A
2	OhioHealth Marion General Hospital 1000 McKinley Park Drive Marion, OH 433026399 www.ohiohealth.com/locations/hospitals/marion-general-hospital/ ODH1233	X						X			
3	OhioHealth O'Brien Memorial Hospital 55 Hospital Drive Athens, OH 45701 www.ohiohealth.com/locations/hospitals/obleness-hospital/ ODH1109	X	X		X			X			
4	OhioHealth Grady Memorial Hospital 561 West Central Avenue Delaware, OH 43015 www.ohiohealth.com/locations/hospitals/grady-memorial-hospital/ ODH1163	X						X			
5	OhioHealth Hardin Memorial Hospital 921 E Franklin Street Kenton, OH 43326 www.ohiohealth.com/locations/hospitals/hardin-memorial-hospital/ 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		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/locations/hospitals/shelby-hospital/ 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 through August 2017 with Richland Public Health in obtaining inputs from persons who either work for organizations, government agencies, or as community residents, and who represent the broad interests of Delaware County: Avita Health System * Representative: Jerry Morasko, president and chief executive officer; Cinda Kropka (team member) * Description of the medically underserved, low-income or minority populations represented by the organization: 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 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. Community Action for Capable Youth (CACY) * Representative: Tracee Anderson, executive director * Description of the medically underserved, low-income or minority populations 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 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. 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 populations. * 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. First Call 211 * Representatives: Terry Carter, information and referral coordinator * Description of the

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 organization: Serves all age groups who needs information about community resources. * 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. Harmony House Homeless Services Inc. * Representatives: Mary Lacey, case manager * Description of the medically underserved, low-income or minority populations represented by the organization: Serves homeless persons from various age groups * 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. 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 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. Mansfield City Schools * Representative: Peggy Sutton, school nurse * Description of the medically underserved, low-income or minority populations represented by the organization: Serves school-aged students and other 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 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 of the Richland County Community Health Improvement Plan (CHIP) Committee. Mansfield Memorial Homes * Representative: Seth Roberts, administrator * Description of the medically underserved, low-income or minority populations represented by the organization: Serves all persons 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 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. Mansfield YMCA * Representative: James Twedt, director of external operations; Kerrick Franklin, director of community outreach * Description of the medically underserved, low-income or minority populations represented 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 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. Mom's Clean Air Force * Representative: Laura Burns, Ohio field consultant * Description of the medically underserved, low-income or minority populations represented by the organization: Serves all people. * 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.

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: Geron Tate, president * Description of the medically underserved, low-income or minority populations represented by the organization: * 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. North End Community Improvement Collaborative (NECIC) * Representatives: Tony Chinni, community development coordinator; Nyshia Brooks, community organizer and community health worker * Description of the medically underserved, low-income or minority populations represented by the organization: Serves all persons in Richland County, especially residents of the North End area. * 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. Ohio District 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 underserved, low-income or minority populations represented by the organization: Serves persons from 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 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. OhioHealth Mansfield Hospital and OhioHealth Shelby Hospital * Representatives: Robert Exten, ME, physician medical oncology; Terry Weston, MD, administrative physician, Medical Staff Services; Janene Yeater, vice president, clinical quality services * Description

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 Commu nity 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 medically 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 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. Richland County Regional Planning Commission * Representative: Jotika Shetty, executive director * Description of the medically underserved, low-income or minority populations represented by the organization: Serves all residents of Richland 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 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. 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 families in Richland County, Ohio. The Richland County Youth and Family Council is an Ohio Family 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 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. Richland Moves! * Representative: Nelson Shogren, chairman * Description of the medically underserved, low-income or minority populations represented by the organization: Serves all people in 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

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 and OhioHealth Shelby Hospital, Richland Public Health, Shelby City Health Department and other community stakeholders. The Richland County Community Health Partners contracted with the Hospital Council of Northwest Ohio to conduct the community health assessments and facilitated the process for developing the Community Health Improvement Plan (Richland County Community Health Partners, 2017a,b). Meetings of the Richland County Community Health Partners were held April through June 2016, and April through June 2017 to gather input. These organizations serve uninsured persons, low-income persons and minority groups. The representatives from these organizations have public health background. OhioHealth Mansfield Hospital and OhioHealth Shelby Hospital collaborated with Richland Public Health in obtaining inputs from persons who work either for organizations, government agencies or as community residents, and who represent the broad interests of Richland County. All required sources for community input participated in the community health needs assessment process. The Richland County Community Health Partners contracted with The Hospital Council of Northwest 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 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. 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. Bricker & Eckler LLP/INCompliance Consulting (Jim Flynn, Chris Kenney) were 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 consultation to healthcare providers, including nonprofit and tax-exempt healthcare providers as well as public hospitals, on community health needs assessments. Chris Kenney is the director of regulatory services with INCompliance Consulting, an affiliate of Bricker & Eckler LLP. Ms. Kenney 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 participated 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 emergency department readmissions and hospitalizations among patients served by the OhioHealth Mansfield Hospital and OhioHealth Shelby Hospital Diabetes Services. + Increase in number of Richland County participants in the American Heart Association's Heart Walk. b. Mental Health and Addiction - Includes (a) substance abuse among youth and adults, (b) depression and suicide among youth and adults, and (c) adverse childhood experiences among children. Mansfield Hospital's Intended Actions to Address the Health Need + Use of Screening, Brief Intervention and Referral to Treatment (SBIRT) in OhioHealth Physician Group locations that are affiliated with OhioHealth Mansfield Hospital. SBIRT will be documented in the OhioHealth CareConnect electronic medical records (Epic Systems Corporation, Verona, Wisconsin). This action aligns with the Ohio State Health Improvement Plan. + Screen for clinical depression for patients 12 years and older using the standardized patient health questionnaire (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 Ohio 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 State Health Improvement Plan. Shelby Hospital's Intended Actions to Address the Health Need + Use of Screening, Brief Intervention and Referral to Treatment (SBIRT) in OhioHealth Physician Group locations that are affiliated with OhioHealth Shelby Hospital. SBIRT will be documented in the OhioHealth CareConnect electronic medical records (Epic Systems Corporation, 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 patient health questionnaire (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 the Ohio 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 State Health Improvement Plan. Anticipated Impact of Actions Reduce drug abuse as evidenced by a reduction in the percent of people age 12 and over who reported 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 - Increased 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	educational groups led by recreational therapists made available to patients and community members. Examples of group activities include leisure time development, self-esteem education, development of coping skills, community resource awareness and knowledge of illness. - Enrolled adolescent patients in the educational program provided by Mansfield City Schools 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 National Alliance on Mental Illness for family support group services. Need #2: Substance Abuse - Provided referrals to substance abuse treatment programs at appropriate agencies, such as Third Street Family Health Services, Catalyst Life Services, Family Life Counseling, and other mental health and substance abuse services providers. - Provided referrals to Mansfield Urban Minority Alcoholism and Drug Addiction Outreach Program (UMADAOP) for assessments, counseling and medication-assisted treatment. UMADAOP serves predominantly African American and Hispanic populations. - Assessment, intervention and referral of patients with substance abuse diagnoses seen at the Emergency Department (ED); Hospital admission of patients with substance abuse diagnoses to OhioHealth Mansfield Hospital Psychiatric Department; 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 Department (ED) physicians used state database for narcotic use (Ohio Automated Rx Reporting System [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 Diabetes Prevention program and other diabetes and endocrinology services to Richland County residents. - Provided community- and school-based health and wellness programs such as Health Matters, Speakers Bureau, Asthma-1-2-3 and other programs. - Partnered in "Creating Healthy Communities Coalition" led by Richland Public Health, which focuses on healthy eating, physical activity and tobacco-free living. - Partnered with the American Heart Association's HeartChase community adventure game to promote community engagement in physical activity. Need # 4: Infant Mortality - Provided low-cost childbirth education and breastfeeding classes. - Collaborated with Daddy Boot Camp, provided by the Richland County Youth and Family Council, to provide expectant fathers education and instruction on how to care for their newborn. - In 2016, OhioHealth offered prenatal care and women's health services to the broader community through a partnership with OhioHealth Community Health and Wellness and 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.

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 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). ADDITIONAL 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 Communit 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 sssessment 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 sssessment 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 Communities Coalition that commissioned the Marion County 2017 Nutrition and Physical Activity Health Assessment and the 2017 Marion County Transportation Health Assessment Marion County Teen Institute 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 Family YMCA Representatives: Theresa Lubke, executive director Inputs: (a) 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; (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 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 Public Health Representatives: Traci Kinzler, JD, CPH, interim health commissioner; Thomas Quade, health commissioner (resigned); Emmanuel Vidal, epidemiologist; Erin Creeden, health policy specialist (expertise in public health Inputs: (a) 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; (b) Participated in the Marion General Hospital prioritization of health needs meeting Marion Senior 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 Technical College 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 OhioHealth Marion General Hospital Representative: Shawn Kitchen, MBA, senior advisor, business development; Kelly E. Andrews, RRT, pulmonary rehabilitation coordinator Inputs: (a) Member of the Marion County 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

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 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 Ridgedale 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 River 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 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 Sika Corporation 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 Taft Elementary School 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 The Ohio State University Extension Representative: Whitney Gherman, extension educator, Family and Consumer Sciences, SNAP-ED; Kate Decker, staff Inputs: (a) Member of the Marion County 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., associate professor, dean and director Inputs: (a) Member of the Marion County 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 Tri-Rivers Career 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 United Way of Marion County 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 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 Physical Activity Health Assessment and the 2017 Marion County Transportation Health Assessment Whirlpool Corporation 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

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 effectiveness 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

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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 early 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 Healthy Communities and YMCA's Pioneering Healthier Communities efforts which are working to: (a) develop school wellness policies, (b) improve healthy food access, (c) create environmental 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 Partial Hospitalization and Intensive Outpatient Program provided the following services: (a) Smoking-cessation education, referral and follow-up to inpatients, (b) inpatient counseling to patients who have smoked within the past 12 months, (c) for inpatients who are current 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 interested in the Ohio Tobacco Quit Line. Inpatients who have quit within the past 12 months are asked how they are doing, dealing with being a non-smoker and counseled on relapse prevention, (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 perform 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 discharge 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 Rehabilitation Center about the health risks of smoking and benefits of smoking cessation. - Educated community members through participation at health fairs and referrals to smoking cessation programs. - Referred patients to Center Street Community Health Center for smoking cessation assistance. - Continued participation in the Tobacco-Free Marion County Coalition. Need # 3: Substance Abuse - Partnered with Center Street Community Health Center to enhance access to care for the underserved who need medical advice, treatment and counseling 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 patients on referral status and progress. - The Marion General Hospital Behavioral Health Services, comprised of the Partial Hospitalization and Intensive Outpatient Program and the Inpatient Behavioral Health Unit provided patients with educational opportunities and linkages to community resources such

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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 Alcoholics Anonymous, Narcotics Anonymous, Alateen, inpatient treatment programs and outpatient agencies that provide alcohol and drug follow-up, (d) opportunities for inpatients and outpatients to listen to speakers from Alcoholics Anonymous, Narcotics Anonymous, Marion County Job and Family Services and the Crawford-Marion ADAMH Board, who discuss an overview 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 use on a daily basis and assists patients in developing strategies to reduce drug use while enrolled in the program. - Improved nurses' abilities to respond to patients with substance abuse issues through nursing education provided at Grand Rounds. - Partnered in hosting an annual Medication Disposal Day, which facilitates the collection, destruction and disposal 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 the 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 Department of Health and the Together We Inspire Giving (TWIG) group (Celia Julie Miller, Mary Beth Hatfield). - Low-cost tobacco cessation programs provided by Marion General pulmonary services. - Referrals made to Marion County Children Services and Voice of Hope for parenting classes. - Referrals made to Marion County Job and Family Services and WIC for food 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 mothers. - Enhancement of partnership with community agencies, especially Marion County Children 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 pregnant teens in partnership with PHC (Pioneering Healthier Communities), CHC (Creating Healthy Communities) and GRADS (Graduation, Reality, and Dual Role Skills), providing free education 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 prevention programming. - Strengthened partnership with Ohio PASSPORT Medicaid waiver program to promote home safety and provide

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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 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 POSTER BOARDS (24X36 INCHES) AND CONSPICUOUSLY DISPLAYED, CONTAINS REFERENCE TO THE ORGANIZATION'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. OHIOHEALTH 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 HCAP AND THE HOSPITALS CHARITY CARE PROGRAMS, HOW TO APPLY, AND THE NUMBERS TO CALL WITH QUESTIONS. HOSPITAL PATIENT BILLING BROCHURES ARE HANDED TO EVERY SELF-PAY PATIENT WITH THE FINANCIAL ASSISTANCE APPLICATION AND AVAILABLE UPON REQUEST FOR INSURED PATIENTS. 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, 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 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 AND THE PLAIN LANGUAGE SUMMARY WITH THE FEDERAL POVERTY GUIDELINES. INCLUDED ARE DIRECTIONS TO COMPLETE 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.

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility , 1	Facility , 1 - O'Bleness Memorial Hospital. OhioHealth O'Bleness Hospital is an active member 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 progress of the community health assessment, and face-to-face health needs prioritization meeting. Athens-Hocking-Vinton Alcohol, Drug Addiction and Mental Health Services (317 Board, 2016) Representative: Bill Dunlap, deputy director Description of the medically underserved, low-income or minority populations represented by the organization: Serves all residents 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 Athens County Community Health Needs Assessment (CHNA); (b) Participated in the CHNA Steering Committee prioritization meeting American Red Cross Southeast Ohio Representative: Rob Frey, board member Description of the medically underserved, low-income or minority populations represented by organization: Serves residents of Athens, Belmont, Coshocton, Gallia, Guernsey, Meigs, Monroe, Morgan, Muskingum, Noble, Perry, Vinton and Washington counties. Inputs: (a) Participated in the 2018 Athens County Community Health Needs Assessment (CHNA) ; (b) Participated in the CHNA Steering Committee prioritization meeting. Amesville Village Representatives: Gary Goosman, mayor Description of the medically underserved, low-income or minority populations represented by organization: Serves residents of Amesville Village, Ohio Inputs: (a) Participated in the 2018 Athens County Community Health Assessment (CHA); (b) Participated in the CHA Steering Committee Prioritization Meeting Athens Area Chamber of Commerce Representatives: Michelle Oestrike, president Description of the medically underserved, low-income or minority populations represented by organization: Serves local businesses and organization from Athens County, Ohio Inputs: (a) Participated in the 2018 Athens County Community Health Assessment (CHA) Athens Bicycle Representatives: Meredith Erlewine, owner Description of the medically underserved, low-income or minority populations represented by organization: Serves persons and families interested in biking and bicycles 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, low-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 Assessment (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

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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 repre sented 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 Commu nity 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 Representative: Rev. Peter Galbraith, pastor Description of the medically underserved, low-income or minority populations represented by organization: Serves all church members in the city of Nelsonville, Athens County and neighboring areas Input: (a) Participated in the 2018 Athens County Community Health Assessment (CHA) Good Works, Inc. Representative: Keith Wasserman, founder. Description of the medically underserved, low-income or minority populations represented by organization: Serves people living with poverty and homelessness in rural Appalachian region, state of Ohio Input: (a) Participated in the 2018 Athens County Community Health Assessment (CHA) Health Recovery Services, Inc. Representative: Ellen Martini, executive director (Has knowledge and skills in public health) Description of the medically 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) Participated in the CHA Steering Committee Prioritization Meeting Hocking, Athens, Perry Community Action (HAPCAP) Representative: Kelly Hatas, community services director; Claire Gysegun, public relations manager (Has knowledge and skills in public health) Description of the medically underserved, low-income or minority populations represented by organization: Serves 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 Steering Committee Prioritization Meeting Hocking College Representative: Sheree Cunningham, executive assistant Description of the medically underserved, low-income or minority populations represented by organization: Serves all persons regardless of ability to pay for their education and skills training Input: (a) Participated in the 2018 Athens County Community Health Assessment (CHA) Holzer Health System Representative: Jessica Meade, clinical manager; Trina Bressler, director of operations Description of the medically underserved, low-income or minority populations represented by organization: Serves all persons needing healthcare services regardless of ability to pay Input: (a) Participated in the 2018 Athens 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 minority populations represented by organization: Serves all persons needing mental and behavioral health services regardless of ability to pay Input: (a) Participated in the 2018 Athens County Community Health Assessment (CHA) Integrated Services for Behavioral Health Representative: 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 health) Description of the medically underserved, low-income or minority populations represented by organization: Serves all persons needing mental and behavioral health services regardless of ability to pay Input: (a) Participated in the 2018 Athens County Community Health Assessment (CHA); (b) Participated in the CHA Steering Committee Prioritization Meeting Live Healthy Appalachia Representative: Mollie Fitzgerald, executive director (Has knowledge and skills in public health) Description of the medically underserved, low-income or minority 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 OhioHealth O'Bleness Hospital Representatives: Tara Gilts, director of development; Becky Holcomb, Nurse Manager Description of the medically underserved, low-income or minority populations represented by organization: Serves all persons. Inputs: (a) Participated in the 2018 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 and Community Partnerships, Michelle Morrone; director, environmental studies and professor, environmental health sciences; Carole Merckle, assistant director, Community Health Programs and Area Health Education Center; Sharon Casapulla, director, education and research and assistant professor, family medicine (Have knowledge and skills in public health) Description of the medically underserved, low-income or minority populations represented by organization: Serves all residents of Ohio, United States and the world Inputs: (a) Participated in the 2018 Athens County Community Health Assessment (CHA); (b) Participated in the CHA Steering Committee Prioritization Meeting Ohio University Lesbian, Gay, Bisexual, Transgender Center Representative: Delfin Bautista, director Description of the medically underserved, low-income or minority populations represented by organization: Serves the university and community to promote diversity and inclusion Input: (a) Participated in the 2018 Athens County Community Health Assessment (CHA); (b) Participated in the CHA Steering Committee Prioritization Meeting Passion Works Studio Representative: Patty Mitchell, executive director 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 Assessment (CHA); (b) Participated in the CHA Steering Committee Prioritization Meeting Rural Action Representative: Debbie Phillips, chief executive officer Description

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 member of the Athens County Community Health Assessment Steering Committee. 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 progress of the community health assessment, and face-to-face health needs prioritization meeting. The 2018 Athens County Community Health Assessment was conducted from May to November 2018. The Athens 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 + Amesville Village + Athens Area Chamber of Commerce + Athens Bicycle + Athens City Council + Athens City-County Health Department + Athens County, Ohio Departments (Athens County Board of Developmental Disabilities, Athens County Children Services, Athens County Commissioner'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 Nelsonville + Good Works, Inc. + Health Recovery Services, Inc. + Hocking, Athens, Perry Community Action (HAPCAP) + Hocking College + Holzer Health System + Hopewell Health Centers + Integrated Services for Behavioral Health + Live Healthy Appalachia + OhioHealth O'Bleness Hospital + Ohio University Heritage College of Osteopathic Medicine + Ohio University Lesbian, Gay, Bisexual, Transgender Center + Passion Works Studio + Rural Action + Tomcat Bridgebuilders + United Seniors of Athens County, Inc. All required sources for community input participated 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-exempt healthcare providers as well as public hospitals on community health needs assessments. Chris Kenney, the director of regulatory services with INCompliance Consulting, an affiliate of Bricker & Eckler LLP, has over 39 years of experience in healthcare planning and policy 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 certification. She has been conducting 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 , 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 untty 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: Substance Abuse - The Pain Management Clinic, primary care, obstetrics and the emergency department (ED) made referrals to Health Recovery Services, Inc., Hopewell Health Centers Behavioral Health Services, Integrated Service and other community resources for patients needing substance abuse treatment services. - Implemented an ultra-brief screening tool to identify patients in need of substance abuse services and when identified, connected patients to social services to facilitate referrals to Health Recovery Services, Integrated Services for Behavioral Health and Hopewell Health Centers Behavioral Health Services. - Actively involved in the Narcotics Task Force Committee which enables integration of behavioral health counselors with the OhioHealth O'Bleness Hospital Pain Management Clinic team. - Partnered 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 hospital and community physicians. - Established a multidisciplinary team at O'Bleness Hospital to explore effective methods to reduce morbidity and mortality linked to substance abuse. - Athens Medical Associates Obstetrics and Gynecology (AMA OB/GYN) participated in a collaborative 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 Obstetric 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 providers. The M.O.M.S. Project provides expectant mothers with counseling, Medication-Assisted Treatment and case management. - Provided free community space at the hospital for Dual 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. - 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. 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 School District)

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 College students on clinical rotations. - Hosted internship and practicum students from Ohio University in the fields of health administration, marketing and communications, pre-medicine, business, physical therapy and nursing. - Served as guest lecturers and hospital speakers for various Ohio University (OU) classes, workshops and seminars as well as participation in various university sponsored events and activities that promote career exploration and academic achievements. - Collaborated with Ohio University and various community agencies, such as but not limited to, Athens City-County Health Department and Live Healthy Appalachia, 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 competitive compensation and a comprehensive benefits package (e.g., health, tuition reimbursement, retirement, etc.) for staff and physicians. - Supported business development and expansion 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 Center. - Continued serving as a Board member for the Athens Area Chamber of Commerce, which facilitates a strong business climate in Athens County and promotes jobs and economic progress. Need #3: Access to Care - Provided access to the OhioHealth Stroke Network where OhioHealth Hospital patients with a stroke diagnoses could be treated on-site by critical care and stroke specialists from OhioHealth Riverside Methodist Hospital and OhioHealth Grant Medical Center. - Linked patients to services through primary care physicians, pediatricians, specialty care services and OhioHealth Physician Group Heritage College. - Made referrals to free clinic services and the family practice residency clinic (e.g., Heritage Community Clinic for primary care, diabetes and dermatology; mobile clinic) for income-eligible patients. - Offered appointments through OhioHealth Physician Group Heritage College OB/GYN Athens at convenient times for patients and provides assistance with locating transportation to reduce barriers to accessing care. - OhioHealth Physician Group Heritage College provided a free sports medicine clinic for middle and high school athletes. - Provided gas cards to oncology patients to eliminate transportation barrier to accessing treatment. - Increased the number of primary care and specialty care providers and services locally, including services accessible through telemedicine. Need #4: Chronic Disease - Supported community 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 physicians are knowledgeable about

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 to mammography screenings in the region through the introduction of a mobile mammography unit. - Offered The Lifestyle Medicine Clinic, a program to decrease negative health impacts through a plant-based, whole-food diet, physical activity, stress reduction and elimination of unhealthy habits. - Sponsored community walks and runs to support increased physical activity. - Partnered and/or sponsored Live Healthy Appalachia programs providing nutrition education in schools and the community in addition to physical activity opportunities. - Offered SeniorBEAT (Be Educated and Active Together), a free program for Athens community members older than 60, which provides educational, social and physical activities each week of every month. - Participated in community partners' efforts around population health, including attendance and participation at community-based collaborative meetings. - Provided 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 medical students and Ohio University Heritage College of Osteopathic Medicine. Need #5: Behavioral and Mental Health - Referred patients to Hopewell Health Centers through a partnership in which crisis screeners assess patients in the Emergency Department after they have been stabilized. - Participated in the Crisis Admission Group, which meets quarterly to collaborate at a community level. - Served as a primary facility providing medical clearance for Appalachian Behavioral Health. - Referred patients to Health Recovery Services, Hopewell Health Centers, Integrated Services and other behavioral and mental healthcare providers. - Referred OB patients to a program that utilizes case management and maternal bonding through Hopewell. - Screened all Pain Management Clinic patients for mental health needs and refer to appropriate providers. - Partnered in a collaborative effort with Ohio University School of psychology to act as a clinical site for graduate psychology students to provide on-site, embedded psychology services, free to patients and located within the practice. - 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 government agencies, community residents and those who represent the broad interests of Delaware County. The following representatives from the community and including those with special 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 Wilderemuth, program coordinator 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. Big Walnut Local Schools Representative: Penny Sturtevant, district testing coordinator; Laura Lawrence, director of student services Description of the medically underserved, low-income or minority populations represented by organization: Serves students and families of the Big Walnut Local School District. 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. Buckeye Valley Local Schools Representative: Karen Kehoe, director of pupil personnel; Jeremy Froelich, middle school assistant student principal Description of the medically underserved, low-income or minority populations represented by organization: Serves all school-aged children and their families residing in the City of Delaware. Inputs: (a) Participated in developing the 2018 Delaware County Community Health Assessment Cancer Support Community Representative: Angie Santangelo Description of the medically underserved, low-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 Community Health Improvement Plan. City of Delaware Representative: Tracey Sumner, resident ; Judy Held, physician Description of the medically underserved, low-income or minority populations represented by organization: Serves all persons residing or working in the City of Delaware. 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. Columbus State Community College Delaware Campus Representative: Avereé Fields, student engagement coordinator 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 Plan. Delaware Area Transit Agency Representative: Kathy Laughlin, mobility coordinator Description 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 prioritization 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 Representative: 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 Delaware County residents, ranking and prioritization of health needs; (c) Participated in developing the 2019-2022 Delaware County Community Health Improvement Plan. Delaware County Juvenile Court Representative: Patty Cram, mentoring coordinate; Megan Dillman, program assistant Description of the medically underserved, low-income or minority populations represented by organization: Serves minors and their families residing in Delaware County. Inputs: a) Participated in developing the 2018 Delaware County Community Health Assessment Delaware County Regional Planning Commission Representative: Scott Sanders, executive director Description 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 prioritization of health needs; (c) Participated in developing the 2019-2022 Delaware County Community Health Improvement Plan. Delaware County Sheriff's Office Representatives: Russ Martin, sheriff; Kassie Neff, program coordinator; Julie Krupp, drug liaison Description 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 prioritization of health needs; (c) Participated in developing the 2019-2022 Delaware County Community Health Improvement Plan. Delaware General Health District Representatives: Patrick Blayney, vice president, Board of Health; Shelia Hiddleston, health commissioner; Susan Sutherland, community health specialist; Lori Kannally, community health specialist; Kelli Kincaid, program manager/accreditation coordinator; Joan Bowe, director PH/Nursing (retired); Connie Coudisoti, community health specialist; Jen Keagy, community health director; Kelsey Kuhlman, program manager; Heather Lane, epidemiologist; Laurie Thuman, program manager; Monica Wing, administrative assistant; Adam Howard, director Personal Health Division; Travis Irvin, program manager and epidemiologist; Traci Whittaker, public information officer; Abby Crisp, 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, community health specialist; Arielle Hieronimus, public health specialist; Josie Bonnette (falls prevention coordinator) (These persons have knowledge of and expertise in public health.) Description 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 prioritization of health needs; (c) Participated in developing the 2019-2022 Delaware County Community Health Improvement Plan; (d) Coordinated the Delaware County Community Health Assessment and Community Health Improvement Plan in collaboration with The Partnership for a Healthy Delaware County and Hospital Council of Northwest Ohio. Delaware-Morrow Mental Health and Recovery Services Board Representative: Steve Hedge, executive director (retired); Deanna Brant, executive director (current); Amy Hill; associate director (These persons have knowledge of and expertise in public health.) Description of the medically underserved, low-income or minority populations represented by the organization: Serves all residents of 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 residents, ranking and prioritization of health needs; (c) Participated in developing the 2019-2022 Delaware County Community Health Improvement Plan. Delaware Police Department Representative: Officer Robert Hatcher, Captain Adam Moore Description of the medically underserved , low-income or minority populations represented by organization: Serves all persons 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 prioritization of health needs; (c) Participated in developing the 2019-2022 Delaware County Community Health Improvement Plan. Delaware Speech and Hearing Center Representative: Bethany Moore, executive director Description of the medically underserved, low-income or minority populations represented by organization: Serves all persons with speech and hearing problems. Inputs: (a) Participated in developing the 2018 Delaware County Community Health Assessment Drug-Free Delaware Representative: Jean Bednar, project coordinator; Jamica Harper, project coordinator Description of the medically underserved, low-income or minority populations represented by organization: Serves all persons in Delaware County. Inputs: (a) Participated in developing the 2018 Delaware County Community Health Assessment

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 residents, ranking and prioritization of health needs; (c) Participated in developing the 2019-2022 Delaware County Community Health Improvement Plan. Genoa Township Representative: Ruth Schrock, resident Description of the medically underserved, low-income or minority populations represented by organization: Serves all residents of Genoa Township, 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 prioritization of health needs; (c) Participated in developing the 2019-2022 Delaware County Community Health Improvement Plan. Grace Clinic Delaware Representative: Erica Wood, executive director; Nicole Steffanni, nurse coordinator Description of the medically underserved, low-income or minority populations represented by organization: Serves uninsured and underinsured residents of Delaware County, Ohio. Inputs: (a) Participated in developing the 2018 Delaware County Community Health Assessment HelpLine of Delaware and Morrow Counties, Inc. Representative: Sue Hanson, executive director; Michelle Price, suicide prevention program manager; Amy Hawthorne, violence prevention program manager; B.J. Shuman, suicide prevention educator Description of the medically underserved, low-income or minority populations represented by organization: Serves Delaware and Morrow 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 of health needs; (c) Participated in developing the 2019-2022 Delaware County Community Health Improvement Plan. Hospital Council of Northwest Ohio Representative: Carolyn McCartney, community health improvement intern; Emily Stearns, community health improvement coordinator; Tessa Elliott, community health improvement coordinator; Britney Ward, director of community health improvement; Erin Rauschenberg, graduate assistant; Jana Armstrong, intern 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 by the Delaware General Health District to lead and coordinate the processes for the Delaware 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 CHIP 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 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. Nationwide Children's Hospital Representative: Libbey Hoang, vice president of planning and business development; Kristin Nietfield, site director Description of the medically underserved, low-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 sssessment 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 Delaware County Community Health Improvement Plan meetings. Mental Health and Addiction includes (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 CHNA process but are included as significant contributors to chronic disease.) The other health issues that were ranked are considered social determinants of health, and include access to healthcare, abuse and trauma and food access. These were identified as cross-cutting factors for the two priority health needs. The primary and secondary data on mental health and addiction and chronic disease as well as the healthcare and community resources that were available to address the health needs are summarized in the OhioHealth Grady Memorial Hospital 2019 Community Health Needs Assessment (OhioHealth, 2019) and the 2018 Delaware County Community Health Assessment (Delaware General Health District, 2012-2018). The significant health needs of Delaware County include: (A) Mental Health and Addiction - includes (a) youth and child bullying, (b) adult and youth alcohol consumption, (c) adult and youth tobacco use, and (d) adult and youth opiate use. Actions Grady Hospital Intends to Take to Address the Health Need + Screen primary care patients ages 12 and older for depression using a standardized tool -patient health questionnaire (PHQ-2) or nine-item patient health questionnaire (PHQ-9). Screening will be documented in the OhioHealth CareConnect electronic medical records (Epic Systems Corporation, Verona, Wisconsin) and appropriate referrals will be made. (This action aligns with Ohio State Health Improvement Plan.) + Screen patients ages 12 and older seeking emergency care for depression using a standardized tool, SAFE-T. Screening will be documented in the OhioHealth CareConnect electronic medical records (Epic Systems Corporation, Verona, Wisconsin) and appropriate referrals will be made. (This action aligns with Ohio State Health Improvement Plan.) + Deliver provider training on opioid prescribing guidelines and use of the Ohio Automated Rx Reporting System (OARRS). + Assess OhioHealth Grady Memorial Hospital's emergency department patients for alcohol use, drug use and smoking status and refer them to a social worker or community resources 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

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	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 Tippet 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.

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 - OhioHealth Grady Memorial Hospital. + Increase the number of Delaware County residents with access to high quality chronic pain management, reporting medication adherence and compliance, and compliance to physical therapy. Documentation of Program Impacts from the CHNA and Implementation Strategy Adopted in 2016 by OhioHealth Grady Memorial Hospital: Need #1 -Access to Healthcare and Medications *Expanded free or low-cost healthcare services available in Lewis Center. *Expanded access to free and low-cost primary care services in western Delaware. *Linked patients with free or affordable transportation programs, and strengthened partnerships with community agencies providing transportation assistance. *Enrolled patients in pharmaceutical assistance programs and provide prescription vouchers, when eligible, and strengthened partnerships with pharmaceutical companies providing prescription assistance. *Referred patients to community resources that provide prescription assistance (for example, Grace Clinic and People in Need) and strengthened partnerships with community agencies providing prescription assistance. *Provided, when appropriate , free supplies (such as glucometers) for diabetic patients based on need. *Referred patients to dental care programs, such as Grace Clinic, Vineyard Church - Sunbury, The Ohio State University College of Dentistry and Physician CareConnection, and strengthen partnerships 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 use by Emergency Department (ED) physicians to limit opiate doses prescribed per patient *Strengthened partnerships with community agencies to enhance efforts to safely dispose of medications, such as promoting the use of permanent drug disposal boxes and community medication take-back events. *Provided referrals to alcohol and substance abuse treatment programs, such as Narcotics Anonymous, Central Ohio Mental Health, Maryhaven, and Recovery and Prevention Resources, and strengthened partnerships with these agencies to ensure an effective referral process. Need #3: Food Insecurity *Collaborated with Local Matters in offering programs (Cooking Matters) to educate people about cooking nutritious and healthy meals . *Provided patient referrals to People In Need, Lutheran Social Services Food Pantry, Delaware City Schools, Andrews House and SourcePoint (Meals on Wheels) for assistance in accessing food and to strengthened partnerships with these agencies to ensure an effective referral process. *Provided referrals to Delaware Community Market for residents interested in a gardening plot for a small fee (Delaware Community Garden) and strengthened partnerships with Delaware County Community Market to ensure effective referral process. *Provided referrals to Stratford Ecological Center and Delaware County Parks and Recreation, which offer cooking classes at low or

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	no cost, and strengthened partnerships with these community agencies to ensure an effective referral process. *Strengthened OhioHealth Grady Memorial Hospital staff volunteerism with local agencies and faith communities to serve meals to needy families and individuals. *Provided sponsorships to various community organizations that provide food resources to Delaware 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 training through Grady Pastoral Care. *Strengthened partnerships between OhioHealth Grady Memorial 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 County. 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 complications. *Continued to provide improvements in cafeteria and vending machines to offer healthy food and snack options. *Offered quarterly healthy cooking classes through services 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 care providers in educating parents and families about Delaware Community Center YMCA programs that can provide physical activity options for overweight and obese children, and strengthen 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 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 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 NTRACT 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 Hospital 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 community health needs that were identified in Hardin County in 2014 are still the needs in Hardin 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 developing the 2017-2020 Hardin County Community Health Improvement Plan American Red Cross * Representative: Daryl Flowers * Description of the medically underserved, low-income or minority populations represented by organization: Serves all residents of Hardin County. * Input: (a) Participated in developing the 2017-2020 Hardin County Community Health Improvement Plan Coleman Professional Services * Representative: Melanie Woods * Description of the medically underserved, low-income or minority populations represented by organization: Serves 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 that commissioned the Hardin County Nutrition and Physical Activity 2017 Health Assessment; (b) Participated in the OhioHealth Hardin Memorial Hospital Community Health Needs Assessment Meeting. Family and Resource Center of Northwest Ohio, Inc. * Representative: Jodi Knouff, director of clinical services * Description of the medically underserved, low-income or minority populations represented by organization: Serves all residents of Allen, Auglaize, Hancock, Hardin, Logan, Sandusky, Seneca, Shelby Wood and Wyandot Counties, regardless 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 Assessment; (b) Participated in the OhioHealth Hardin Memorial Hospital Community Health Needs Assessment Meeting. Hardin County Board of Developmental Disabilities * Representative: Andy Diller, services and support director * 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 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 and (c) Participated in the OhioHealth Hardin Memorial Hospital Community Health Needs Assessment Meeting. Hancock Hardin Wyandot Putnam (HHWP) Community Action Commission * Representative: Angela Howard * Description of the medically underserved, low-income or minority

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 County Community Health Coalition that developed the 2017-2020 Hardin County Community Health Improvement Plan Hardin County Chamber and Business Alliance * Representative(s): Jesse Purcell, Director Chamber and Tourism * 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 Hardin County Sheriff's Office * Representative(s): Keith A. Everhart, sheriff * Description of the medically underserved, low-income or minority populations represented by organization: Serves all residents of Hardin County and other areas * Input: (a) Participated in the OhioHealth Hardin Memorial Hospital Community Health Needs Assessment Meeting. Kenton-Hardin Health Department * Representative(s): Larry Oates, MD, board member; Arin Tracy, public health accreditation and emergency response coordinator and violence and injury prevention program manager; Ashlie Hall, staff; Cindy Keller, director of nursing (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: (a) Member of the Hardin County Community Health Coalition that developed the 2017-2020 Hardin County Community Health Improvement Plan, and (b) Participated in the Hardin Memorial Hospital Community Health Needs Assessment meeting Kenton Times * Representative(s): Dan Robinson, reporter * Description of the medically underserved, low-income or minority populations represented by organization: Serves all residents of Hardin County. * Input: (a) Participated in developing 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 populations 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 developed the 2017-2020 Hardin County Community Health Improvement Plan; (b) Participated in the Hardin Memorial Hospital Community Health Needs Assessment OhioHealth Hardin Memorial Hospital * Representative(s): Deanna Carey, registered dietitian; Chris Davis, community and media relations manager; Lucinda Pfeifer; social worker; Kim Reisinger; manager, business 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 Commu nity 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 and administrative staff collaborated with OhioHealth Community Health and Wellness in developing the 2020-2022 implementation strategy to address the hospital's three priority health needs: (1) mental health and addiction - including adult and youth drug use and youth suicide, (2) chronic disease - including adult and youth obesity and (3) access to healthcare. The primary and secondary health data for Hardin Memorial community health needs and the healthcare and community resources that are available to address the health needs are summarized 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 Health Need: + To partner with the Partnership for Violence Free Families in implementing Refuse, Remove, Reasons (RRR) in various Hardin County school districts. RRR is a school-based alcohol and drug prevention program that focuses on helping students become more resilient in deciding against drugs, alcohol, tobacco and marijuana. (This action aligns with the Ohio 2017-2019 State Health Improvement Plan.). + Enhance Hardin Memorial Hospital collaborations 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 University. + Screen youth and adult patients for depression and risk for suicide using the nine-item Patient Health Questionnaire (PHQ-9). + Screen youth and adult patients, including inpatient, outpatient and emergency department patients for drug use, risk for suicide, and offer referrals to substance abuse treatment services. + Partner with Hardin County Coalition to Prevent Youth Substance Abuse to provide the "Guiding Good Choices" and "Hidden in Plain Sight" programs to area schools, such as Kenton City Schools and other Hardin County Schools. + Partner with Coleman Professional Services, which offers 24/7 treatment for mental health issues (including suicide risk), to refer unintentional overdose youth and adults 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 dispose of medications, promote the use of permanent drug disposal boxes and community medication 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 in the past 30 days. + Development and implementation of up to three collaborative strategies to reduce substance abuse.

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 abuse 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 status of referral obtained and assessed. + Up to 50 persons trained on how to administer naloxone as part of Project DAWN. + Up to 100 persons educated on safe disposal of medications 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 events. Need #2: Chronic Disease Actions Hardin Memorial Hospital Intends to Take to Address the Health Need: + To participate in shared-use or joint-use agreements that will provide community-wide access to exercise areas, such as school playgrounds, track and field venues, church grounds and school grounds. (This action aligns with the Ohio 2017-2019 State Health Improvement Plan.) + Continue implementing the "Rails to Trails" initiative. + Offer the Diabetes Self-Management Education (DSME) program to residents of Hardin County and neighboring areas. Anticipated Impact of These Actions: + Reduce heart disease and diabetes as evidenced by: (a) percent of adults ever diagnosed with coronary heart disease, (b) percent of adults ever diagnosed with heart attack, (c) percent of adults ever diagnosed with hypertension, and (d) percent of adults who have been told by a health professional that they have diabetes. + At least 100 persons who took advantage of "Rails to Trails" initiative. + At least 10 persons who attended the Diabetes Self-Management Education (DSME) program and reported at least one lifestyle and behavior change. Need #3: Access to Healthcare 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 treat 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 throat, allergies, sinus infections, minor eye infections, testing for sexually transmitted diseases, earaches, fever, flu-like symptoms, minor back pain, upset stomach, vomiting, diarrhea, insect bites, rashes, minor abscesses, minor burns, minor cuts, lacerations, wound care, sprains and strains, abrasions, removal of superficial foreign bodies. OhioHealth Urgent Care Hardin will offer onsite X-rays, select laboratory analysis, drug screens, select immunizations and sports physicals. + Collaborate with Ohio Northern University in operating a multidisciplinary mobile

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, which offers 24/7 treatment for mental health, to refer unintentional overdose patients that 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 County Sheriff's Office by providing outreach and training on how to administer naloxone (Narcan) to persons who have overdosed on heroin. + Worked with law enforcement and Ohio Northern University to safely dispose of medications such as promoting the use of permanent drug disposal boxes, community medication take-back events, etc. Need #2: Chronic Disease + 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 complications + Annually offered Dining with Diabetes, which provides education about healthy eating in partnership with The Ohio State University Extension Office. + Presented F.A.M.E. (Fun Activity Motivates Everyone) annually to spotlight healthy eating and physical activity options, targeting children ages 0 to 12. + Offered 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 active. + Participated in the Healthy Lifestyles Coalition of Hardin County, which engages and educates community residents about healthy eating and physical activity, with the Kenton-Hardin Health Department. + Contributed to addressing food insecurity issues through providing financial support to a local food pantry. + Hosted annual Heart Smart Day with free screenings for the community in February in honor of National Heart Month. + In collaboration with other partners, provided health screenings and/or education for community members as part of the Hardin County Fair, Hardin County Council on Aging Senior Days, Ohio Northern University Tobacco Cessation Program and The Ohio State University Extension Office. + Provided 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 Fair, 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 physician 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 Marketplace

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 income less than 200 percent of the Federal Poverty Guidelines. + Collaborated with Kenton Community Health Center in improving access to care through providing a laboratory technician. + Expanded specialty care services to better serve the needs of the community. + Partnered with Ohio Northern University in operating a multidisciplinary mobile clinic to improve access to care, health literacy and health outcomes, and to refer Hardin County residents to a medical home and acute medical care. The mobile health clinic will provide healthcare services weekly in churches, schools and other public facilities. + Provided referral, linkage and follow-up to patients needing health insurance, transportation assistance, durable medical equipment and medications. + Provided health screenings (blood pressure, cholesterol, glucose, body mass index (BMI), skin cancer, etc.) and education at the Hardin County 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 complications + Annually offered Dining with Diabetes, which provides education about healthy eating in partnership with The Ohio State University Extension Office. + Presented Fun Activity Motivates Everyone (F.A.M.E.) annually to educate about healthy eating and physical activity options + Provided health education and prevention information to community members at Hardin Memorial's Heart Smart Day, Community Health Fair, and OhioHealth Employer Services and skin cancer screenings. + Participated in the Healthy Lifestyles Coalition of Hardin County with the Kenton-Hardin Health Department, which engages and educates community residents about healthy eating and physical activity. + In collaboration with other partners, 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, physicians, diabetes educators and imaging staff) presenting health education and promotion information at community organizations and schools. + Provided community health education public service announcements in the local newspapers - the Kenton Times and Ada Herald - and on the radio: WKTN 95.3. + Improved health literacy for patients seen in the Ohio Northern University mobile clinic. Need #5: Behavioral and Mental Health + Partnered with Coleman Professional Services, which offers 24/7 consultation for mental health, to refer patients that are first seen in the Emergency

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 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 OPENS EVERY CALL INTERACTION WITH SCRIPTING PERTAINING TO FINANCIAL ASSISTANCE AVAILABILITY AND WILL DISCUSS FINANCIAL ASSISTANCE WITH ANY PATIENT THAT EXPRESSES NEED OR CONCERN IN PAYING THE BALANCE ON THEIR ACCOUNT OR WANTING MORE INFORMATION REGARDING THE FINANCIAL ASSISTANCE POLICY. THE REPRESENTATIVE WILL FORWARD THE CALLER TO THE VERBAL FINANCIAL ASSISTANCE QUEUE OR HAVE A FINANCIAL ASSISTANCE APPLICATION MAILED TO THE PATIENT. THE FINANCIAL ASSISTANCE APPLICATION, PLAIN LANGUAGE SUMMARY AND FAP ARE AVAILABLE IN ELEVEN DIFFERENT LANGUAGES BASED ON THE NEEDS OF THE COMMUNITIES.

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 Wound Care 285 E State Street Columbus, OH 43215	Physician Practice
3 PCP Clinical Support OPG 180 East Broad Street Columbus, OH 43215	Physician Practice
4 Breast Surgeons Grant 285 E State Street Columbus, OH 43215	Physician Practice
5 Neurosurgery Riverside 3555 Olentangy River Rd Suite 2001 Columbus, OH 43214	Physician Practice
6 Max Sports 3705 Olentangy River Road Columbus, OH 43214	Physician Practice
7 GMC Hospitalists 340 E Town Street Columbus, OH 43215	Physician Practice
8 HVP Gahanna 765 N Hamilton Road Gahanna, OH 43230	Physician Practice
9 HVP Mansfield 335 Glessner Ave Mansfield, OH 44903	Physician Practice
10 Neurosurgery Riverside Red 3525 Olentangy River Road Suite 531 0 Columbus, OH 43214	Physician Practice
11 Urology Riverside 500 Thomas Lane Columbus, OH 43016	Physician Practice
12 CTVS Riverside 3535 Olentangy River Road Columbus, OH 43214	Physician Practice
13 Rheumatology Grant 285 E State Street Columbus, OH 43215	Physician Practice
14 Neuro Chatham Lane 931 Chatham Lane Columbus, OH 43221	Physician Practice

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 DH Hospitalists 5131 Beacon Hill Road Columbus, OH 43228	Physician Practice
1 OBGYN Athens 75 Hospital Dr Suite 260 Athens, OH 45701	Physician Practice
2 PCP Rivers Edge Dr 7630 Rivers Edge Drive Columbus, OH 43235	Physician Practice
3 Neuro Grant 285 E State Street Columbus, OH 43215	Physician Practice
4 GMC Trauma 1 111 S Grant Avenue Columbus, OH 43215	Physician Practice
5 Surgical Specialists Mansfield 335 Glessner Ave Mansfield, OH 44903	Physician Practice
6 Ortho Trauma Grant 285 E State Street Columbus, OH 43215	Physician Practice
7 HVP Doctors 5131 Beacon Hill Road Columbus, OH 43228	Physician Practice
8 OBGYN Grady 801 OhioHealth Blvd Suite 160 Delaware, OH 43015	Physician Practice
9 GMC GME Op Care Center Town St 393 E Town Street Columbus, OH 43215	Physician Practice
10 PCP High St and Neil Ave 41 S High Street Columbus, OH 43215	Physician Practice
11 Ortho Surgeons Ashland 45 Amberwood Pkwy Ashland, OH 44805	Physician Practice
12 Pulmonary Grant 111 S Grant Avenue Columbus, OH 43215	Physician Practice
13 PCP Delaware Health Center 801 OhioHealth Blvd Suite 260 Delaware, OH 43015	Physician Practice
14 Dublin Hospitalists 7500 Hospital Dr Suite 3511 Dublin, OH 43016	Physician Practice

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

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

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

Name and address	Type of Facility (describe)
31 PCP North Hamilton Road 765 Hamilton Rd Gahanna, OH 43230	Physician Practice
1 Surgical Specialists Bing 3555 Olentangy River Road Columbus, OH 43214	Physician Practice
2 PCP Britton Parkway 4343 All Seasons Dr Hilliard, OH 43026	Physician Practice
3 PCP W Bridge St 250 W Bridge St Dublin, OH 43017	Physician Practice
4 Ortho Surgeons Britton Pkwy 3663 Ridge Mill Drive Hilliard, OH 43026	Physician Practice
5 PCP Polaris Parkway 300 Polaris Parkway Westerville, OH 43081	Physician Practice
6 Sports Medicine Athens 75 Hospital Dr Suite 140 Athens, OH 45701	Physician Practice
7 Neuro MS 931 Chatham Lane Columbus, OH 43221	Physician Practice
8 Urology Doctors 5141 W Broad Street Columbus, OH 43228	Physician Practice
9 Bariatrics Riverside 3705 Olentangy River Road Columbus, OH 43214	Physician Practice
10 PCP Athens 75 Hospital Dr Suite 350 Athens, OH 45701	Physician Practice
11 PCP Pickerington Med Campus 1509 Stonecreek Drive South Pickerington, OH 43147	Physician Practice
12 PCP Powell FSED 4141 N Hampton Dr Suite 100 Powell, OH 43065	Physician Practice
13 Urology Grant 500 E Main St Suite 220 Columbus, OH 43215	Physician Practice
14 Neuro Westerville 300 Polaris Pkwy Suite 2350 Westerville, OH 43081	Physician Practice

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 Plastic Surgeons Grant 285 E State Street Columbus, OH 43215	Physician Practice
1 OBGYN Doctors 5579 Hilliard Rome Office Park Hilliard, OH 43026	Physician Practice
2 Neuro Mansfield 222 Marion Avenue Mansfield, OH 44903	Physician Practice
3 PCP Tremont Rd 3363 Tremont Rd Columbus, OH 43221	Physician Practice
4 Robotic Urologic Surgeons DMH 7450 Hospital Drive Dublin, OH 43016	Physician Practice
5 Palliative Care 111 S Grant Avenue Columbus, OH 43215	Physician Practice
6 Surgical Specialists Grant 285 E State Street Columbus, OH 43215	Physician Practice
7 Pediatrics W Green Dr 24 W Green Parks Hall Dr Suite 329 Athens, OH 45701	Physician Practice
8 RMH Pulmonary Physicians 3545 Olentangy River Road Columbus, OH 43214	Physician Practice
9 Uro Gyn Riverside 3555 Olentangy River Road Columbus, OH 43214	Physician Practice
10 RMH GME OBGYN 3535 Olentangy River Road NG Columbus, OH 43214	Physician Practice
11 Vascular Surgeons Grant 285 E State Street Columbus, OH 43215	Physician Practice
12 PCP Havens Corners 504 Havens Corners Road Gahanna, OH 43230	Physician Practice
13 O'Bleness Anesthesia 55 Hospital Drive Athens, OH 45701	Physician Practice
14 Neuro Riverside MOB 3555 Olentangy River Rd 2050 Columbus, OH 43214	Physician Practice

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 Maternal Fetal Medicine 3535 Olentangy River Road Columbus, OH 43214	Physician Practice
1 PCP Sandusky St 629 N Sandusky Avenue Bucyrus, OH 44820	Physician Practice
2 PCP Kelnor Dr 3774 Broadway Grove City, OH 43123	Physician Practice
3 PCP West Broad 5193 West Broad Street Columbus, OH 43228	Physician Practice
4 PCP Hospital Dr 6905 Hospital Drive Dublin, OH 43016	Physician Practice
5 Neuro Spine 3555 Olentangy River Rd Columbus, OH 43214	Physician Practice
6 PCP Nike Dr 5548 Hilliard Rom Office Park Hilliard, OH 43026	Physician Practice
7 Pulmonary Rivers Edge Dr 7630 Rivers Edge Drive Columbus, OH 43235	Physician Practice
8 RMH GME Family Medicine 697 Thomas Lane Columbus, OH 43214	Physician Practice
9 Grady Anesthesia 561 West Central Avenue Delaware, OH 43015	Physician Practice
10 Sports Medicine McConnell 3773 Olentangy River Road Columbus, OH 43214	Physician Practice
11 Behavioral Health IP ED VH 3535 Olentangy River Road Columbus, OH 43214	Physician Practice
12 PCP Clairedan Dr 70 Clairedan Dr Powell, OH 43065	Physician Practice
13 Pediatrics Grady MOB 551 W Central Ave Suite 103 Delaware, OH 43015	Physician Practice
14 PCP W Green Dr 24 W Green Parks Hall Dr Suite 230 Athens, OH 45701	Physician Practice

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 Colorectal Surgeons Grant 4882 E Main Suite 220 Columbus, OH 43213	Physician Practice
1 Surgical Specialists Doctors 5131 Beacon Hill Road Columbus, OH 43228	Physician Practice
2 Breast Surgeons Riverside 3555 Olentangy River Road Columbus, OH 43214	Physician Practice
3 Endocrinology Rivers Edge Dr 7630 Rivers Edge Drive Columbus, OH 43235	Physician Practice
4 OBGYN West Broad 5193 West Broad Street Columbus, OH 43228	Physician Practice
5 Delaware Internal Medicine 454 W Central Ave Delaware, OH 43015	Physician Practice
6 PCP East Broad 7340 E Broad Street Columbus, OH 43004	Physician Practice
7 Neuro Interdisciplinary Clinic 3535 Olentangy River Rd Suite S1501 Columbus, OH 43214	Physician Practice
8 Gyn Onc Riverside 500 Thomas Lane Columbus, OH 43214	Physician Practice
9 PCP Hill Rd 417 Hill Road N Pickerington, OH 43147	Physician Practice
10 Internal Medicine Grady MOB 551 W Central Ave Suite 301 Delaware, OH 43015	Physician Practice
11 RMH Critical Care 3535 Olentangy River Road Columbus, OH 43214	Physician Practice
12 PCP Market Exchange 500 E Main Street Columbus, OH 43215	Physician Practice
13 PCP Galloway 990 Galloway Road Galloway, OH 43119	Physician Practice
14 Ortho Surgeons Mansfield MOB 335 Glessner Ave Mansfield, OH 44903	Physician Practice

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 Urgent Care Athens 265 W Union St Suite A Athens, OH 45701	Physician Practice
1 Campus Care Ohio University 2 Health Center Dr Athens, OH 45701	Physician Practice
2 Neuro Interventional Pain 931 Chatham Lane Columbus, OH 43221	Physician Practice
3 HVP Dublin 7500 Hospital Dr Dublin, OH 43016	Physician Practice
4 ENT Doctors 5131 Beacon Hill Dr Columbus, OH 43228	Physician Practice
5 Gastro Doctors 5131 Beacon Hill Road Columbus, OH 43228	Physician Practice
6 PCP Lexington 375 West Main Street Mansfield, OH 44904	Physician Practice
7 PCP Tippet Court 100 Tippet Ct Suite 101 Sunbury, OH 43074	Physician Practice
8 PCP Wellness On Wheels 393 E Town Street Columbus, OH 43215	Physician Practice
9 Pediatrics Sawmill Pkwy 4141 N Hampton Dr Suite 103 Powell, OH 43065	Physician Practice
10 DMH GME Family Practice 6905 Hospital Drive Dublin, OH 43016	Physician Practice
11 GMC OWHP 111 S Grant Avenue Columbus, OH 43215	Physician Practice
12 PCP Trimble Rd 558 S Trimble Road Mansfield, OH 44903	Physician Practice
13 Medical Oncology Grant 285 E State St Suite 670 Columbus, OH 43215	Physician Practice
14 Ortho Surgeons Berger 130 Morris Rd Circleville, OH 43113	Physician Practice

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 Surgical Specialists Delaware 801 OhioHealth Blvd Suite 160 Delaware, OH 43015	Physician Practice
1 Grady Hospitalists 561 W Central Avenue Delaware, OH 43015	Physician Practice
2 PCP Northfield 6519 US Highway 42 Mt Gilead, OH 43338	Physician Practice
3 CTVS Grant 85 McNaughten Road Columbus, OH 43213	Physician Practice
4 RMH Trauma Crit Care APPs 3535 Olentangy River Rd Columbus, OH 43214	Physician Practice
5 Medical Oncology Mansfield 335 Glessner Ave Mansfield, OH 44903	Physician Practice
6 RMH Infectious Disease 3555 Olentangy River Rd Columbus, OH 43214	Physician Practice
7 Internal Med Polaris Parkway 300 Polaris Parkway Westerville, OH 43082	Physician Practice
8 Endocrinology Grant 500 E Main Street Columbus, OH 43215	Physician Practice
9 RMH Neuro APPs 3535 Olentangy River Rd Columbus, OH 43214	Physician Practice
10 PCP Wexner Heritage 2222 Welcome Place Columbus, OH 43209	Physician Practice
11 Urology Grady 551 W Central Ave Suite 102 Delaware, OH 43015	Physician Practice
12 Neuro Pickerington 1010 Refugee Rd Pickerington, OH 43147	Physician Practice
13 PCP Baltimore Reynoldsburg 2014 Baltimore-Reynoldsburg Rd Reynoldsburg, OH 43068	Physician Practice
14 HVP Westerville 260 Polaris Parkway Westerville, OH 43082	Physician Practice

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 Athens 65 Hospital Dr Athens, OH 45701	Physician Practice
1 PCP Lancaster 784 E Main Street Lancaster, OH 43130	Physician Practice
2 OMM W Green Dr 24 W Green Parks Hall Dr Suite 408 Athens, OH 45701	Physician Practice
3 DH GME Family Practice SW 2030 Stringtown Road Grove City, OH 43123	Physician Practice
4 PCP London 1076 Eagleton Blvd London, OH 43140	Physician Practice
5 PCP Obetz FSED 4335 Alum Creek Drive Columbus, OH 43207	Physician Practice
6 PCP Kenton 60 Washington Blvd Kenton, OH 43326	Physician Practice
7 Vascular Surgeons Doctors 5131 Beacon Hill Road Columbus, OH 43228	Physician Practice
8 ENT Mansfield MOB 335 Glessner Ave Mansfield, OH 44903	Physician Practice
9 Neuro Hilliard 3663 Ridge Mill Drive Hilliard, OH 43026	Physician Practice
10 Neuro Movement Disorders 3535 Olentangy River Rd Columbus, OH 43214	Physician Practice
11 PCP Marengo 73 Sportsman Dr Marengo, OH 43334	Physician Practice
12 PCP Womens Health Mansfield 1020 Cricket Lane Mansfield, OH 44903	Physician Practice
13 Endocrinology Mansfield MOB 335 Glessner Ave Mansfield, OH 44903	Physician Practice
14 PCP Scioto Darby 6314 Scioto Darby Road Hilliard, OH 43026	Physician Practice

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 Ontario 1750 West Fourth Street Mansfield, OH 44903	Physician Practice
1 PCP Perimeter Dr 6870 Perimeter Dr Dublin, OH 43016	Physician Practice
2 PCP Pacer Dr 28 Hidden Ravines Dr Powell, OH 43065	Physician Practice
3 Urgent Care Nelsonville 11 John Lloyd Evans Memorial Dr Nelsonville, OH 45764	Physician Practice
4 Neuro Delaware 801 OhioHealth Blvd Suite 210 Delaware, OH 43015	Physician Practice
5 DH GME OBGYN 5131 Beacon Hill Road Columbus, OH 43228	Physician Practice
6 Colorectal Surgeons RMH 3535 Olentangy River Rd Columbus, OH 43214	Physician Practice
7 RMH Neuropsych 223 E Town Street Columbus, OH 43215	Physician Practice
8 Hospitalists 55 Hospital Dr Athens, OH 45701	Physician Practice
9 RMH GME Internal Medicine 500 Thomas Lane Columbus, OH 43214	Physician Practice
10 HVP Circleville 600 N Pickaway ST Circleville, OH 43113	Physician Practice
11 PCP Campus Care OU 2 Health Center Dr Athens, OH 45701	Physician Practice
12 RMH Cardio APPs 3535 Olentangy River Rd Columbus, OH 43214	Physician Practice
13 RMH Ortho and Hosp Based APPs 3535 Olentangy River Rd Columbus, OH 43214	Physician Practice
14 OBGYN Grove City 4191 Kelnor Dr Grove City, OH 43123	Physician Practice

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 PCP and Residency Clinic 86 Columbus Circle Cir Suite 203 Athens, OH 45701	Physician Practice
1 Cancer Specialists Marion 1150 Crescent Heights Rd Marion, OH 43302	Physician Practice
2 General Surgery Athens 75 Hospital Dr Suite 310 Athens, OH 45701	Physician Practice
3 PCP New Albany FSED 5868 N Hamilton New Albany, OH 43054	Physician Practice
4 RMH CHF Clinic 3525 Olentangy River Road Columbus, OH 43214	Physician Practice
5 PCP Blymyer 248 Blymyer Avenue Mansfield, OH 44903	Physician Practice
6 Neuro Dublin 6905 Hosoiital Dr Dublin, OH 43016	Physician Practice
7 PCP Cardington 116 E Main St Cardington, OH 43315	Physician Practice
8 Trauma Mansfield 355 Glessner Avenue Mansfield, OH 44903	Physician Practice
9 Neuro Grove City 2030 Stringtown Rd Suite 200 Grove City, OH 43123	Physician Practice
10 Endocrinology Athens 75 Hospital Dr Suite 200 Athens, OH 45701	Physician Practice
11 HVP Cambridge 1341 N Clark ST Cambridge, OH 43725	Physician Practice
12 Radiation Oncology Mansfield 335 Glessner Ave 3rd Floor Mansfield, OH 44903	Physician Practice
13 RMH McConnell Heart Health Ctr 3773 Olentangy River Road Columbus, OH 43214	Physician Practice
14 HVP North Central 1000 McKinley Park Drive Marion, OH 43302	Physician Practice

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 DH Pulmonary Critical Care 5100 West Broad Street Columbus, OH 43228	Physician Practice
1 PCP E Main St 4850 E Main St Suite 110 Columbus, OH 43213	Physician Practice
2 Urology Athens 75 Hospital Dr Suite 240 Athens, OH 45701	Physician Practice
3 Internal Medicine W Union St 542 W Union St Suite B Athens, OH 45701	Physician Practice
4 PCP Western Delaware 2295 W William St Delaware, OH 43015	Physician Practice
5 Anesthesiology 199 W Main St Shelby, OH 44875	Physician Practice
6 PCP GCMH MOB 1325 Stringtown Rd Suite 240 Grove City, OH 43123	Physician Practice
7 PCP Nationwide Plaza 3 Nationwide Plaza 1st Floor Columbus, OH 43215	Physician Practice
8 Pain Management Doctors 3663 Ridge Mill Dr Hilliard, OH 43026	Physician Practice
9 Radiation Oncology Grant 111 S Grant Ave TBD Columbus, OH 43215	Physician Practice
10 PCP Nelsonville 11 John Lloyd Evans Memorial Dr Suite 200 Nelsonville, OH 45764	Physician Practice
11 Infectious Disease 295 Glessner Avenue Mansfield, OH 44903	Physician Practice
12 PCP Mt Gilead 900 Meadow Dr Ste A Mt Gilead, OH 43338	Physician Practice
13 Surgical Specialists Grady MOB 551 W Central Ave Suite 303 Delaware, OH 43015	Physician Practice
14 Audiology Mansfield 335 Glessner Ave 5th Floor Mansfield, OH 44903	Physician Practice

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 Podiatry Athens 75 Hospital Dr Suite 340 Athens, OH 45701	Physician Practice
1 PCP Racine 207 5th St Racine, OH 45771	Physician Practice
2 DMH OBGYN and Midwives 7500 Hospital Drive Dublin, OH 43016	Physician Practice
3 Grady Professional Services 801 OhioHealth Blvd Delaware, OH 43015	Physician Practice
4 Radiation Oncology Doctors 5100 West Broad St Columbus, OH 43228	Physician Practice
5 Radiation Oncology Delaware 801 OhioHealth Blvd Delaware, OH 43015	Physician Practice
6 Mansfield Pulmonary Crit Care 335 Glessner Ave Mansfield, OH 44903	Physician Practice
7 PCP Balgreen Dr 770 Balgreen Dr Mansfield, OH 44903	Physician Practice
8 PCP Grandview 1125 Yard St Columbus, OH 43147	Physician Practice
9 HVP Lewis Center 7853 Pacer Dr Lewis Center, OH 43035	Physician Practice
10 GMC Anesthesia 111 S Grant Avenue Columbus, OH 43215	Physician Practice
11 Pain Management Athens 55 Hospital Dr TBD Athens, OH 45701	Physician Practice
12 ENT Athens 75 Hospital Dr Suite 360 Athens, OH 45701	Physician Practice
13 Grove City Hospitalists 1375 Stringtown Rd Grove City, OH 43123	Physician Practice
14 Pathology Athens 55 Hospital Dr 1st Floor Lab Athens, OH 45701	Physician Practice

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)
196 Neuro Athens 65 Hospital Dr Athens, OH 45701	Physician Practice
1 Hospitalists Pickerington SSU 1010 Refugee Rd Pickerington, OH 43147	Physician Practice
2 Neurosurgery Doctors 5131 Beacon Hill Rd Columbus, OH 43228	Physician Practice
3 PCP Mt Victory 458 460 S Main Mount Victory, OH 43340	Physician Practice
4 PCP Amberwood Parkway 45 Amberwood Pkwy Ashland, OH 44805	Physician Practice
5 GMC GME Family Medicine SW 2030 Stringtown Road Grove City, OH 43123	Physician Practice
6 ENT Ontario 1770 West Fourth Street Mansfield, OH 44903	Physician Practice
7 Ortho Surgeons Shelby 2180 Stumbo Rd Ontario, OH 44862	Physician Practice
8 Medical Oncology Delaware 801 OhioHealth Blvd Suite 180 Delaware, OH 43015	Physician Practice
9 Neuro Oncology 500 Thomas Lane Columbus, OH 43214	Physician Practice
10 DH GME Specialty Medicine 50 Old Village Road Columbus, OH 43228	Physician Practice
11 Gastro Mansfield 1070 Cricket Lane Mansfield, OH 44906	Physician Practice
12 Hospitalists Westerville SSU 300 Polaris Pkwy Suite 3000 Westerville, OH 43082	Physician Practice
13 Radiation Oncology Obleness 75 Hospital Dr Suite 170 Athens, OH 45701	Physician Practice
14 Urology Dublin 7450 Hospital Drive Dublin, OH 43016	Physician Practice

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 PCP Stumbo Road 2180 Stumbo Rd Ontario, OH 44862	Physician Practice
1 Medical Oncology Athens 75 Hospital Dr Athens, OH 45701	Physician Practice
2 OPG Central Billing Office 180 East Broad Street Columbus, OH 43215	Physician Practice
3 Mansfield Cardiac Anesthesia 335 Glessner Ave Mansfield, OH 44903	Physician Practice
4 HVP Lipid Clinic McConnell 3773 Olentangy River Road Columbus, OH 43214	Physician Practice
5 Mansfield Pulmonary 770 Ballgreen Drive Mansfield, OH 44903	Physician Practice
6 PCP Express Appt Center 770 Jasonway Avenue Suite 1B Columbus, OH 43214	Physician Practice
7 HVP Hardin 921 E Franklin Street Kenton, OH 43326	Physician Practice
8 Wound Care Athens 444 W Union St Suite D Athens, OH 45701	Physician Practice
9 GMC Hosp Based APPs 111 S Grant St Columbus, OH 43215	Physician Practice
10 Behavioral Health OP 3535 Olentangy River Road Columbus, OH 43214	Physician Practice
11 Mansfield Behavioral Health IP 335 Glessner Ave Mansfield, OH 44903	Physician Practice
12 Osteopathic Manipulation Med 6905 Hospital Dr Suite 200 Dublin, OH 43016	Physician Practice
13 PCP Glouster 5 Cararas Dr Glouster, OH 45732	Physician Practice
14 CHF Clinic Mansfield 335 Glessner Ave Mansfield, OH 44903	Physician Practice

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)
226 PCP Cline Ave 275 Cline Ave Mansfield, OH 44903	Physician Practice
1 RMH GME General Surgery 3535 Olentangy River Road NG Columbus, OH 43214	Physician Practice
2 PCP Shelby 199 W Main St Shelby, OH 44875	Physician Practice
3 Behavioral Health Ambulatory 5141 W Broad Street Columbus, OH 43228	Physician Practice
4 PCP Concierge Medicine 3363 Tremont Rd Columbus, OH 43221	Physician Practice
5 RMH Exec Hlth Wellness Clinic 3773 Olentangy River Road Columbus, OH 43214	Physician Practice
6 Mansfield Foot and Ankle 335 Glessner Ave Mansfield, OH 44903	Physician Practice
7 WOW Womens Health 393 E Town Street Columbus, OH 43215	Physician Practice
8 RMH Senior Health 3724 A Olentangy River Road Columbus, OH 43214	Physician Practice
9 PCP Wexner Heritage TCU 2222 Welcome Place Columbus, OH 43209	Physician Practice
10 Ortho Surgeons Morrow Cty 651 W Marion Rd Mt Gilead, OH 43338	Physician Practice
11 Neuro Cognitive 3535 Olentangy River Rd Columbus, OH 43214	Physician Practice
12 Home Care Hospice 3595 Olentangy River Road Columbus, OH 43214	Physician Practice
13 RMH GME Dermatology 3595 Olentangy River Rd Columbus, OH 43214	Physician Practice
14 DH Gme Orthopedic Medicine 5131 Beacon Hill Road Columbus, OH 43228	Physician Practice

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)
241 RMH Adv Practice Providers 3535 Olentangy River Road Columbus, OH 43214	Physician Practice
1 GMC HVP APPs 285 E State St Suite 400 Columbus, OH 43215	Physician Practice
2 CHF Clinic Doctors 5100 W Broad St Columbus, OH 43228	Physician Practice
3 Neuro Berger 3555 Olentangy River Road Columbus, OH 43214	Physician Practice
4 RMH On Call Trauma 3555 Olentangy River Road Columbus, OH 43214	Physician Practice
5 Integrative Medicine 500 Thomas Lane Columbus, OH 43214	Physician Practice
6 Oncology Survivorship Clinic 500 Thomas Lane Columbus, OH 43214	Physician Practice
7 OPG North Admin 3430 OhioHealth Parkway Columbus, OH 43202	Physician Practice
8 PCP Crawford 1820 E Mansfield Ave Mansfield, OH 44903	Physician Practice

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

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

2019

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 432021575	31-4394942	501 c 3	7,530,256				For general support and to purchase PP&E during COVID-19 pandemic

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	284	347,250			
(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.

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

2019

Open to Public Inspection

Name of the organization
OhioHealth Corporation Group Return

Employer identification number
32-0007056

Part I Questions Regarding Compensation		Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
☐ Travel for companions	☐ Payments for business use of personal residence		
☐ Tax 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 on 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 on 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	No
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 accrued 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	

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.

[illegible]

Part III Supplemental Information

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

Return Reference	Explanation
Schedule J, Part I, Line 3 Arrangement used to establish the top management official's compensation	The Parent Corporation (a related organization) used the following methods to establish the compensation of the CEO for each of the filing organizations included in the OhioHealth Group 990 return. - Compensation committee - Independent compensation consultant - Form 990 of other organizations - Compensation survey or study - Approval by the board or compensation committee
Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan	Line 4a: SEVERANCE PAYMENT 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. NO SEVERANCE PAYMENTS WERE MADE DURING THE YEAR TO ANY LISTED PERSONS IN PART VII. 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. SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN PAYMENTS WERE MADE DURING THE YEAR TO THE FOLLOWING LISTED PERSONS IN PART VII: DAVID P. BLOM - \$16,114,904 IN ADDITION, THE ORGANIZATION PROVIDES A SPLIT-DOLLAR LIFE INSURANCE PLAN TO ITS EXECUTIVES AND PHYSICIANS FROM WHICH NO CASH PAYMENTS WERE MADE DURING THE YEAR TO ANY LISTED PERSONS IN PART VII.
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: 19010655
Software Version: 2019v5.0
EIN: 32-0007056
Name: OhioHealth Corporation Group Return

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1Caulin-Glaser Teresa L MD Chair Board (End 11/19)	(i)	0	0	0	0	0	0	0
	(ii)	652,327	432,836	27,986	256,839	15,720	1,385,708	0
1Herbert Cheryl L Chair Board	(i)	0	0	0	0	0	0	0
	(ii)	473,998	385,270	20,802	269,612	15,714	1,165,396	0
2Johnson Katherine E MD Chair Board	(i)	197,039	0	0	15,615	8,085	220,739	0
	(ii)	0	0	0	0	0	0	0
3Knutson Douglas MD Vice-Chair Board	(i)	0	0	0	0	0	0	0
	(ii)	473,062	149,629	7,515	89,298	10,194	729,698	0
4Lounge Michael W Executive VP & COO	(i)	0	0	0	0	0	0	0
	(ii)	974,406	949,725	12,662	709,519	24,640	2,670,952	0
5Markovich Stephen E MD CEO/President/Board-OhioHealth (Start 7/19)	(i)	0	0	0	0	0	0	0
	(ii)	1,096,446	1,123,876	9,647	1,270,184	20,692	3,520,845	0
6Meldrum Terri W Esq Secretary Board	(i)	0	0	0	0	0	0	0
	(ii)	433,426	346,283	10,809	110,797	20,588	921,903	0
7Morrison Karen J President Board	(i)	0	0	0	0	0	0	0
	(ii)	455,147	373,325	14,750	170,297	20,610	1,034,129	0
8Snyder Ronald P President Board	(i)	0	0	0	0	0	0	0
	(ii)	191,630	53,188	9,745	23,586	15,287	293,436	0
9Thornhill Hugh A President Board	(i)	0	0	0	0	0	0	0
	(ii)	456,535	367,760	9,673	178,628	20,607	1,033,203	0
10Yakubov Steven MD Chair Board	(i)	1,052,315	43,980	37,192	124,970	18,220	1,276,677	0
	(ii)	218,400	0	0	0	0	218,400	0
11Arshi Arash MD Board	(i)	713,949	0	29,617	49,998	18,220	811,784	0
	(ii)	0	0	0	0	0	0	0
12Bunyard Stephen P Board	(i)	0	0	0	0	0	0	0
	(ii)	371,294	260,791	12,097	75,806	15,544	735,532	0
13Collazo Antonio E MD Board	(i)	520,428	11,297	2,101	28,250	14,353	576,429	0
	(ii)	0	0	0	0	0	0	0
14Crowell Robert MD Board	(i)	1,994	0	0	0	0	1,994	0
	(ii)	604,949	170	216,250	57,782	14,605	893,756	0
15DeVillers Rebecca E DO Board	(i)	175,371	6,033	8,967	45,607	1,043	237,021	0
	(ii)	0	0	0	0	0	0	0
16Ferris Frank MD Board	(i)	0	0	0	0	0	0	0
	(ii)	320,466	86,392	11,293	65,632	9,369	493,152	0
17Gallaher Connie L Board	(i)	0	0	0	0	0	0	0
	(ii)	317,061	180,890	21,326	33,835	9,332	562,444	0
18Gingrich Curtis MD Board	(i)	0	0	0	0	0	0	0
	(ii)	374,685	122,036	12,274	32,117	19,608	560,720	0
19Gossman Charles Board	(i)	0	0	0	0	0	0	0
	(ii)	230,957	64,804	5,920	26,066	19,191	346,938	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				
21Grewal Karanvir S MD	(i)	884,942	0	29,364	88,826	18,220	1,021,352	0
Board	(ii)	0	0	0	0	0	0	0
1Hagen Bruce P	(i)	0	0	0	0	0	0	0
Board	(ii)	525,573	366,699	25,010	83,227	15,720	1,016,229	0
2Imm Amy MD	(i)	0	0	0	0	0	0	0
Board	(ii)	510,357	165,250	7,581	53,562	20,356	757,106	0
3Kadar Melissa	(i)	0	0	0	0	0	0	0
Board	(ii)	181,194	21,071	9,408	10,857	18,411	240,941	0
4Lawson Michael S	(i)	0	0	0	0	0	0	0
Board	(ii)	528,042	344,106	32,302	72,252	9,581	986,283	0
5Majzun Matthew DO	(i)	0	0	0	0	0	0	0
Board - OhioHlth (Start 1/20)	(ii)	133,283	0	40,039	5,198	118	178,638	0
6O'Brien Jr James M MD	(i)	0	0	0	0	0	0	0
Board (End 12/19)	(ii)	425,359	150,000	7,354	50,213	20,267	653,193	0
7Paik Paul DO	(i)	0	0	0	0	0	0	0
Board (Start 3/20)	(ii)	435,237	48,242	30,047	35,950	18,220	567,696	0
8Perona Phillip MD	(i)	385,891	0	31,376	11,200	8,466	436,933	0
Board (Start 9/19)	(ii)	0	0	0	0	0	0	0
9Romanelli Vincent MD	(i)	519,092	57,093	2,455	107,884	14,224	700,748	0
Board (End 12/19)	(ii)	0	0	0	0	0	0	0
10Rudy John	(i)	0	0	0	0	0	0	0
Board	(ii)	172,252	19,998	2,677	20,502	18,456	233,885	0
11Silver Mitchell DO	(i)	1,003,439	0	32,871	108,899	15,300	1,160,509	0
Board	(ii)	0	0	0	0	0	0	0
12Smith Brien J MD	(i)	0	0	0	0	0	0	0
Board	(ii)	640,239	181,150	20,050	26,935	19,800	888,174	0
13Smith Jeffrey	(i)	0	0	0	0	0	0	0
Board	(ii)	267,259	88,590	13,928	35,147	19,734	424,658	0
14Spalding Marshall C DO	(i)	0	0	0	0	0	0	0
Board (Start 12/19)	(ii)	422,868	87,290	13,511	23,815	17,846	565,330	0
15Urse Geraldine L DO	(i)	245,217	30,302	25,298	37,410	12,182	350,409	0
Board	(ii)	0	0	0	0	0	0	0
16Vanderhoff Bruce MD	(i)	0	0	0	0	0	0	0
Sr. VP and Chief Medical Officer OhioHealth	(ii)	733,828	579,783	14,114	268,508	20,692	1,616,925	0
17Vora Sanjay K MD	(i)	303,547	33,611	4,051	51,711	17,724	410,644	0
Board	(ii)	0	0	0	0	0	0	0
18Wasielewski Ray MD	(i)	420,337	0	6,547	68,160	17,434	512,478	0
Board (End 1/20)	(ii)	0	0	0	0	0	0	0
19Browning Mike P	(i)	0	0	0	0	0	0	0
Sr. VP and CFO	(ii)	492,837	100,000	13,351	174,380	9,867	790,435	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
41 Abaza Ronney MD Physician Core OPG	(i)	1,512,471	125	152,709	16,170	18,050	1,699,525	0
	(ii)	0	0	0	0	0	0	0
1 BalturshotGregory W MD Physician Core OPG	(i)	2,746,284	50,200	240,241	35,539	18,265	3,090,529	0
	(ii)	0	0	0	0	0	0	0
2 BonassoChristian L MD Physician Core OPG	(i)	2,555,662	50,000	233,023	16,363	18,220	2,873,268	0
	(ii)	0	0	0	0	0	0	0
3 Dorbish Ronald Physician Core OPG	(i)	1,755,834	50,000	105,474	70,543	18,220	2,000,071	0
	(ii)	0	0	0	0	0	0	0
4 SeamanBrian F DO Physician Ortho Surgery (General)	(i)	2,513,345	50,000	107,840	81,306	18,220	2,770,711	0
	(ii)	0	0	0	0	0	0	0
5 Seckinger Mark R FRM Secretary Board	(i)	0	0	0	0	0	0	0
	(ii)	281,978	157,933	17,991	173,697	9,436	641,035	0
6 Sperling Ronald FRM Interim CFO	(i)	0	0	0	0	0	0	0
	(ii)	540,400	0	0	0	0	540,400	0
7 Yates Vinson M FRM CFO/PRESIDENT MEDCENTRAL HEALTH SYSTEM	(i)	0	0	0	0	0	0	0
	(ii)	620,764	505,631	26,014	236,820	15,720	1,404,949	0
8 Blom David P FRM CEO	(i)	0	0	0	0	0	0	0
	(ii)	904,275	1,948,832	16,320,593	0	23,455	19,197,155	13,040,602

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 instructions and the latest information.

OMB No. 1545-0047

2019

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 section 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 the 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?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	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)	22,780	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.

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.

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2019

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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	X	1	9,500	Market value
2 Art—Historical treasures . .				
3 Art—Fractional interests . .				
4 Books and publications . .				
5 Clothing and household goods				
6 Cars and other vehicles . .				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded .				
10 Securities—Closely held stock .				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous . .				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential . .				
16 Real estate—Commercial . .				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies .	X	13	284,300	Market value
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens . . .				
24 Archeological artifacts				
Gel work insoles; Furnishings for donation	X	8	140,018	Market value
25 Other ▶ (site)				
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

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

29

0

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 isn't required to be used for exempt purposes for the entire holding period?

Yes

No

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 didn't 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	Drugs and medical supplies - Sinus Instrument Sets, Video towers for the ENT Sinus Lab; Other Number of items received Other - Gel work insoles; Furnishings for donation site Number of Contributions Art - Works of art - Dancing Friends Bronze Sculpture valued at \$9,500 and placed in Memorial Garden at Kobacker House Number of contributions

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

OhioHealth Corporation Group Return

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

2019

Open to Public Inspection

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 \$ 4,568,741 including grants of \$ 7,877,506)(Revenue \$ 3,289,100) The OhioHealth Foundation is dedicated to helping our central Ohio family of faith-based, not-for-profit hospitals and healthcare services fulfill their commitment to extraordinary care by raising and investing funds to support many important programs and services. All earnings are re-invested to improve patient care. We rely on philanthropic support from individuals, corporations, foundations and organizations to continue our mission of achieving excellence in patient care, transforming the future of medical research and education and developing programs that help us improve the health of those we serve.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part V, Line 15 Section 4960 Excise Tax	THIS QUESTION IS ANSWERED 'YES' WITH RESPECT TO THE NEED TO FILE FORM 4720 FOR MEDCENTRAL HEALTH SYSTEM, EIN 34-0714456, WHICH HAS ONE COVERED EMPLOYEE WITH REMUNERATION EXCEEDING \$1,000,000 FOR CALENDAR YEAR 2019.

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 liability companies (LLCs) that provide healthcare or related services. As a member of such LLCs, OhioHealth Corporation has the right to appoint two individuals to the managing board of such LLCs. As a result, these individuals may be deemed to have a "business relationship" with each other for purposes of Part VI, Section A, Line 2. John P. McConnell, Chair of Grady Memorial Hospital, MedCentral Health System, and Sheltering Arms Hospital Foundation, and Kerrii B. Anderson, Treasurer of Grady Memorial Hospital, MedCentral Health System, and Sheltering Arms Hospital Foundation, have a business relationship. SARAH J. PEREZ, DIRECTOR OF OHIOHEALTH FOUNDATION, INC., AND STEPHEN HABASH, DIRECTOR OF OHIOHEALTH FOUNDATION, INC., 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 Corporation, 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 OhioHealth Corporation which in turn is the sole voting member of all subsidiary organizations. This membership is permissible under Ohio Revised Code Section 1702.13.

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 are multiple levels of review, as well as a presentation to the OhioHealth Board Finance and Audit Committee, prior to copies being provided to the OhioHealth Corporation Board before filing. Additionally, Deloitte Tax reviews and signs the tax return prior to filing with the IRS. Each entity within Group is a wholly owned or controlled subsidiary of OhioHealth and requires the approval of OhioHealth for major financial transactions. Due to the administrative burden of providing copies to all OhioHealth Corporation Group board members, copies will not automatically be provided to the members of the boards of each Group member entity. Any board member requesting a copy will be provided a copy in full compliance with public inspection requirements.

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 conflicts of interest. The questionnaire is administered by the General Counsel of OhioHealth, the parent company of the organization. The responses are recorded and reported to the Board in the format approved by the Chair of the Board (a community member). In the interim between questionnaires, conflicts are to be reported to the General Counsel, who will advise the conflicted officer, director or key employee on the steps required to manage or clear the conflict. Failure to report a conflict, or failure to follow the steps advised to clear the conflict, constitutes grounds for disciplinary action. Members of the governing board with a transactional conflict are required to recuse themselves from any discussion and/or vote pertaining to the conflicted transaction, and this is reflected in the minutes of the organization. Legal counsel attends Board meetings and Board committee meetings with the instruction to assure the conflict of interest policy is followed.

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 (Compensation Disclosure)	Board members are not compensated for their role related to any OhioHealth Board. However, there are several Board members who are employed by various OhioHealth entities. In these particular scenarios, compensation is disclosed for their occupational role and not for their Board role.

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 , AverageHours: 1.000; IndividualTrusteeOrDirectorOfficer Organization Name: MedCentral Health System, Title: Vice Chair , AverageHours: 1.000; IndividualTrusteeOrDirectorOfficer Organization Name: Sheltering Arms Hospital Foundation, Title: Vice Chair , AverageHours: 1.000; IndividualTrusteeOrDirectorOfficer

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VII, Section A Anderson, Kerri B. ADDITIONAL POSITIONS HELD	Organization Name: Grady Memorial Hospital, Title: Treasurer Board, AverageHours: 1.000; IndividualTrusteeOrDirectorOfficer Organization Name: MedCentral Health System, Title: Treasurer Board, AverageHours: 1.000; IndividualTrusteeOrDirectorOfficer Organization Name: Sheltering Arms Hospital Foundation, Title: Treasurer Board, AverageHours: 1.000; IndividualTrusteeOrDirectorOfficer

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: Chair Board (End 3/20), 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 Dewire, Rev. Dr. Norman E. ADDITIONAL POSITIONS HELD	Organization Name: Grady Memorial Hospital, Title: Secretary Board, AverageHours: 1.000; IndividualTrusteeOrDirectorOfficer Organization Name: MedCentral Health System, Title: Secretary Board, AverageHours: 1.000; IndividualTrusteeOrDirectorOfficer Organization Name: Sheltering Arms Hospital Foundation, Title: Secretary Board, AverageHours: 1.000; IndividualTrusteeOrDirectorOfficer

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VII, Section A Herbert, Cheryl L. ADDITIONAL POSITIONS HELD	Organization Name: HomeReach, Title: Chair Board, AverageHours: 1.000; IndividualTrusteeOrDirectorOfficer

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VII, Section A Hondros, Linda ADDITIONAL POSITIONS HELD	Organization Name: OhioHealth Foundation Inc., Title: Board Chair (Start 7/19), AverageHours: 1.000; IndividualTrusteeOrDirectorOfficer Organization Name: Grady Memorial Hospital, Title: Board (Start 7/19), AverageHours: 1.000; IndividualTrusteeOrDirector Organization Name: MedCentral Health System, Title: Board (Start 7/19), AverageHours: 1.000; IndividualTrusteeOrDirector Organization Name: Sheltering Arms Hospital Foundation, Title: Board (Start 7/19), 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 , AverageHours: 1.000; IndividualTrusteeOrDirectorOfficer Organization Name: Hardin Physician Foundation, Title: Board , AverageHours: 1.000; IndividualTrusteeOrDirector

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VII, Section A Johnson, Katherine E., M.D. ADDITIONAL POSITIONS HELD	Organization Name: OhioHealth Physician Group, Inc., Title: Physician Core OPG, AverageHours: 40.000; Organization Name: Hardin Physician Foundation, Title: Chair Board, AverageHours: 1.000; IndividualTrusteeOrDirectorOfficer

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 - Secretary/Treasurer, AverageHours: 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 Lounge, Michael W. ADDITIONAL POSITIONS HELD	Organization Name: OhioHealth Physician Group, Inc., Title: Chair/VP Board, AverageHours: 1.000; IndividualTrusteeOrDirectorOfficer Organization Name: Pickaway Health Services, Title: COO, AverageHours: 1.000; IndividualTrusteeOrDirectorOfficer

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VII, Section A Markovich, Stephen E. M.D. ADDITIONAL POSITIONS HELD	Organization Name: Grady Memorial Hospital, Title: CEO/President/Board (Start 7/19), AverageHours: 1.000; IndividualTrusteeOrDirectorOfficer Organization Name: HomeReach, Title: CEO/President (Start 7/19), AverageHours: 1.000; Officer Organization Name: MedCentral Health System, Title: CEO/President/Board (Start 7/19), AverageHours: 1.000; IndividualTrusteeOrDirectorOfficer Organization Name: OhioHealth Foundation Inc., Title: CEO/President/Board (Start 7/19), AverageHours: 1.000; IndividualTrusteeOrDirectorOfficer Organization Name: OhioHealth Physician Group, Inc., Title: CEO/President/Board (Start 7/19), AverageHours: 1.000; IndividualTrusteeOrDirectorOfficer Organization Name: OhioHealth Research Foundation, Title: CEO/President (Start 7/19), AverageHours: 1.000; Officer Organization Name: Sheltering Arms Hospital Foundation, Title: CEO/President/Board (Start 7/19), AverageHours: 1.000; IndividualTrusteeOrDirectorOfficer Organization Name: Hardin Memorial Hospital, Title: CEO/President (Start 7/19), AverageHours: 1.000; Officer Organization Name: Hardin Memorial Hospital Foundation, Title: CEO/President (Start 7/19), AverageHours: 1.000; Officer Organization Name: Hardin Physician Foundation, Title: CEO/President (Start 7/19), AverageHours: 1.000; Officer Organization Name: Pickaway Health Services, Title: CEO/President/Board (Start 7/19), 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, AverageHours: 1.000; IndividualTrusteeOrDirectorOfficer Organization Name: MedCentral Health System, Title: Chair , AverageHours: 1.000; IndividualTrusteeOrDirectorOfficer Organization Name: OhioHealth Foundation Inc., Title: Vice-Chair Board, AverageHours: 1.000; IndividualTrusteeOrDirectorOfficer Organization Name: Sheltering Arms Hospital Foundation, Title: Chair, 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: Vice-Chair 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 Organization Name: Pickaway Health Services, 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 Schwemer, John ADDITIONAL POSITIONS HELD	Organization Name: Hardin Memorial Hospital, Title: Chair Board (Start 7/19), AverageHours: 1.000; IndividualTrusteeOrDirectorOfficer Organization Name: Hardin Physician Foundation, Title: Board (Start 1/20), AverageHours: 1.000; IndividualTrusteeOrDirector Organization Name: Grady Memorial Hospital, Title: Board , AverageHours: 1.000; IndividualTrusteeOrDirector Organization Name: MedCentral Health System, Title: Board, AverageHours: 1.000; IndividualTrusteeOrDirector Organization Name: Sheltering Arms Hospital Foundation, Title: Board , AverageHours: 1.000; IndividualTrusteeOrDirector

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; IndividualTrusteeOrDirector Organization Name: Hardin Memorial Hospital Foundation, Title: President Board, AverageHours: 1.000; IndividualTrusteeOrDirectorOfficer Organization Name: Hardin Physician Foundation, Title: Board, AverageHours: 1.000; IndividualTrusteeOrDirector

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 Organization Name: Pickaway Health Services, Title: President Board , AverageHours: 1.000; IndividualTrusteeOrDirectorOfficer

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Return Reference	Explanation
Form 990, Part VII, Section A Yakubov, Steven, M.D. ADDITIONAL POSITIONS HELD	Organization Name: OhioHealth Research Foundation, Title: Chair Board , AverageHours: 1.000; IndividualTrusteeOrDirectorOfficer Organization Name: OhioHealth Physician Group, Inc., Title: Physician Core - OPG, AverageHours: 40.000;

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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

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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, 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 Barrett, Scott ADDITIONAL POSITIONS HELD	Organization Name: Hardin Memorial Hospital, Title: Board, AverageHours: 1.000; IndividualTrusteeOrDirector Organization Name: Hardin Memorial Hospital Foundation, Title: Board, AverageHours: 1.000; IndividualTrusteeOrDirector

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Return Reference	Explanation
Form 990, Part VII, Section A Bates, Justin ADDITIONAL POSITIONS HELD	Organization Name: OhioHealth Foundation Inc., Title: Board , AverageHours: 1.000; IndividualTrusteeOrDirector

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VII, Section A Berwanger, Joseph M. ADDITIONAL POSITIONS HELD	Organization Name: OhioHealth Foundation Inc., Title: Board, AverageHours: 1.000; IndividualTrusteeOrDirector

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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

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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

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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

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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

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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 Casey, John, D.O. ADDITIONAL POSITIONS HELD	Organization Name: Grady Memorial Hospital, Title: Board (End 12/19), AverageHours: 1.000; IndividualTrusteeOrDirector Organization Name: MedCentral Health System, Title: Board (End 12/19), AverageHours: 1.000; IndividualTrusteeOrDirector Organization Name: Sheltering Arms Hospital Foundation, Title: Board (End 12/19), AverageHours: 1.000; IndividualTrusteeOrDirector

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Return Reference	Explanation
Form 990, Part VII, Section A Cercek, Robert ADDITIONAL POSITIONS HELD	Organization Name: OhioHealth Foundation Inc., Title: Board (Start 10/19), AverageHours: 1.000; IndividualTrusteeOrDirector

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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

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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 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

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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 Crowell, Robert, M.D. ADDITIONAL POSITIONS HELD	Organization Name: Marion General Hospital Inc. , Title: Board, AverageHours: 1.000; IndividualTrusteeOrDirector

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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 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;

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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

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Return Reference	Explanation
Form 990, Part VII, Section A Dyer, Lori ADDITIONAL POSITIONS HELD	Organization Name: Hardin Memorial Hospital Foundation, Title: Board (Start 8/19), AverageHours: 1.000; IndividualTrusteeOrDirector

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Return Reference	Explanation
Form 990, Part VII, Section A Eichinger, David 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

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Return Reference	Explanation
Form 990, Part VII, Section A Feiler, Kirk S. ADDITIONAL POSITIONS HELD	Organization Name: OhioHealth Foundation Inc., Title: Board , AverageHours: 1.000; IndividualTrusteeOrDirector

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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

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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

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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

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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

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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

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Return Reference	Explanation
Form 990, Part VII, Section A Gallaher, Connie L. ADDITIONAL POSITIONS HELD	Organization Name: HomeReach, Title: Board, AverageHours: 1.000; IndividualTrusteeOrDirector Organization Name: OhioHealth Foundation Inc., Title: Board, AverageHours: 1.000; IndividualTrusteeOrDirector

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Return Reference	Explanation
Form 990, Part VII, Section A Galbreath, John ADDITIONAL POSITIONS HELD	Organization Name: OhioHealth Foundation Inc., Title: Board (Start 7/19), AverageHours: 1.000; IndividualTrusteeOrDirector

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Return Reference	Explanation
Form 990, Part VII, Section A Gavin, Thomas ADDITIONAL POSITIONS HELD	Organization Name: Grady Memorial Hospital, Title: Board (Start 1/20), AverageHours: 1.000; IndividualTrusteeOrDirector Organization Name: MedCentral Health System, Title: Board (Start 1/20), AverageHours: 1.000; IndividualTrusteeOrDirector Organization Name: Sheltering Arms Hospital Foundation, Title: Board (Start 1/20), AverageHours: 1.000; IndividualTrusteeOrDirector

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Return Reference	Explanation
Form 990, Part VII, Section A Gingrich, Curtis, M.D. ADDITIONAL POSITIONS HELD	Organization Name: OhioHealth Foundation Inc., Title: Board, AverageHours: 1.000; IndividualTrusteeOrDirector Organization Name: HomeReach, Title: Board, AverageHours: 1.000; IndividualTrusteeOrDirector Organization Name: Marion General Hospital Inc. , Title: Board (Start 8/19), AverageHours: 1.000; IndividualTrusteeOrDirector

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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

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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

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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

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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

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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; IndividualTrusteeOrDirector Organization Name: OhioHealth Physician Group, Inc., Title: Physician Core OPG, AverageHours: 40.000;

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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

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Return Reference	Explanation
Form 990, Part VII, Section A Hagen, Bruce P. ADDITIONAL POSITIONS HELD	Organization Name: Marion General Hospital Inc. , Title: Board, AverageHours: 1.000; IndividualTrusteeOrDirector Organization Name: Hardin Memorial Hospital, Title: Board , AverageHours: 1.000; IndividualTrusteeOrDirector

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Return Reference	Explanation
Form 990, Part VII, Section A Hamrock, Joe 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

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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

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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

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Return Reference	Explanation
Form 990, Part VII, Section A Hughes, Andrew, D.O. ADDITIONAL POSITIONS HELD	Organization Name: Hardin Memorial Hospital, Title: Board (End 9/19), AverageHours: 1.000; IndividualTrusteeOrDirector

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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

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Return Reference	Explanation
Form 990, Part VII, Section A Imm, Amy, M.D. ADDITIONAL POSITIONS HELD	Organization Name: HomeReach, Title: Board, AverageHours: 1.000; IndividualTrusteeOrDirector

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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

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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

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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

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Return Reference	Explanation
Form 990, Part VII, Section A Iyengar, Vidya ADDITIONAL POSITIONS HELD	Organization Name: Marion General Hospital Inc. , Title: Board (Start 7/19), AverageHours: 1.000; IndividualTrusteeOrDirector

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Return Reference	Explanation
Form 990, Part VII, Section A James, Donna ADDITIONAL POSITIONS HELD	Organization Name: Grady Memorial Hospital, Title: Board, AverageHours: 1.000; IndividualTrusteeOrDirector Organization Name: MedCentral Health System, Title: Board, AverageHours: 1.000; IndividualTrusteeOrDirector Organization Name: Sheltering Arms Hospital Foundation, Title: Board, AverageHours: 1.000; IndividualTrusteeOrDirector

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Return Reference	Explanation
Form 990, Part VII, Section A Jones, Chenelle ADDITIONAL POSITIONS HELD	Organization Name: OhioHealth Foundation Inc., Title: Board (Start 7/19), AverageHours: 1.000; IndividualTrusteeOrDirector

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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

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Return Reference	Explanation
Form 990, Part VII, Section A Kadar, Melissa ADDITIONAL POSITIONS HELD	Organization Name: OhioHealth Research Foundation, Title: Board , AverageHours: 1.000; IndividualTrusteeOrDirector

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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

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Return Reference	Explanation
Form 990, Part VII, Section A Kimmel, Greg ADDITIONAL POSITIONS HELD	Organization Name: OhioHealth Foundation Inc., Title: Board (Start 7/19), AverageHours: 1.000; IndividualTrusteeOrDirector

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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

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Return Reference	Explanation
Form 990, Part VII, Section A Lawson, Michael S. ADDITIONAL POSITIONS HELD	Organization Name: HomeReach, Title: Board (Start 7/19), AverageHours: 1.000; IndividualTrusteeOrDirector

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Return Reference	Explanation
Form 990, Part VII, Section A Lilly, Joel ADDITIONAL POSITIONS HELD	Organization Name: OhioHealth Foundation Inc., Title: Board (Start 7/19), AverageHours: 1.000; IndividualTrusteeOrDirector

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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

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Return Reference	Explanation
Form 990, Part VII, Section A Low, Daniel ADDITIONAL POSITIONS HELD	Organization Name: OhioHealth Foundation Inc., Title: Board, AverageHours: 1.000; IndividualTrusteeOrDirector

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Return Reference	Explanation
Form 990, Part VII, Section A Majzun, Matthew, D.O. ADDITIONAL POSITIONS HELD	Organization Name: Grady Memorial Hospital, Title: Board (Start 1/20), AverageHours: 1.000; IndividualTrusteeOrDirector Organization Name: MedCentral Health System, Title: Board (Start 1/20), AverageHours: 1.000; IndividualTrusteeOrDirector Organization Name: Sheltering Arms Hospital Foundation, Title: Board (Start 1/20), AverageHours: 1.000; IndividualTrusteeOrDirector

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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

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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

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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

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Return Reference	Explanation
Form 990, Part VII, Section A Melillo, Jason, M.D., ADDITIONAL POSITIONS HELD	Organization Name: OhioHealth Physician Group, Inc., Title: Physician Core OPG, AverageHours: 0.000; Organization Name: Grady Memorial Hospital, Title: Board - OhioHlth, AverageHours: 1.000; IndividualTrusteeOrDirector Organization Name: MedCentral Health System, Title: Board - OhioHlth, AverageHours: 1.000; IndividualTrusteeOrDirector Organization Name: Sheltering Arms Hospital Foundation, Title: Board - OhioHlth, AverageHours: 1.000; IndividualTrusteeOrDirector

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Return Reference	Explanation
Form 990, Part VII, Section A Moodley, Jaybalan, M.D., ADDITIONAL POSITIONS HELD	Organization Name: Marion General Hospital Inc. , Title: Board (Start 9/19), AverageHours: 1.000; IndividualTrusteeOrDirector

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Return Reference	Explanation
Form 990, Part VII, Section A Moorman, Matthew, M.D., ADDITIONAL POSITIONS HELD	Organization Name: OhioHealth Research Foundation, Title: Board, AverageHours: 1.000; IndividualTrusteeOrDirector

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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

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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

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Return Reference	Explanation
Form 990, Part VII, Section A Nag, Dipanjan ADDITIONAL POSITIONS HELD	Organization Name: OhioHealth Foundation Inc., Title: Board (Start 7/19), AverageHours: 1.000; IndividualTrusteeOrDirector

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Return Reference	Explanation
Form 990, Part VII, Section A Noah, Horsed ADDITIONAL POSITIONS HELD	Organization Name: OhioHealth Foundation Inc., Title: Board (Start 7/19), AverageHours: 1.000; IndividualTrusteeOrDirector

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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 (End 12/19), AverageHours: 1.000; IndividualTrusteeOrDirector

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Return Reference	Explanation
Form 990, Part VII, Section A Paik, Paul, D.O. ADDITIONAL POSITIONS HELD	Organization Name: Hardin Memorial Hospital, Title: Board (Start 3/20), AverageHours: 1.000; IndividualTrusteeOrDirector

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Return Reference	Explanation
Form 990, Part VII, Section A Palma, Robert, D.O. ADDITIONAL POSITIONS HELD	Organization Name: Grady Memorial Hospital, Title: Board , AverageHours: 1.000; IndividualTrusteeOrDirector Organization Name: MedCentral Health System, Title: Board , AverageHours: 1.000; IndividualTrusteeOrDirector Organization Name: Sheltering Arms Hospital Foundation, Title: Board, AverageHours: 1.000; IndividualTrusteeOrDirector

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Return Reference	Explanation
Form 990, Part VII, Section A Palmer, Bishop Gregory ADDITIONAL POSITIONS HELD	Organization Name: Grady Memorial Hospital, Title: Board, AverageHours: 1.000; IndividualTrusteeOrDirector Organization Name: MedCentral Health System, Title: Board, AverageHours: 1.000; IndividualTrusteeOrDirector Organization Name: Sheltering Arms Hospital Foundation, Title: Board, AverageHours: 1.000; IndividualTrusteeOrDirector

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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

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Return Reference	Explanation
Form 990, Part VII, Section A Peery, Carla J. ADDITIONAL POSITIONS HELD	Organization Name: OhioHealth Foundation Inc., Title: Board , AverageHours: 1.000; IndividualTrusteeOrDirector

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Return Reference	Explanation
Form 990, Part VII, Section A Perez, Sarah J. ADDITIONAL POSITIONS HELD	Organization Name: OhioHealth Foundation Inc., Title: Board , AverageHours: 1.000; IndividualTrusteeOrDirector

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Return Reference	Explanation
Form 990, Part VII, Section A Perona, Phillip, M.D. ADDITIONAL POSITIONS HELD	Organization Name: OhioHealth Physician Group, Inc., Title: Physician Core OPG, AverageHours: 40.000; Organization Name: Hardin Memorial Hospital, Title: Board (Start 9/19), AverageHours: 1.000; IndividualTrusteeOrDirector

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Return Reference	Explanation
Form 990, Part VII, Section A Petska, Tim ADDITIONAL POSITIONS HELD	Organization Name: OhioHealth Foundation Inc., Title: Board (Start 7/19), 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 , AverageHours: 1.000; IndividualTrusteeOrDirector

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VII, Section A Probst, David ADDITIONAL POSITIONS HELD	Organization Name: OhioHealth Foundation Inc., Title: Board (Start 7/19), 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 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 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 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 Reddy, Sudesh S., 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 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 Romanelli, Vincent, M.D., ADDITIONAL POSITIONS HELD	Organization Name: Grady Memorial Hospital, Title: Board (End 12/19), AverageHours: 1.000; IndividualTrusteeOrDirector Organization Name: MedCentral Health System, Title: Board (End 12/19), AverageHours: 1.000; IndividualTrusteeOrDirector Organization Name: Sheltering Arms Hospital Foundation, Title: Board (End 12/19), 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 Root, Chip ADDITIONAL POSITIONS HELD	Organization Name: Grady Memorial Hospital, Title: Board (End 12/19), AverageHours: 1.000; IndividualTrusteeOrDirector Organization Name: MedCentral Health System, Title: Board (End 12/19), AverageHours: 1.000; IndividualTrusteeOrDirector Organization Name: Sheltering Arms Hospital Foundation, Title: Board (End 12/19), AverageHours: 1.000; IndividualTrusteeOrDirector Organization Name: Hardin Memorial Hospital, Title: Board, AverageHours: 1.000; IndividualTrusteeOrDirector Organization Name: Hardin Physician Foundation, Title: Board (End 12/19), 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 (End 8/19), 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 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 Shepard, Noel ADDITIONAL POSITIONS HELD	Organization Name: OhioHealth Foundation Inc., Title: Board (Start 7/19), AverageHours: 1.000; IndividualTrusteeOrDirector

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VII, Section A Silver, Mitchell, D.O. 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 Slates, David ADDITIONAL POSITIONS HELD	Organization Name: OhioHealth Foundation Inc., Title: Board (Start 7/19), 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 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 Smith, Jeffrey ADDITIONAL POSITIONS HELD	Organization Name: OhioHealth Foundation Inc., Title: Board (End 11/19), AverageHours: 1.000; IndividualTrusteeOrDirector Organization Name: HomeReach, Title: Board (Start 9/19), 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: 40.000; 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 Spalding, Marshall C., D.O. ADDITIONAL POSITIONS HELD	Organization Name: OhioHealth Research Foundation, Title: Board (Start 12/19), 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 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 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 Vanderhoff, Bruce, M.D. ADDITIONAL POSITIONS HELD	Organization Name: OhioHealth Research Foundation, Title: Board, AverageHours: 1.000; IndividualTrusteeOrDirector Organization Name: OhioHealth Physician Group, Inc., Title: Board, AverageHours: 1.000; IndividualTrusteeOrDirector Organization Name: Pickaway Health Services, 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, AverageHours: 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 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 Wallace, Paige 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 Walter, Matt ADDITIONAL POSITIONS HELD	Organization Name: Grady Memorial Hospital, Title: Board, AverageHours: 1.000; IndividualTrusteeOrDirector Organization Name: MedCentral Health System, Title: Board, AverageHours: 1.000; IndividualTrusteeOrDirector Organization Name: Sheltering Arms Hospital Foundation, Title: Board, AverageHours: 1.000; IndividualTrusteeOrDirector

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VII, Section A Walsh, Edward ADDITIONAL POSITIONS HELD	Organization Name: OhioHealth Foundation Inc., Title: Board (Start 7/19), 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 (End 1/20), 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; 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 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 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 Wilder, Deborah ADDITIONAL POSITIONS HELD	Organization Name: OhioHealth Foundation Inc., Title: Board (Start 7/19), 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 Zobel, Mark ADDITIONAL POSITIONS HELD	Organization Name: OhioHealth Foundation Inc., Title: Board (Start 7/19), AverageHours: 1.000; IndividualTrusteeOrDirector

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VII, Section A Browning, Mike P. ADDITIONAL POSITIONS HELD	Organization Name: Grady Memorial Hospital, Title: Sr. VP and CFO , AverageHours: 1.000; Officer Organization Name: Hardin Memorial Hospital Foundation, Title: Sr. VP and CFO , AverageHours: 1.000; Officer Organization Name: Hardin Memorial Hospital, Title: Sr. VP and CFO , AverageHours: 1.000; Officer Organization Name: OhioHealth Research Foundation, Title: Sr. VP and CFO , AverageHours: 1.000; Officer Organization Name: OhioHealth Physician Group, Inc., Title: Sr. VP and CFO , AverageHours: 1.000; Officer Organization Name: HomeReach, Title: Sr. VP and CFO , AverageHours: 1.000; Officer Organization Name: Hardin Physician Foundation, Title: Sr. VP and CFO , AverageHours: 1.000; Officer Organization Name: MedCentral Health System, Title: Sr. VP and CFO , AverageHours: 1.000; Officer Organization Name: OhioHealth Foundation Inc., Title: Sr. VP and CFO , AverageHours: 1.000; Officer Organization Name: Sheltering Arms Hospital Foundation, Title: Sr. VP and CFO , AverageHours: 1.000; Officer Organization Name: Pickaway Health Services, Title: Sr. VP and CFO , AverageHours: 1.000; Officer

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VII, Section A Abaza, Ronney, 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 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 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: 176712511, Related or Exempt Function Revenue: 176391864, Unrelated Business Revenue: 320647, Revenue Excluded from Tax Under Sections 512, 513, or 514: ;

990 Schedule O, Supplemental Information[illegible]

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	Intercompany Transactions - 52023105; Net Assets Released from Restriction for PP&E - 1557339; Transfers to Related Organizations - -293106; Foundation Reclassifications for Contributions - 15807768; Other - 45566;

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 wholly-owned subsidiaries.

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. OhioHealth's executive compensation is set by the compensation committee, which is composed of independent and disinterested members of the Board of Directors. The 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. Stephen Markovich, M.D., the current CEO's FY2020 (based on calendar year 2019 W-2) compensation was in alignment with the current CEO's tenure, experience and demonstrated level of sustained performance of OhioHealth. The current CEO's FY2020 estimated total compensation (including annual and long-term incentives and all benefits) approximated the 35th percentile of the peer group data reviewed by the committee. David Blom, the former CEO's FY2020 (based on calendar year 2019 W-2) compensation was in alignment with the former CEO's tenure, experience and demonstrated level of sustained top quartile performance of OhioHealth. The former CEO's FY2020 estimated total compensation (including annual and long-term incentives and all benefits) approximated the 75th percentile of the peer group data reviewed by the compensation committee while our financial performance as measured by Moody's AA2 rating was at the 94th percentile and other key measures of the balanced scorecard including quality, culture and service perform in the top quartile. In addition, the former CEO SERP payment was paid out after certain age requirements were met, coinciding with retirement after 17 years in the role as OhioHealth CEO. For the year 2019, David P. Blom's total compensation of \$19,197,155 includes a final deferred retirement compensation payout of \$16,114,904 which is included on Schedule J, Part II, Column (B)(iii), Other Reportable Compensation. OhioHealth's executive vice presidents, senior vice presidents, and entity presidents compensation is set by the compensation committee which is composed of independent and disinterested members of the Board of Directors. The organization's performance for FY2019 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 Moody's AA2 rating was at the 94th percentile. 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Lines 15a and 15b Section B, Policies	market analysis for base salaries, total cash compensation, benefits and perquisites, and aggregate total compensation values for the executive vice presidents, senior vice presidents, and entity presidents, to support OhioHealth's qualification for the rebuttable presumption of reasonableness. 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 as 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.

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

2019

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	No
(1)Hospital Properties Inc 3430 OhioHealth Parkway Columbus, OH 43202 31-1206071	Property Management	OH	501(c)(2)		OhioHealth Corporation	Yes	

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

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate 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	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) OhioHealth Star Corporation 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	-53,494	864,224	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.

1 During the tax year, did the organization 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

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

Yes

No

1a

No

1b

Yes

1c

No

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

Yes

1l

No

1m

No

1n

No

1o

No

1p

Yes

1q

No

1r

Yes

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

Schedule R (Form 990) 2019

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.

[illegible]

Part VII

Supplemental Information

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

Return Reference	Explanation

Additional Data

Software ID: 19010655
Software Version: 2019v5.0
EIN: 32-0007056
Name: OhioHealth Corporation Group Return

Form 990, Schedule R, Part I - Identification of Disregarded Entities

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income	(e) End-of-year assets	(f) Direct Controlling Entity
Marion Physician Billing LLC 1000 McKinley Park Drive Marion, OH 43302 61-1605305	Medical Billing	OH	0	0	Marion General Hospital
Marion Ancillary Services LLC 1000 McKinley Park Drive Marion, OH 43302 31-1704991	Outpatient Services	OH	0	0	Marion General Hospital
Marion Health Systems LLC 1000 McKinley Park Drive Marion, OH 43302 31-1639538	Outpatient Surgery Center	OH	0	0	Marion General Hospital
OhioHealth MedCentral Professional Foundation 335 Glessner Avenue Mansfield, OH 44903 26-1775665	Healthcare	OH	-34,788,404	11,556,138	MedCentral Health System
Athens Medical Associates LLC DBA OhioHealth Physician Group Heritage Colle ge 75 Hospital Drive Athens, OH 45701 02-0734615	Physician Services	OH	-16,425,700	7,242,631	OhioHealth Physicians Group Inc
OhioHealth Regional Physician Services LLC 3430 OhioHealth Parkway Columbus, OH 43202 47-2512005	Healthcare	OH	-34,788,404	11,556,138	OhioHealth Physicians Group Inc
GRADY FSED LLC 3430 OhioHealth Parkway COLUMBUS, OH 43202 82-3014562	FREE-STANDING EMERGENCY DEPARTMENTS	OH	-1,102,808	2,371,581	GRADY MEMORIAL HOSPITAL
MEDCENTRAL FSED LLC 3430 OhioHealth Parkway COLUMBUS, OH 43202 82-3014343	FREE-STANDING EMERGENCY DEPARTMENT	OH	-426,885	5,521,390	MEDCENTRAL HEALTH 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	
OhioHealth Sleep Services LLC 801 OhioHealth Blvd Delaware, OH 43015 20-1547399	Physician Practice	OH	NA	N/A								
Polaris Surgery Center LLC 6200 Cleveland Avenue Columbus, OH 43231 20-8074623	Medical Services	OH	NA	N/A								
Upper Arlington Medical Limited Partnership 3430 OhioHealth Parkway Columbus, OH 43202 31-1472667	Medical Services	OH	NA	N/A								
Grant Scope Center LLC 700 E Broad Street 1st Floor Columbus, OH 43215 26-0765486	Endoscopy Services	OH	NA	N/A								
OhioHealth Rehabilitation Hospital LLC 4714 Gettysburg Road Mechanicsburg, PA 17055 46-2458436	Medical Services	PA	NA	N/A								
Westerville Endoscopy Center LLC 300 Polaris Parkway Westerville, OH 43082 46-2755661	Endoscopy Services	OH	NA	N/A								
O'Bleness Memorial Pain Management LLC 55 Hospital Drive Athens, OH 45701 45-4587317	Medical Services	OH	O'Bleness Hospital	Related	0	0		No		Yes		51 %
Athens Surgery Center 75 Hospital Drive Athens, OH 45701 55-0840856	Medical Services	OH	O'Bleness Hospital	Related	485,918	995,821		No		Yes		92 %
GROVE CITY SURGERY CENTER LLC 1325 Stringtown Road Grove City, OH 43123 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
HOSPITAL PROPERTIES INC	K	3,282,525	ACTUAL AMOUNT PAID
HOSPITAL PROPERTIES INC	P	16,708,909	ACTUAL AMOUNT PAID
HOSPITAL PROPERTIES INC	R	5,736,808	ACTUAL AMOUNT PAID
OHIOHEALTH CORPORATION	B	7,530,256	ACTUAL AMOUNT PAID
INTEL HEALTH SERVICES INS CO (SPC) LTD	P	1,206,876	ACTUAL AMOUNT PAID
OHIOHEALTH CORPORATION	R	148,359,756	ACTUAL AMOUNT PAID
OHIOHEALTH CORPORATION	S	31,484,113	ACTUAL AMOUNT PAID