

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 07-01-2017, and ending 06-30-2018

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

C Name of organization
OhioHealth Corporation

Doing business as
See Schedule O for DBA Listing

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

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

F Name and address of principal officer
David P Blom
180 East Broad Street 33rd Floor
Columbus, OH 432153707

D Employer identification number
31-4394942

E Telephone number
(614) 544-4052

G Gross receipts \$ 14,518,024,655

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 1891

M State of legal domicile
OH

Part I Summary

1 Briefly describe the organization's mission or most significant activities
To improve the health of those we serve

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	20
4 Number of independent voting members of the governing body (Part VI, line 1b)	13
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	22,891
6 Total number of volunteers (estimate if necessary)	1,580
7a Total unrelated business revenue from Part VIII, column (C), line 12	-9,299,886
7b Net unrelated business taxable income from Form 990-T, line 34	-6,914,792

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	979,234	3,662,434
9 Program service revenue (Part VIII, line 2g)	2,516,051,121	2,644,777,026
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	161,680,671	214,980,307
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	193,042,396	355,094,247
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,871,753,422	3,218,514,014
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	766,373	1,258,214
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,266,133,863	1,462,664,318
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,125,439,120	1,226,872,661
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	2,392,339,356	2,690,795,193
19 Revenue less expenses Subtract line 18 from line 12	479,414,066	527,718,821

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	5,391,184,982	6,041,910,640
21 Total liabilities (Part X, line 26)	1,708,408,061	1,883,085,067
22 Net assets or fund balances Subtract line 21 from line 20	3,682,776,921	4,158,825,573

Part II Signature Block

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

Sign Here

Signature of officer _____ Date 2019-05-13
Ron Sperling Interim, Chief Financial Officer
Type or print name and title _____

Paid Preparer Use Only

Print/Type preparer's name Shawna M Sunbury	Preparer's signature Shawna M Sunbury	Date	Check <input type="checkbox"/> if self-employed	PTIN P01222873
Firm's name ▶ Deloitte Tax LLP			Firm's EIN ▶ 86-1065772	
Firm's address ▶ 111 Monument Circle Suite 4200 Indianapolis, IN 462045108			Phone no (317) 464-8600	

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

To improve the health of those we serve

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 1,664,633,237 including grants of \$ 1,258,214) (Revenue \$ 2,655,929,356)
See Additional Data

4b (Code) (Expenses \$ 524,585,944 including grants of \$) (Revenue \$ 328,022,918)
See Additional Data

4c (Code) (Expenses \$ 66,008,935 including grants of \$) (Revenue \$ 12,950,794)
See Additional Data

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 2,255,228,116

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)? <i>If "Yes," complete Schedule A</i>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		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? <i>If "Yes," complete Schedule C, Part II</i>	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? <i>If "Yes," complete Schedule C, Part III</i>		
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? <i>If "Yes," complete Schedule D, Part I</i>		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? <i>If "Yes," complete Schedule D, Part II</i>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	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? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>	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? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>	Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		No
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?	Yes	
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)		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? <i>If "Yes," complete Schedule G, Part II</i>		No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No

Part IV Checklist of Required Schedules (continued)

		Yes	No
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	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? <i>If "Yes," complete Schedule I, Parts I and II</i>	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		No
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?		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		No
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? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part I</i>		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	Yes	
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? <i>If "Yes," complete Schedule R, Part VI</i>		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	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, charitable contributions, and 501(c)(7), (12), and (29) organizations.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (20), 1b (13), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17, 18, 19, 20.

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					
	b Membership dues . . .	1b					
	c Fundraising events . . .	1c					
	d Related organizations	1d	3,662,434				
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f					
	g Noncash contributions included in lines 1a-1f \$ _____						
	h Total. Add lines 1a-1f		3,662,434				
Program Service Revenue		Business Code					
	2a Health and Medical Svc	900099	1,481,012,736	1,481,012,736			
	b Medicare and Medicaid	923130	1,141,528,588	1,141,528,588			
	c Joint venture income	621990	22,235,702	31,875,197	-9,639,495		
	d _____						
	e _____						
	f All other program service revenue		0	0	0	0	
g Total. Add lines 2a-2f		2,644,777,026					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		83,853,557			83,853,557	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
		668,173					
		b Less rental expenses	1,001,553				
		c Rental income or (loss)	-333,380	0			
	d Net rental income or (loss)			-333,380		-333,380	
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		11,423,120,923	1,566,608				
		b Less cost or other basis and sales expenses	11,290,864,274	2,696,507			
		c Gain or (loss)	132,256,649	-1,129,899			
	d Net gain or (loss)			131,126,750		131,126,750	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a					
	b Less direct expenses	b					
c Net income or (loss) from fundraising events							
9a Gross income from gaming activities See Part IV, line 19	a						
b Less direct expenses	b						
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	a	6,178,598					
	b Less cost of goods sold	b	4,948,307				
	c Net income or (loss) from sales of inventory		1,230,291			1,230,291	
Miscellaneous Revenue	Business Code						
11a Intercompany Admin	900099	221,840,872	221,840,872				
b Cafeteria/Food Service	722210	11,371,180			11,371,180		
c Department Services	812930	3,684,974	3,684,974				
d All other revenue		117,300,310	116,960,701	339,609	0		
e Total. Add lines 11a-11d		354,197,336					
12 Total revenue. See Instructions		3,218,514,014	2,996,903,068	-9,299,886	227,248,398		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	1,248,214	1,248,214		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	10,000	10,000		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	18,046,131	3,512,176	14,533,955	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	12,949,968	7,358,660	5,591,308	
7 Other salaries and wages.	983,813,020	786,952,035	196,860,985	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	43,631,426	34,900,778	8,730,648	
9 Other employee benefits.	337,901,559	270,287,457	67,614,102	
10 Payroll taxes.	66,322,214	53,051,139	13,271,075	
11 Fees for services (non-employees)				
a Management.				
b Legal.	3,040,498	2,432,094	608,404	
c Accounting.	529,167		529,167	
d Lobbying.	322,368		322,368	
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	12,248,734		12,248,734	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	276,208,102	246,444,666	29,763,436	0
12 Advertising and promotion.	9,694,439	9,694,439		
13 Office expenses.	78,925,970	63,132,883	15,793,087	
14 Information technology.	56,770,484	45,410,710	11,359,774	
15 Royalties.				
16 Occupancy.	54,007,840	43,200,871	10,806,969	
17 Travel.	2,465,844	1,972,429	493,415	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	3,692,472	2,953,608	738,864	
20 Interest.	27,968,694	22,372,158	5,596,536	
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	127,010,395	101,595,615	25,414,780	
23 Insurance.	15,113,625	12,089,389	3,024,236	
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	447,487,244	447,487,244		
b Repair & Maintenance	37,302,391	29,838,183	7,464,208	
c Medicaid Tax Expense	36,099,682	36,099,682		
d Maintenance & Service	13,991,580	13,991,580		
e All other expenses	23,993,132	19,192,106	4,801,026	0
25 Total functional expenses. Add lines 1 through 24e.	2,690,795,193	2,255,228,116	435,567,077	0
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	45,059	1	24,429
	2 Savings and temporary cash investments	68,135,337	2	68,903,321
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	248,297,996	4	275,763,998
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	38,893,710	7	49,644,260
	8 Inventories for sale or use	38,143,343	8	42,538,485
	9 Prepaid expenses and deferred charges	51,532,500	9	54,463,932
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	2,054,625,673		
	b Less accumulated depreciation	1,066,460,433		
		956,849,649	10c	988,165,240
	11 Investments—publicly traded securities	2,102,227,098	11	2,340,780,461
	12 Investments—other securities See Part IV, line 11	1,469,842,856	12	1,668,301,651
	13 Investments—program-related See Part IV, line 11	47,176,213	13	44,564,172
	14 Intangible assets	30,726,463	14	40,426,160
15 Other assets See Part IV, line 11	339,314,758	15	468,334,531	
16 Total assets. Add lines 1 through 15 (must equal line 34)	5,391,184,982	16	6,041,910,640	
Liabilities	17 Accounts payable and accrued expenses	371,543,961	17	351,795,297
	18 Grants payable	0	18	0
	19 Deferred revenue	3,320,935	19	2,348,836
	20 Tax-exempt bond liabilities	912,154,537	20	1,025,886,361
	21 Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	421,388,628	25	503,054,573	
26 Total liabilities. Add lines 17 through 25	1,708,408,061	26	1,883,085,067	
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	3,682,776,921	27	4,158,825,573
	28 Temporarily restricted net assets	0	28	0
	29 Permanently restricted net assets	0	29	0
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. Capital stock or trust principal, or current funds	0	30	0
	31 Paid-in or capital surplus, or land, building or equipment fund	0	31	0
	32 Retained earnings, endowment, accumulated income, or other funds	0	32	0
	33 Total net assets or fund balances	3,682,776,921	33	4,158,825,573
	34 Total liabilities and net assets/fund balances	5,391,184,982	34	6,041,910,640

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,218,514,014
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,690,795,193
3	Revenue less expenses Subtract line 2 from line 1	3	527,718,821
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,682,776,921
5	Net unrealized gains (losses) on investments	5	80,244,820
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-131,914,989
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	4,158,825,573

Part XII Financial Statements and Reporting

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

		Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a		No
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 <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	Yes	
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	2c	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

Additional Data

Software ID: 17005876
Software Version: 2017v2.2
EIN: 31-4394942
Name: OhioHealth Corporation

Form 990 (2017)

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, Riverside Methodist Hospital, Grant Medical Center, Doctors Hospital, Dublin Methodist Hospital, and OhioHealth Rehabilitation Hospital, LLC (a joint venture owned 51% by OhioHealth Corporation) are united in our mission to provide quality, compassionate healthcare and to be responsible stewards for our community's health. For more than 100 years, it has been this way. 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, diversity and inclusion. They continue to guide us in our work today. OhioHealth touches thousands of people, saves lives, improves their health and makes their future a little brighter. Through our shared mission, vision and values, we touch more lives in Central Ohio 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 2018 (July 1, 2017 through June 30, 2018), OhioHealth, with its member hospitals and homecare organizations, provided charity care and community benefit programs to a great degree. In total, OhioHealth provided \$393.7 million in charity care and community benefit programs and services reaching hundreds of thousands of people in the communities we serve. Of this total, \$249.8 million was provided by the hospitals of OhioHealth Corporation (Riverside Methodist Hospital, Grant Medical Center, Doctors Hospital, Dublin Methodist Hospital, and OhioHealth Rehabilitation Hospital, LLC, a joint venture owned 51% by OhioHealth Corporation). OhioHealth provides 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, OhioHealth not only utilizes generally recognized poverty income levels of the communities they serve but also includes 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 a commitment to the project to reduce infant mortality, pastoral care service, various civic sponsorships, and other community partnership programs. The 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, and medical education programs as well as certain programs discussed above.

Form 990, Part III, Line 4c:

OhioHealth is teaching the doctors of tomorrow at its three teaching hospitals. Together, Riverside Methodist Hospital, Grant Medical Center and Doctors Hospital trained 296 residents at a cost of \$66.0 million. These residents performed services to produce offsetting revenue of \$13.0 million for a net community benefit of \$53.0 million.

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			
Anderson Kerri B Treasurer Board - OhioHlth	10 30	X		X				0	0	0
Blom David P President/CEO/Board - OhioHealth	40 130	X		X				2,783,026	0	1,301,424
Dewire Rev Dr Norman E Secretary Board - OhioHlth	10 30	X		X				0	0	0
McConnell John P Vice Chair - OhioHlth	10 40	X		X				0	0	0
Rasmussen Steven Chair Board - OhioHlth	10 40	X		X				0	0	0
Akins Nicholas Board - OhioHlth	10 30	X						0	0	0
Anderson Thomas DO Board - OhioHlth	41 30	X						22,813	0	40
Cook Karen Rev Board - OhioHlth (Start 7/17)	10 30	X						0	0	0
Crane Tanny Board - OhioHlth	10 40	X						0	0	0
Haas Robert S PhD Board - OhioHlth (Start 7/17)	10 40	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	Instructional Trustee	Officer	Key employee	Highest compensated employee	Former			
Hamrock Joe Board - OhioHlth	1 0 3 0	X						0	0	0
Ingram Lisa Board - OhioHlth	1 0 3 0	X						0	0	0
James Donna Board - OhioHlth	1 0 3 0	X						0	0	0
Melillo Jason MD Board - OhioHlth	1 0 43 0	X						123,396	4,650	298
Meyer Harlan MD Board - OhioHlth (End 12/17)	41 0 4 0	X						59,055	0	40
Palmer Bishop Gregory Board - OhioHlth	1 0 3 0	X						0	0	0
Root Chip Board - OhioHlth	1 0 5 0	X						0	0	0
Watson Pete Board - OhioHlth (Start 7/17)	1 0 3 0	X						0	0	0
Walter Matt Board - OhioHlth	1 0 3 0	X						0	0	0
Wehl J Todd DO Board - OhioHlth (End 12/17)	1 0 43 0	X						0	248,918	37,870

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			
Romanelli Vincent MD OhioHlth Board (Start 1/18)	10 430	X						0	552,305	96,530
Casey John DO OhioHlth Board (Start 1/18)	10 430	X						52,966	0	40
Louge Michael W Executive VP & COO	400 20			X				1,871,526	0	646,447
Yates Vinson M Sr Vice President & CFO	400 130			X				1,134,673	0	253,742
Beckel Johnni C Sr VP Chief HR Officer	400 0				X			905,334	0	223,964
Hanly Donna L Sr VP Chief Nursing Executive	400 0				X			764,150	0	165,390
Markovich Stephen E MD Sr VP Acute Care Operations	400 30				X			1,321,539	0	355,816
Meldrum Terri W Esq Sr VP & General Counsel	400 10				X			559,617	0	93,683
Morrison Karen J Sr VP Ext Aff	200 200				X			871,061	0	183,609
Quinn Jessica L Sr VP Chief Compliance Officer	400 0				X			719,795	0	56,226

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Vanderhoff Bruce MD Sr VP and Chief Medical Officer OhioHealth	40 0 2 0				X			1,281,400	0	260,713
Hagen Bruce P President MGH	40 0 1 0					X		916,438	0	92,666
Herbert-Sinden Cheryl L Sr VP Regional Operations	40 0 4 0					X		838,370	0	245,380
Krouse Michael T SR VP Chief Information Officer	40 0 0					X		998,625	0	255,390
Thornhill Hugh A President OPG	40 0 2 0					X		860,149	0	177,566
VanLaningham Nathan B Sr VP of Finance (End 2/18)	40 0 1 0					X		954,714	0	43,259
Bernstein Michael S FRM Sr VP & CSO (end 9/15) 0						X	1,396,934	0	2,200
Millen Robert P FRM Executive VP & COO (End 12/14)	0 0 0						X	3,340,072	0	0
Pandora II Frank T Esq FRM Sr VP & General Counsel (End 1/14)	0 0 0 0						X	229,929	0	13,719

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

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

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
OhioHealth Corporation

Employer identification number

31-4394942

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

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 2017 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2016 Schedule A, Part II, line 14	15	

- 16a 33 1/3% support test—2017.** 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—2016.** 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—2017.** 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—2016.** 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
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						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

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 2017 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2016 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2017. 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—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
	10b		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
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	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> 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

- 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	<input type="checkbox"/> 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 2017 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-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, 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 2017 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 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

Additional Data

Software ID: 17005876

Software Version: 2017v2.2

EIN: 31-4394942

Name: OhioHealth Corporation

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

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at**
www.irs.gov/form990.

OMB No 1545-0047

2017

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	Employer identification number 31-4394942
--	---

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-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)?	Yes		
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		219,420
g Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		102,948
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities?		No	
j Total Add lines 1c through 1i			322,368
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	LOBBYING ACTIVITY ENTAILS MEMBERSHIP IN AMERICAN HOSPITAL ASSOCIATION, OHIO HOSPITAL ASSOCIATION, ASSOCIATION OF AMERICAN MEDICAL COLLEGES AND OTHER HEALTHCARE RELATED RESOURCES OhioHealth has retained personnel, within its Department of Government Relations, that specialize in facilitating communication with these groups OHIOHEALTH CORPORATION 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 POLITICAL OFFICE
Schedule C, Part II-B, Line 1 DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	LOBBYING ACTIVITY ENTAILS MEMBERSHIP IN AMERICAN HOSPITAL ASSOCIATION, OHIO HOSPITAL ASSOCIATION, ASSOCIATION OF AMERICAN MEDICAL COLLEGES AND OTHER HEALTHCARE RELATED RESOURCES OhioHealth has retained personnel, within its Department of Government Relations, that specialize in facilitating communication with these groups OHIOHEALTH CORPORATION 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 POLITICAL OFFICE

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements
▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2017
Open to Public Inspection

Name of the organization
OhioHealth Corporation

Employer identification number
31-4394942

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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e g , recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year	
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

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

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

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

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

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

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	46,642,536	42,505,948	44,313,696	43,718,072	39,913,979
b Contributions	4,811,105	597,572	560,099	1,795,338	399,071
c Net investment earnings, gains, and losses	3,545,425	5,475,004	44,561	1,223,593	5,771,066
d Grants or scholarships	149,150	107,578	54,725	81,203	81,038
e Other expenditures for facilities and programs	688,447	739,506	1,505,317	1,305,709	1,263,874
f Administrative expenses	964,000	1,088,904	852,366	1,036,395	1,021,132
g End of year balance	53,197,469	46,642,536	42,505,948	44,313,696	43,718,072

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 52 62 %
 - b** Permanent endowment ▶ 15 67 %
 - c** Temporarily restricted endowment ▶ 31 71 %
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | Yes | No |
|--|--------|-----|
| (i) unrelated organizations | 3a(i) | No |
| (ii) related organizations | 3a(ii) | Yes |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | Yes |
- 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		41,798,057		41,798,057
b Buildings		783,868,913	382,713,345	401,155,568
c Leasehold improvements		16,182,353	7,439,127	8,743,226
d Equipment		1,044,015,236	662,732,108	381,283,128
e Other		168,761,114	13,575,853	155,185,261
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				988,165,240

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) Non-Alternative Investments at NAV	1,086,831,668	F
(B) Alternative Investments at NAV	581,469,983	F
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	1,668,301,651	

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		

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

(a) Description	(b) Book value
(1) Due from Affiliate - Loans & Notes	322,783,146
(2) Investment in Subsidiaries and Non-Program Related Joint Ventures	6,104,707
(3) Other	7,574,174
(4) Intercompany Debt from Related Entities	131,872,504
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	468,334,531

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.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
Due to affiliates - loans and notes	304,322,643
Pension liabilities	74,611,030
Deferred long term liabilities	42,006,599
SWAP liabilities	24,398,268
Other liabilities	57,716,033
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	503,054,573

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: 17005876

Software Version: 2017v2.2

EIN: 31-4394942

Name: OhioHealth Corporation

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	Management has analyzed the tax positions taken by the Corporation and its subsidiaries and has concluded that as of June 30, 2018, 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

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No 1545-0047

2017

**Open to Public
Inspection**

- ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990.
- ▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization
OhioHealth Corporation

Employer identification number

31-4394942

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

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

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total	0	1			388,991,011
b Total from continuation sheets to Part I					0
c Totals (add lines 3a and 3b)	0	1			388,991,011

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)								
(2)								
(3)								
(4)								

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ _____

3 Enter total number of other organizations or entities ▶ _____

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)* Yes No

Additional Data

Software ID: 17005876

Software Version: 2017v2.2

EIN: 31-4394942

Name: OhioHealth Corporation

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean	0	1	Program Services	Offshore Captive Management	309,267
Europe (Including Iceland and Greenland)	0	0	Investments		17,091,949

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean	0	0	Investments		370,214,267
Europe (Including Iceland and Greenland)	0	0	Program Services	Travel Expenses	31,823

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
North America (Canada & Mexico only)	0	0	Investments		1,343,705

SCHEDULE H (Form 990)
 Department of the Treasury
 Internal Revenue Service
 Name of the organization
 OhioHealth Corporation

Hospitals

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**
 ▶ **Attach to Form 990.**
 ▶ **Information about Schedule H (Form 990) and its instructions is at www.irs.gov/form990.**

Employer identification number
 31-4394942

OMB No 1545-0047
2017
Open to Public Inspection

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 <input type="checkbox"/> Applied uniformly to all hospital facilities <input checked="" type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> 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 <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	3a Yes	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	3b Yes	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4 Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a Yes	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	No
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c	
6a Did the organization prepare a community benefit report during the tax year?	6a Yes	
b If "Yes," did the organization make it available to the public?	6b Yes	

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)			62,214,817	0	62,214,817	2 31 %
b Medicaid (from Worksheet 3, column a)			457,394,231	327,947,597	129,446,634	4 81 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			0		0	0 %
d Total Financial Assistance and Means-Tested Government Programs	0	0	519,609,048	327,947,597	191,661,451	7 12 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			2,800,369	43,499	2,756,870	0 10 %
f Health professions education (from Worksheet 5)			65,004,692	12,950,794	52,053,898	1 93 %
g Subsidized health services (from Worksheet 6)			1,004,243	0	1,004,243	0 04 %
h Research (from Worksheet 7)			56,675	0	56,675	0 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			2,119,852	31,822	2,088,030	0 08 %
j Total. Other Benefits	0	0	70,985,831	13,026,115	57,959,716	2 15 %
k Total. Add lines 7d and 7j	0	0	590,594,879	340,973,712	249,621,167	9 28 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing					0	0 %
2 Economic development					0	0 %
3 Community support			169,409		169,409	0 01 %
4 Environmental improvements					0	0 %
5 Leadership development and training for community members					0	0 %
6 Coalition building			29,333		29,333	0 %
7 Community health improvement advocacy					0	0 %
8 Workforce development			9,756		9,756	0 %
9 Other					0	0 %
10 Total	0	0	208,498	0	208,498	0 01 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

	Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1 Yes	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	89,044,685
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3	
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.		

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME).	5	684,134,357
6 Enter Medicare allowable costs of care relating to payments on line 5.	6	839,817,497
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7	-155,683,140
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: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?	9a	Yes
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI.	9b	Yes

Part IV Management Companies and Joint Ventures

(a) Name of entity (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)	(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 Grant Scope Center LLC	Ambulatory Surgery Center	50 %		50 %
2 Knightsbridge Surgery Center	Ambulatory Surgery Center	49 9 %		50 1 %
3 OhioHealth Sleep Services LLC	Sleep Lab Services	73 2 %		26 8 %
4 Polaris Surgery Center LLC	Ambulatory Surgery Center	52 4 %		47 6 %
5 The Eye Center	Ophthalmological Surgery Center	3 2 %		96 8 %
6 Upper Arlington Medical Limited Partnership	Property Management	38 8 %		61 2 %
7 Upper Arlington Surgery Center Ltd	Ambulatory Surgery Center	42 2 %		57 8 %
8 Whitehall Surgery Center dba Pickerington Surgery Center	Ambulatory Surgery Center	40 %		60 %
9 The Hand Center LLC	Orthopedic Surgery	49 %		51 %
10 Westerville Endoscopy Center LLC	Ambulatory Surgery Center	50 %		50 %
11 Ohio Orthopedic Surgery Institute	Orthopedic Surgery	49 %		51 %
12 Grove City Surgery Center	Ambulatory Surgery Center	50 3 %		49 7 %
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?

5

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (describe)	Facility reporting group
See Additional Data Table										

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group A

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

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?		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		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)	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA 20 <u>15</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	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	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	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)	Yes	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>https://www.ohiohealth.com/in-the-community/</u>		
b	<input type="checkbox"/> Other website (list url) _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input checked="" type="checkbox"/> 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	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>15</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) _____		No
a	_____		
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	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)?		No
12b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
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	<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input checked="" type="checkbox"/> Residency		
h	<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> 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	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>https://www.ohiohealth.com/patients-and-visitors/paying-for-your-care/financial-assistance/</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>https://www.ohiohealth.com/patients-and-visitors/paying-for-your-care/financial-assistance/</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>https://www.ohiohealth.com/patients-and-visitors/paying-for-your-care/financial-assistance/</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input checked="" type="checkbox"/> 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	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> 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	<input type="checkbox"/> Actions that require a legal or judicial process		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
f	<input checked="" type="checkbox"/> 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? If "Yes," check all actions in which the hospital facility or a third party engaged	19	No
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> 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	<input type="checkbox"/> Actions that require a legal or judicial process		
e	<input type="checkbox"/> 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	<input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs		
b	<input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process		
c	<input checked="" type="checkbox"/> Processed incomplete and complete FAP applications		
d	<input checked="" type="checkbox"/> Made presumptive eligibility determinations		
e	<input type="checkbox"/> Other (describe in Section C)		
f	<input type="checkbox"/> 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? If "No," indicate why	21	Yes
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility's policy was not in writing		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
d	<input type="checkbox"/> 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
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 Rehabilitation 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?		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		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)	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA 20 <u>15</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	Yes	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	Yes	
6b	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	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)	Yes	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>https://www.ohiohealth.com/siteassets/find-a-location/hospitals/ohiohealth-rehabilitation-hospital/o</u>		
b	<input type="checkbox"/> Other website (list url) _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> 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	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>15</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) _____		No
10b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	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)?		No
12b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
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 Rehabilitation 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	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>175 0</u> % and FPG family income limit for eligibility for discounted care of <u>250 0</u> %		
b	<input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input checked="" type="checkbox"/> Residency		
h	<input type="checkbox"/> 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	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> 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	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>http://www.ohiohealth-rehab.com/patients-and-visitors/financial-assistance/</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>https://www.ohiohealth-rehab.com/patients-and-visitors/financial-assistance/</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>https://www.ohiohealth-rehab.com/patients-and-visitors/financial-assistance/</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input checked="" type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)**Billing and Collections**

OhioHealth Rehabilitation 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	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> 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	<input type="checkbox"/> Actions that require a legal or judicial process		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
f	<input checked="" type="checkbox"/> 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? If "Yes," check all actions in which the hospital facility or a third party engaged	19	No
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> 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	<input type="checkbox"/> Actions that require a legal or judicial process		
e	<input type="checkbox"/> 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	<input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs		
b	<input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process		
c	<input checked="" type="checkbox"/> Processed incomplete and complete FAP applications		
d	<input checked="" type="checkbox"/> Made presumptive eligibility determinations		
e	<input type="checkbox"/> Other (describe in Section C)		
f	<input type="checkbox"/> 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? If "No," indicate why	21	Yes
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility's policy was not in writing		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
d	<input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information *(continued)*

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

OhioHealth Rehabilitation 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

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? 31

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 II Community Building Activities	Community involvement is an important part of our mission "to improve the health of those we serve" Our associates and physicians live, work and raise families in the communities we serve and aspire to improve our collective community well-being, believing that healthy communities support healthy living "Team OhioHealth" is comprised of associates who volunteer their time at various community events such as the Central Ohio Heart Walk, Komen Race for the Cure, Arthritis Foundation's Jingle Bell Run/Walk, and March of Dimes March for Babies OhioHealth associates and physicians also collaborate with various non-profit organizations to ensure that our communities are provided with the appropriate services that will enable them to live a healthy life For example -YWCA Family Center OhioHealth associates serve meals to residents of the emergency shelter supporting families experiencing housing crises -United Way of Central Ohio - OhioHealth associates participate in Community Care Day, during which the United Way assigns projects such as repair, painting, gardening and construction at various non-profit agencies -Simon Kenton Council, Boy Scouts of America - OhioHealth partners with the Learning for Life exploring program to carry out the Medical Explorer's program for the Simon Kenton Council, Boy Scouts of America -Big Brothers Big Sisters of Central Ohio - OhioHealth participates in Big Brothers Big Sisters' Project Mentor, through Columbus City Schools, to empower individual students to improve academic performance and thereby increase high school graduation rates
Schedule H, Part III, Line 3 Financial Assistance Bad Debts	OHIOHEALTH CORPORATION HAS A VERY ROBUST FINANCIAL ASSISTANCE PROGRAM, THEREFORE, NO ESTIMATE IS MADE FOR BAD DEBT ATTRIBUTED TO FINANCIAL ASSISTANCE ELIGIBLE PATIENTS Although OhioHealth's 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 Accounts Receivables	<p>Accounts receivable for patients, insurance companies, and governmental agencies are based on gross charges. An allowance for contractual adjustments is based on expected payment rates from payors based on current reimbursement methodologies. This amount also includes amounts received as interim payments against unpaid claims by certain payors. An allowance for uncollectible accounts is established on an aggregate basis by using historical write-off rate factors applied to unpaid accounts based on aging. Loss rate factors are based on historical loss experience and adjusted for economic conditions and other trends affecting the Corporation's ability to collect outstanding amounts. Uncollectible amounts are written off against the allowance for doubtful accounts in the period they are determined to be uncollectible. For receivables associated with self-pay patients (which includes both patients without insurance and patients with deductible and copayment balances due for which third-party coverage exists for part of the bill), the Corporation records a provision for bad debts in the period of service on the basis of its past experience, which indicates that many patients are unable or unwilling to pay the portion of their bill for which they are financially responsible. The difference between the standard rates (including uninsured discount) and the amounts actually collected after all reasonable collection efforts have been exhausted is charged off against the allowance for doubtful accounts in the period they are determined to be uncollectible. Each OhioHealth entity applies a discount to self-pay patient accounts that do not qualify for charity at the time of billing. If the account is deemed uncollectible, the balance is written off to bad debt. OhioHealth makes all reasonable efforts to qualify eligible patients for charity, including periodic retrospective account reviews to determine if patients that were written off to bad debt should have qualified for charity.</p>
Schedule H, Part III, Line 9b Debt Collection Policy	<p>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 with an OhioHealth contracted company to help the applicant complete the process when needed. The operational practice, consistent with the intent of the policy, is that once the charity determination is made, collection efforts are suspended. If a patient qualified for a discount, collection efforts on this balance are consistent with all other self pay collections.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
<p>Schedule H, Part VI, Line 5 Promotion of community health</p>	<p>A majority of OhioHealth's governing body is comprised of persons who reside in its primary service area who are neither OhioHealth employees nor contractors of the Organization, 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 \$393.7 million (per Community Benefit Report) of community benefit (which includes the Medicaid shortfall) 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</p>
<p>Schedule H, Part VI, Line 6 Operations</p>	<p>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 healthcare system covering Franklin, Delaware, Athens, Hardin and Marion counties that in total includes eleven hospitals, ambulatory healthcare services, physician clinics, hospice care and other entities in support of the hospital and healthcare services Of those eleven hospitals, OhioHealth Corporation operates five hospitals (OhioHealth Riverside Methodist Hospital, OhioHealth Grant Medical Center, OhioHealth Doctors Hospital, OhioHealth Dublin Methodist Hospital, and OhioHealth Rehabilitation Hospital, LLC, which is a joint venture owned 51% by OhioHealth Corporation) in its primary service area of Franklin County - OhioHealth Riverside Methodist Hospital is a 765-bed facility recognized locally, regionally and nationally for quality care, service and reputation Riverside Methodist offers world-class medical care and advanced medical innovations in multiple specialties including heart and vascular, neuroscience, cancer care, and maternity care - OhioHealth Grant Medical Center is a 427-bed comprehensive healthcare facility in downtown Columbus with a national reputation for specialized trauma capabilities, orthopedic and surgical excellence, and nursing expertise Grant has one of the busiest Level I trauma centers in Ohio - OhioHealth Doctors Hospital is a 262-bed community facility with a full complement of healthcare services and technology It stands out among other Ohio hospitals as a premier osteopathic teaching institution - OhioHealth Dublin Methodist Hospital is a 92-bed facility with a full-service Emergency Department, as well as inpatient and outpatient medical and surgical services Using evidence-based design concepts, the Hospital's environment is designed to achieve health benefits including increased patient satisfaction, improved safety and fewer patient transfers -OhioHealth Rehabilitation Hospital is a 74-bed inpatient facility in Columbus, Franklin County, Ohio which has provided rehabilitation services to central Ohio since 2013 The hospital offers a comprehensive mix of inpatient services, including stroke, orthopedics, brain injury, amputee, and spinal cord injury</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B Reporting Group	Facility Reporting Group A consists of - Facility 1 Riverside Methodist Hospital - Facility 2 Grant Medical Center - Facility 3 Doctors Hospital - Facility 4 Dublin Methodist Hospital
Schedule H, Part I, Line 7 Explanation of Costing Methodology Used for Calculating Line 7 Table	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 I, Line 2 OhioHealth Rehabilitation Hospital	OhioHealth Corporation has multiple hospital facilities, with one of those facilities being a specialty rehabilitation hospital, OhioHealth Rehabilitation Hospital (OHRH) OHRH is operated as a joint venture with OhioHealth having 51% ownership, and a separate Board of Directors It also has its own Financial Assistance Policy (FAP), which is approved by its own Board and posted on its website Since OHRH is not wholly-owned by OhioHealth and has its own FAP, OhioHealth has indicated that the application of the FAP was 'applied uniformly to most hospital facilities'
Schedule H, Part I, Line 3c Financial Assistance and Certain Other Community Benefits at Cost	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

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
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 V, Section B, Line 16a FAP website	A - OhioHealth Riverside Methodist Hospital Line 16a URL https://www.ohiohealth.com/patients-and-visitors/paying-for-your-care/financial-assistance/ , - OhioHealth Rehabilitation Hospital Line 16a URL http://www.ohiohealth-rehab.com/patients-and-visitors/financial-assistance/ ,
Schedule H, Part V, Section B, Line 16b FAP Application website	A - OhioHealth Riverside Methodist Hospital Line 16b URL https://www.ohiohealth.com/patients-and-visitors/paying-for-your-care/financial-assistance/ , - OhioHealth Rehabilitation Hospital Line 16b URL https://www.ohiohealth-rehab.com/patients-and-visitors/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 Riverside Methodist Hospital Line 16c URL https://www.ohiohealth.com/patients-and-visitors/paying-for-your-care/financial-assistance/ , - OhioHealth Rehabilitation Hospital Line 16c URL https://www.ohiohealth-rehab.com/patients-and-visitors/financial-assistance/ ,
Schedule H, Part VI, Line 2 Needs assessment	<p>OhioHealth Mission and Ministry and the Faith, Culture and Community Benefit Committee of the OhioHealth Board of Trustees are responsible for corporate oversight and strategic direction for community benefit services. These two entities are responsible for monitoring community health needs and providing oversight of metrics on community benefit and mission effectiveness. OhioHealth has ongoing partnerships with Columbus Public Health, Ohio Department of Health, and the Healthcare Collaborative of Greater 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/</p>

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 at multiple OhioHealth entry points and patient registration locations stating OhioHealth's intent to comply with the State of Ohio's Hospital Care Assurance Program (HCAP) Additionally, the signage contains reference to the organization's charity care program Informational materials are available at registration locations and interpretive services can be arranged if the patient/guarantor does not speak English OhioHealth facility billing statements also include information regarding HCAP and can be used to apply for financial assistance
Schedule H, Part VI, Line 4 Community information	The "community served" by Riverside Methodist, Grant, Doctors Hospital, Dublin Methodist, and Rehabilitation is Franklin County, Ohio The communities reside in Zip codes 43002, 43004, 43016, 43017, 43026, 43054, 43065, 43068, 43069, 43081, 43085, 43086, 43109, 43110, 43119, 43123, 43125, 43126, 43137, 43146, 43194, 43195, 43199, 43201, 43202, 43203, 43204, 43205, 43206, 43207, 43209, 43210, 43211, 43212, 43213, 43214, 43215, 43216, 43217, 43218, 43219, 43220, 43221, 43222, 43223, 43224, 43226, 43227, 43228, 43229, 43230, 43231, 43232, 43234, 43235, 43236, 43251, 43260, 43266, 43268, 43270, 43271, 43272, 43279, 43287 and 43291 Demographics of the community Total population In 2010, actual population was 1,163,414 In 2014, estimated total population was 1,231,393 (84) Compared to 2010, a 5.8 percent increase in population was recorded in 2014 Race/Ethnicity Among Franklin County residents in 2014, 69.7 percent were White, 21.2 percent were African American, 4 percent were Asian, 4.8 percent were Hispanic (of any race), 1.6 percent were other races, 0.2 percent Native American, zero percent Pacific Islander and 3.2 percent were two or more races Total minority represented 33.1 percent of the population Age Among Franklin County residents in 2014, 7.2 percent were younger than 5 years old, 16.7 percent were 5 to 17 years old, 11.4 percent were 18 to 24 years old, 30.3 percent were 25 to 44 years old, 24.2 percent were 45 to 64 years old and 10.2 percent were 65 years or older Median age is 33.6 Income In 2014, the median household income was \$50,877 and per capita income was \$43,506 Approximately 13 percent of families and 18.1 percent of individuals had income below the poverty level Additional discussion of demographic characteristics in Franklin County is available in the Franklin County Health Map 2016

990 Schedule H, Supplemental Information

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

Schedule H (Form 990) 2017

Additional Data

Software ID: 17005876
Software Version: 2017v2.2
EIN: 31-4394942
Name: OhioHealth Corporation

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? 5		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 Riverside Methodist Hospital 3535 Olentangy River Road Columbus, OH 432143908 https://www.ohiohealth.com/riverside/ODH1005	X			X			X			A
2	OhioHealth Grant Medical Center 111 South Grant Avenue Columbus, OH 432154701 https://www.ohiohealth.com/grant/ODH1173	X			X			X			A
3	OhioHealth Doctors Hospital 5100 West Broad Street Columbus, OH 432281607 https://www.ohiohealth.com/doctors/ODH1015	X			X			X			A
4	OhioHealth Dublin Methodist Hospital 7500 Hospital Drive Dublin, OH 430168518 https://www.ohiohealth.com/locations/hospitals/dublin-methodist-hospital/ODH1473	X						X			A
5	OhioHealth Rehabilitation Hospital 1087 Dennison Avenue Columbus, OH 43201 http://www.ohiohealth-rehab.com/ODH1511	X								Rehabilitation 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
<p>Schedule H, Part V, Section B, Line 5 Facility A, 1</p>	<p>Facility A, 1 - Facility Reporting Group - A Community input for this report was provided through a series of meetings with community representatives on the Franklin County Community Health Needs Assessments steering committee, led by the Central Ohio Hospital Council OhioHealth intentionally engaged individuals with special expertise in public health Among those who participated as members of the steering committee were a) Central Ohio Area Agency on Aging (COAAA) Representative Lynn Dobb, education coordinator Description of the medically underserved, low-income or minority populations represented by organization Serves seniors and their caregivers, regardless of ability to pay Inputs Member of the Franklin County Community Health Needs Assessment Steering Committee Timeframe of input March 2014 to January 2016 b) Central Ohio Trauma System (COTS) Representative Jodi Keller, associate director of healthcare system emergency preparedness Description of the medically underserved, low-income or minority populations represented by organization Serves patients with trauma or critical care diagnoses in central Ohio regardless of ability to pay Inputs (a) Member of the Franklin County Community Health Needs Assessment Steering Committee and (b) provided secondary data Timeframe of inputs March 2014 to January 2016 c) Central Ohio Hospital Council (COHC) Representatives Jeff Klingler, president and chief executive officer, and Joanna Skillings, office manager Description of the medically underserved, low-income or minority populations represented by organization Serves all persons, regardless of ability to pay Inputs (a) Member of the Franklin County Community Health Needs Assessment Steering Committee and (b) overall leadership and coordination of the Franklin County community health needs assessment (Franklin County Health Map 2016) Timeframe of inputs March 2014 to January 2016 d) Columbus Public Health Representatives Kathy Cowen, director, Office of Epidemiology, Michelle Groux, team member, Office of Epidemiology, and Richard Hicks, director, Office of Health Planning (All persons have knowledge of and expertise in public health) Description of the medically underserved, low-income or minority populations represented by organization Serves all persons in Franklin County, Ohio, specifically Columbus residents who need public health services Inputs (a) Member of the Franklin County Community Health Needs Assessment Steering Committee, (b) primary and secondary data collection, (c) review, analysis and selection of health indicators, (d) clustering of related health indicators, (e) identification of three health needs from each cluster, (f) prioritization of health needs and (g) identification of six priority health needs Timeframe of inputs March 2014 to January 2016 e) PrimaryOne Health (formerly Columbus Neighborhood Health Centers) Representative Parminder Bajwa, director of quality improvement/risk management Descr</p>

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Form and Line Reference	Explanation
<p>Schedule H, Part V, Section B, Line 5 Facility A, 1</p>	<p>ption of the medically underserved, low-income or minority populations represented by organization Serves all persons, regardless of ability to pay, including persons facing financial, social or cultural barriers to healthcare Inputs (a) Member of the Franklin County Community Health Needs Assessment Steering Committee, (b) primary data collection, (c) review, analysis and selection of health indicators, (d) clustering of related health indicators, (e) identification of three health needs from each cluster, (f) prioritization of health needs and (g) identification of six priority health needs Timeframe of inputs March 2014 to January 2016 f) Franklin County Public Health Representatives Jimmie Davis, supervisor, community health and wellness program, and Kyle Idahosa, epidemiologist (Both 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 Franklin County Inputs (a) Member of the Franklin County Community Health Needs Assessment Steering Committee, (b) review, analysis and selection of health indicators, (c) clustering of related health indicators, (d) identification of three health needs from each cluster, (e) prioritization of health needs and (f) identification of six priority health needs Timeframe of inputs March 2014 to January 2016 g) Healthcare for the Homeless Representative Lori Summers, coordinator Description of the medically underserved, low-income or minority populations represented by organization Serves healthcare needs of homeless persons Inputs Member of the Franklin County Community Health Needs Assessment Steering Committee Timeframe of input March 2014 to January 2016 h) Illuminology Representative Ori Kristel, chief executive officer and principal researcher Description of the medically underserved, low-income or minority populations represented by organization Serves public health agencies and other organizations that assist medically underserved, low-income or minority populations Inputs (a) Secondary data collection, (b) review, analysis and selection of health indicators, (c) clustering of related health indicators, (d) identification of three health needs from each cluster, (e) prioritization of health needs, and (f) identification of six priority health needs Timeframe of inputs July 2014 to January 2016 i) Mount Carmel Health System Representatives Candice Coleman, supervisor, church partnerships and community benefit ministry, Jackie Hilton, community benefit ministry officer, and Sister Barbara Hahl, senior vice president of system mission Description of the medically underserved, low-income or minority populations represented by organization Serves all persons, regardless of ability to pay Inputs (a) Member of the Franklin County Community Health Needs Assessment Steering Committee, (b) primary data collection, (c) review, analysis and selection of health</p>

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
<p>Schedule H, Part V, Section B, Line 5 Facility A, 1</p>	<p>th indicators, (d) clustering of related health indicators, (e) identification of three health needs from each cluster, (f) prioritization of health needs and (g) identification of six priority health needs Timeframe of inputs March 2014 to January 2016 j) Nationwide Children's Hospital Representatives Carla Fountaine, senior community relations specialist, Libbey Hoang, director, planning and business development, Tim Madrid, project manager, and Angela Mingo, community relations director Description of the medically underserved, low-income or minority populations represented by organization Serves all children, regardless of ability to pay Inputs (a) Member of the Franklin County Community Health Needs Assessment Steering Committee, (b) primary data collection, (c) review, analysis and selection of health indicators, (d) clustering of related health indicators, (e) identification of three health needs from each cluster, (f) prioritization of health needs and (g) identification of six priority health needs Timeframe of inputs March 2014 to January 2016 k) Ohio Department of Aging Representative Tracy Brown, staff Description of the medically underserved, low-income or minority populations represented by organization Serves Ohioans, age 60 and older Inputs (a) Member of the Franklin County Community Health Needs Assessment Steering Committee, (b) review, analysis and selection of health indicators, (c) clustering of related health indicators, (d) identification of three health needs from each cluster, (e) prioritization of health needs and (f) identification of six priority health needs Timeframe of inputs March 2014 to January 2016 l) The Ohio State University Nisonger Center Ohio Disability and Health Program Representative David Ellsworth, health policy specialist (Has knowledge of and expertise in public health) Description of the medically underserved, low-income or minority populations represented by organization Serves persons with disabilities Inputs Member of the Franklin County Community Health Needs Assessment Steering Committee Timeframe of input March 2014 to January 2016 m) OhioHealth Representative Orelle Jackson, system director, community health and wellness Description of the medically underserved, low-income or minority populations represented by organization Serves all persons, regardless of ability to pay Inputs (a) Member of the Franklin County Community Health Needs Assessment Steering Committee, (b) primary data collection, (c) review, analysis and selection of health indicators, (d) clustering of related health indicators, (e) identification of three health needs from each cluster, (f) prioritization of health needs and (g) identification of six priority health needs Timeframe of inputs March 2014 to January 2016</p>

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 5 Facility A, 2	<p>Facility A, 2 - Facility Reporting Group - A Continuation of Schedule H, Part V, Line 5 n) The Ohio State University College of Public Health Center for Public Health Practice Representative Joanne Pearsol, associate director (Has special knowledge of and expertise in public health) Description of the medically underserved, low-income or minority populations represented by organization Provides public health professionals and organizations with continuing education and training as well as assistance with strategic planning and change management Inputs (a) Member of the Franklin County Community Health Needs Assessment Steering Committee, (b) primary and secondary data collection, (c) review, analysis and selection of health indicators, (d) clustering of related health indicators, (e) identification of three health needs from each cluster, (f) prioritization of health needs and (g) identification of six priority health needs Timeframe of inputs March 2014 to January 2016 o) The Ohio State University Wexner Medical Center Representatives Wanda Dillard, director of community development, Deborah Frazier, resource planning analyst, and Chastity Washington, program director Description of the medically underserved, low-income or minority populations represented by organization Serves all persons, regardless of ability to pay Inputs (a) Member of the Franklin County Community Health Needs Assessment Steering Committee, (b) primary data collection, (c) review, analysis and selection of health indicators, (d) clustering of related health indicators, (e) identification of three health needs from each cluster, (f) prioritization of health needs and (g) identification of six priority health needs Timeframe of inputs March 2014 to January 2016 p) United Way of Central Ohio Representative David Ciccone, assistant vice president, community impact and senior impact director, health Description of the medically underserved, low-income or minority populations represented by organization Serves all persons in central Ohio Inputs (a) Member of the Franklin County Community Health Needs Assessment Steering Committee, (b) primary data collection and (c) review, analysis and selection of health indicators Timeframe of inputs March 2014 to January 2016</p>

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 6a Facility A, 1	Facility A, 1 - Facility Reporting Group A Yes The Ohio State University Wexner Medical Center, Mount Carmel West, Mount Carmel St Ann's , Mount Carmel New Albany, Mount Carmel Diley Ridge Medical Center, and Nationwide Children's Hospital

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

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6b Facility A, 1	Facility A, 1 - Facility Reporting Group A Central Ohio Area Agency on Aging (COAAA), Central Ohio Trauma System (COTS), Central Ohio Hospital Council (COHC), Columbus Public Health, PrimaryOne Health (formerly Columbus Neighborhood Health Centers), Franklin County Public Health, Healthcare for the Homeless, Illuminology, Ohio Department of Aging, The Ohio State University Nisonger Center Ohio Disability and Health Program, The Ohio State University College of Public Health Center for Public Health Practice, United Way of Central Ohio

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 7 Facility A, 1	Facility A, 1 - Facility Reporting Group A The hospital facility's CHNA can be found at the following websites https://www.ohiohealth.com/siteassets/find-a-location/hospitals/riverside-methodist-hospital/about-us/community-health-needs-assessment/riverside-chna.pdf https://www.ohiohealth.com/siteassets/find-a-location/hospitals/grant-medical-center/about-us/community-health-needs-assessment/grant-chna.pdf https://www.ohiohealth.com/siteassets/find-a-location/hospitals/doctors-hospital/about-us/chna/doctorshospital-chna.pdf https://www.ohiohealth.com/siteassets/find-a-location/hospitals/dublin-methodist-hospital/about-us/community-health-needs/dublin-chna.pdf

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 1	<p>Facility A, 1 - Facility Reporting Group A All identified needs have been addressed as follows</p> <p>Need #1- Obesity Patients, families and community residents are referred to OhioHealth McConnell Heart Health Center programs to increase access to physical activity as well as health and wellness education through (a) free non-surgical or surgical weight management seminars, (b) education classes on lifestyle change, exercise, heart health and stress management, and (c) access to individual or group exercise programs Patients, families and community residents are referred to OhioHealth Grant Health and Fitness Center programs, which offers access to physical activity through (a) community health and fitness memberships, (b) cardiac rehabilitation fitness plus memberships, (c) limited time passes, (d) customized fitness programs and (e) group exercise classes Patients, families and community residents are referred to OhioHealth ENGAGE Health and Wellness Programs, such as "ENGAGE Diabetes" and "ENGAGE Heart and Vascular", which offers biometric screenings, one-on-one consultations with a registered nurse, interactive education as well as support groups focused on the importance of regular physical activity, healthy eating habits, menu planning, food preparation, stress management, and sustainable engagement and empowerment to manage one's health Patients, families and community residents are referred to OhioHealth Gerlach Center for Senior Health's AdvantAge Health, Wellness and Education Programs, which offers (a) exercise and fitness classes, such as yoga and tai chi, to maintain flexibility, strength, balance and gait, and (b) "Food for Thought" educational series to promote health and wellness Patients, families and community residents are referred to the (a) OhioHealth Surgical Weight Loss Program, which uses three major types of bariatric surgery performed laparoscopically, such as (i) roux-en-y gastric bypass, (ii) adjustable gastric band and (iii) gastric sleeve procedure or (b) OhioHealth Medical (Non-Surgical) Program, which uses meal replacement plans for significant weight loss</p> <p>Need #2 - Infant Mortality Patients, families and community residents are referred to OhioHealth Wellness on Wheels, a multidisciplinary program that provides prenatal, postpartum and gynecologic care as well as home visits (on as needed basis) to underserved women of reproductive age Patients and their families are educated about the Baby-Friendly Hospital Initiative, which promotes breastfeeding among postpartum women through education on the importance of breastfeeding to the overall health of mothers and babies, how to properly breastfeed and pump breast milk for future use, and participate in breastfeeding support groups Patients, families and community residents are educated about the OhioHealth Mothers' Milk Bank's pasteurized donor's breast milk for infants who were either born preterm, seriously ill or have life-threatening illness Preterm or ill</p>

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Form and Line Reference	Explanation
<p>Schedule H, Part V, Section B, Line 11 Facility A, 1</p>	<p>Infants are provided with donor's breast milk when prescribed by a neonatologist. Collaborative initiatives with Central Ohio Hospital Council on safe sleep, preterm birth, very low birth weight, reducing early elective deliveries, progesterone project and increasing early entry into prenatal care through StepOne (a new Community Intake and Referral service). Countywide collaborations, cash and in-kind contributions to support efforts addressing infant mortality, including (but not limited to) CelebrateOne, Ohio Better Birth Outcomes and Ohio Perinatal Quality Collaborative. Need #3 - Access to Care: Patients without primary care doctors are referred to OhioHealth Primary Care. Stroke patients from OhioHealth regional hospitals or other partner hospitals through the OhioHealth Stroke Network are provided with immediate access to expert medical advice from neurologists and stroke specialists based at Riverside Methodist and Grant, facilitated through OhioHealth Electronic Intensive Care Unit (eICU). Patients with urgent or non-urgent medical issues are provided with timely access to their primary care doctor through telemedicine capabilities. Franklin County residents are provided with access to health screenings for breast cancer, lung cancer, colorectal cancer and skin cancer as well as cancer prevention education. Financial contribution is provided to Physicians CareConnection's dental program. Need #4 - Mental Health and Addiction: Implemented the OhioHealth Behavioral Health Programs, namely electroconvulsive therapy, inpatient behavioral healthcare, intensive outpatient program, partial hospitalization program, psychiatric emergency services, employee assistance program and Sexual Assault Response Network of Central Ohio (SARNCO) to assess, stabilize, treat, support and refer patients suffering from mental health and addiction. The ED and the Behavioral Health department at OhioHealth provides crisis assessments, intervention and transfer to appropriate level of inpatient or outpatient care and community referral. Interventions of Riverside Methodist Trauma Program assess patients using "Screening, Brief Intervention and Referral to Treatment (SBIRT)" for patients who tested positive for alcohol and/or drug screen. Patients are referred or linked to community agencies providing programs and services on mental health and addiction. Partnerships with these agencies have been strengthened to ensure an effective referral process. Community outreach and partnerships that focus on wellness, prevention and treatment of addiction and mental illness have been strengthened, such as the OhioHealth partnership with Franklin County Psychiatric Crisis and Emergency Services Task Force. OhioHealth cash and in-kind contributions to The Upper Arlington Stand Project, a coalition focused on substance abuse prevention, education and awareness. Need #5 - Chronic Conditions: Patients, families and community residents are referred to OhioHealth ENGAGE Health and W</p>

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Form and Line Reference	Explanation
<p>Schedule H, Part V, Section B, Line 11 Facility A, 1</p>	<p>Illness Programs, such as "ENGAGE Diabetes" and "ENGAGE Heart and Vascular", which offers biometric screenings, one-on-one consultation with a registered nurse, evidence-based, interactive education and support groups focused on the importance of regular physical activity, healthy eating habits, menu planning, food preparation, stress management, and sustainable engagement and empowerment to manage one's health. Patients, families and community residents are referred to OhioHealth Gerlach Center for Senior Health's AdvantAge Health, Wellness and Education Programs, which offers (a) exercise and fitness classes such as yoga and tai chi to maintain flexibility, strength, balance and gait, and (b) "Food for Thought" educational series to promote health and wellness. OhioHealth Primary Care assesses, diagnoses, educates, and refers patients to specialist physicians, and/or community resources. Franklin County residents are provided with comprehensive neuroscience care at the OhioHealth Neuroscience Center, including clinical services such as (a) epilepsy monitoring unit, (b) heart critical care, (c) infusion center, (d) interdisciplinary neuroscience clinics, (e) interventional procedure suites, (f) neurocritical care, (g) neurodiagnostics and imaging, (h) neurosurgery and (i) radiation oncology. As part of the interdisciplinary clinics, OhioHealth provides Franklin County residents with access to the Movement Disorders Clinic, Multiple Sclerosis Clinic and the Stroke Prevention Clinic. As part of brain and stroke therapies, OhioHealth provides Franklin County residents with access to (a) physical therapy, (b) occupational therapy, (c) speech therapy, (d) neuropsychology, (e) social services and support groups, and (f) specialty programs such as OhioHealth ALS Clinic for patients with amyotrophic lateral sclerosis and OhioHealth Delay the Disease for patients with Parkinson's disease. Patients are referred and linked to community partners that are listed in the Collaborative Partners section. Cash and in-kind contributions to nonprofit organizations addressing various chronic diseases, including (but not limited to) American Heart Association, American Lung Association, Central Ohio Diabetes Association, Local Matters. Need #6 - Infectious Diseases Mandatory patient safety training of all OhioHealth staff and reinforcement of patient safety practices on hospital units and care sites through the OhioHealth Patient Safety Coaches has been implemented. OhioHealth Quality and Patient Safety has implemented interventions to combat infectious diseases, hospital-acquired infections and ensure hospital-wide and system-wide Ebola preparedness. Patient testing, diagnosis, education and community referral by OhioHealth Women's Health Centers and Maternity Centers has been provided.</p>

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 Reporting Group A OhioHealth uses income level of patient and patient immediate families as a factor in determining income level

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 13 Facility A, 1	Facility A, 1 - Facility Reporting Group A 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	<p>Facility A, 1 - Facility Reporting Group - A 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 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 hospital's 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, 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 with the federal poverty guidelines Included are directions to complete the application, sign, 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</p>

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16 Facility A, 1	<p>be available and that he/she may be referred to the Customer Call Center for assistance in applying</p> <p>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 eleven different languages based on the needs of the communities.</p>

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Form and Line Reference	Explanation
<p>Schedule H, Part V, Section B, Line 5 Facility , 1</p>	<p>Facility , 1 - OhioHealth Rehabilitation Hospital In developing this community health needs assessment (CHNA), we identified the "community served" by OHRH as Franklin County, Ohio Communities within Franklin County include Amlin, Blacklick, Dublin, Hilliard, New Albany, Reynoldsburg, Westerville, Columbus, Brice, Canal Winchester, Galloway, Grove City, Groveport, Harrisburg, and Lockbourne Other communities that cross into Franklin County but are not primarily within Franklin County include Pataskala, Plain City, Powell, London, and Orient The Ohio Department of Health requires each hospital that is registered in Ohio to file an Annual Hospital Registration and Planning Report by March 1 of each calendar year for the previous calendar year A review of the patient origin data from the Annual Hospital Registration and Planning Report for OHRH for 2014 supports the definition of the "community served" as being the community and residents of Franklin County, Ohio Of the 89,700 total admissions to OHRH in 2014, 48,400, or 54%, reside in Franklin County at the time of admission Franklin County accounts for a vast majority of admissions to OHRH, as the next county with the second most admissions is Delaware County, with only 7% of OHRH admissions A multi-stakeholder collaborative (the Franklin County CHNA Steering Committee), including a range of organizations representing the broad interests of the community, worked together to identify, collect, and analyze health indicators, identify and prioritize significant health needs of the community, and identify resources available to address the significant needs identified The Steering Committee worked during two half-day sessions to identify and prioritize the health needs for Franklin County, using the health indicators contained in the Franklin County Health Map 2013 The first half day session was on March 30, 2011 During this session, the Steering Committee determined the scope of the report and identified the categories to be included and specific indicators within each category Data collection occurred during the spring, summer, and fall of 2011 This activity included drafting narratives and preparing charts for the report The second half day session was on February 7, 2012 During this session, the Steering Committee reviewed health indicators where Franklin County fared worse than state or federal data Indicators similar to or better than state or federal data were dropped from further analysis The Steering Committee rated the remaining indicators using a set of nine criteria identified on page 4 of the Franklin County Health Map 2013 After rating the indicators, Steering Committee members met with clinical experts within their institutions to determine whether the rated indicators were consistent with what clinicians experienced The Steering Committee then grouped related health indicators, identifying eight local health needs The Steering Committee prioritized the health needs by rating</p>

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility , 1	<p>Ranking the health needs using a 1 to 8 scale, with 1 being the top priority and 8 being the lowest priority. The needs were ranked based on the input from the clinical experts, the number of health indicators in each group, and the rating the health indicator received. The rankings were added together and the group with the higher scores identified as higher priorities. Finally, the Steering Committee identified potential healthcare facilities and resources which may be available to address and improve the significant health needs identified. OHRH was created through a joint venture with Select Medical Specialty on April 8, 2013. As this is the first CHNA report for OHRH, we cannot evaluate the impact of actions to address the significant health needs identified in prior CHNAs. Persons representing the broad interests of the community, including those with knowledge of or expertise in public health, participated in the CHNA process as members of the Franklin County CHNA Steering Committee. The Steering Committee held meetings on March 30, 2011 and February 7, 2012 to review indicators, identify and prioritize significant health needs of the community, and identify existing healthcare facilities and resources which are potentially available to address the significant needs identified. Community input was obtained from all required sources. As this is the first CHNA report for OHRH, there are no written comments received on a previously conducted CHNA. Persons representing the broad interests of the community, including those with knowledge of or expertise in public health included: Mount Carmel Health System- Mission Services and Community Benefit Ministry Nationwide Children's Hospital- Community Relations, Planning, and Data Resources OhioHealth- Community and Government Relations and Finance Wexner Medical Center at The Ohio State University- Medical Center Outreach, Community Development, and Strategic Planning and Business Development Central Ohio Trauma System Columbus Neighborhood Health Centers (including Heart of Ohio Family Health Centers and Lower Lights Christian Health Center)- Quality Improvement/Risk Management, and Operations Columbus Public Health (Expertise in public health)- Epidemiology Franklin County Public Health (Expertise in public health)- Planning and Assessment United Way of Central Ohio- Health Central Ohio Hospital Council Center for Public Health Practice, The Ohio State University College of Public Health</p>

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 , 1	Facility , 1 - OHIOHEALTH REHABILITATION HOSPITAL The CHNA was conducted as a collaboration led by the Central Ohio Hospital Council, including OhioHealth, Mount Carmel Health System, Nationwide Children's Hospital, and The Ohio State University Wexner Medical Center The following hospital facilities were included in this collaboration Riverside Methodist Hospital Grant Medical Center Doctors Hospital Dublin Methodist Hospital Mount Carmel St Ann's Mount Carmel New Albany Mount Carmel West Mount Carmel East Nationwide Children's Hospital The Ohio State University Hospital The Ohio State University East The Ohio State's James Cancer Hospital and Solove Research Institute The Ohio State's Richard M Ross Heart Hospital OSU Harding 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 - OHIOHEALTH REHABILITATION HOSPITAL OHRH, through OhioHealth, collaborated with the Central Ohio Hospital Council and organization participating on the Steering Committee to conduct the CHNA OHRH engaged Bricker & Eckler LLP/Quality Management Consulting Group, located at 100 South Third Street, Columbus, Ohio, to prepare this CHNA report Jim Flynn is a partner with Bricker & Eckler's Health Care group, where he has practiced for 25 years His general healthcare practice focuses on health planning matters, certificate of need, non-profit and tax-exempt healthcare providers, and federal and state regulatory issues Mr Flynn has provided consultation to healthcare providers, including non-profit and tax-exempt healthcare providers and public hospitals on community health needs assessments Christine Kenney is the director of Regulatory Services with the Quality Management Consulting Group of Bricker & Eckler LLP Ms Kenney has over 36 years of experience in healthcare planning, policy development, federal and state regulations, certificate of need, and Medicare and Medicaid certification She provides expert testimony on community need and offers presentations and educational sessions regarding community health needs assessments She has been conducting community health needs assessments in accordance with the affordable care act requirements since 2012

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 , 1	Facility , 1 - OhioHealth Rehabilitation Hospital Representatives from OhioHealth were part of the Franklin County CHNA Steering Committee who identified and prioritized significant health needs of the community using health indicators identified in the Franklin County Health Map 2013 The significant health needs of the Franklin County community include (in prioritized order) 1 Access to Care 2 Chronic Disease 3 Infectious Disease 4 Behavioral Health 5 High Incidence of Cancer 6 Interpersonal Violence 7 High-Risk Pregnancy 8 Unintentional Injuries OHRH chose to address chronic disease and unintentional injuries within its current implementation strategy With OHRH's specialization in inpatient rehabilitation services, OHRH chose not to address the other six needs identified in the 2015 CHNA report due to a lack of expertise by OHRH to effectively address the need and the availability of other facilities and organizations within the community that have the expertise and resources to address these needs

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 13 Facility , 1	Facility , 1 - OhioHealth Rehabilitation Hospital, LLC OhioHealth Rehabilitation Hospital 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 16 Facility , 1	Facility , 1 - OhioHealth Rehabilitation Hospital, LLC OHRH is committed to publicizing this Policy widely within the communities served by OHRH facilities To that end, OHRH takes the following steps to ensure that members of the communities to be served by its facility are aware of the Policy and have access to the Policy OHRH makes a copy of its current Policy available to the community by posting a plain language summary of the Policy on its webpage along with a downloadable copy of the Policy and Financial Assistance Application with instructions for downloading copies There is no fee for downloading a copy of the Policy, the Plain Language Summary or Financial Assistance Application OHRH provides a plain language summary of the Policy in locations throughout its facilities where the summary will be available to patients and their families, including a plain language summary of the Policy that is provided with any invoices covering amounts charged for services Financial counselors make a plain language summary of the Policy available to all patients with whom they meet and provides it to any person who requests a copy of the Policy OHRH includes a description of how to obtain a copy of or information about the Policy in community benefit reporting done to the community at large OHRH makes information regarding its Policy available to appropriate governmental agencies and nonprofit organizations dealing with public health in OHRH's service areas

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

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

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

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

Name and address	Type of Facility (describe)
1 OhioHealth Urgent Care 2030 Stringtown Road Grove City, OH 43123	Urgent Care Facility
1 OhioHealth Urgent Care 6905 Hospital Drive Dublin, OH 43016	Urgent Care Facility
2 OhioHealth Sleep Services 300 Polaris Parkway Suite 2450 Westerville, OH 43082	Sleep Diagnostic Center
3 OhioHealth Sleep Services 974 Bethel Road Suite C Grove City, OH 43213	Sleep Diagnostic Center
4 OhioHealth Sleep Services 1325 Stringtown Road Suite 230 Grove City, OH 43123	Sleep Diagnostic Center
5 OhioHealth Sleep Services 151 Clint Drive Ste 100 Pickerington, OH 43147	Sleep Diagnostic Center
6 OhioHealth Sleep Services 4363 All Seasons Drive Suite 280 Hilliard, OH 43026	Sleep Diagnostic Center
7 OhioHealth Sleep Services 801 OhioHealth Blvd Suite 250 Delaware, OH 43015	Sleep Diagnostic Center
8 OhioHealth Sleep Services 285 E State Street Suite 425 Columbus, OH 43215	Sleep Diagnostic Center
9 OhioHealth Sleep Services 300 Polaris Parkway Suite 2450 Westerville, OH 43082	Sleep Diagnostic Center
10 Greater Columbus Regional Dialysis 285 East State Street Suite 170 Columbus, OH 43215	Dialysis
11 Marion Area Physicians 1050 Delaware Avenue Marion, OH 43302	Multi-Purpose Physician Group
12 OhioHealth Urgent Care 2014 Baltimore-Reynoldsburg Road Reynoldsburg, OH 43068	Urgent Care Facility
13 OhioHealth Urgent Care 895 West 3rd Avenue Columbus, OH 43212	Urgent Care Facility
14 OhioHealth Urgent Care 4343 All Seasons Drive Suite 160 Hilliard, OH 43026	Urgent Care Facility

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

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

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

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

Name and address	Type of Facility (describe)
16 OhioHealth Urgent Care 5610 North Hamilton Road Columbus, OH 43230	Urgent Care Facility
1 OhioHealth Urgent Care 1710 COLUMBUS PIKE DELAWARE, OH 43015	Urgent Care Facility
2 OhioHealth Urgent Care 1120 Polaris Parkway Columbus, OH 43240	Urgent Care Facility
3 OhioHealth Mansfield Urgent Care 1750 West Fourth Street Ontario, OH 449060000	Urgent Care Facility
4 OhioHealth Marion Urgent Care University Drive Marion, OH 433020000	Urgent Care Facility
5 Polaris Surgery Center 300 Polaris Parkway Ste 1400 Westerville, OH 430827989	Surgery Center
6 Upper Arlington Surgery Center 2240 North Bank Drive Columbus, OH 432205420	Surgery Center
7 Knightsbridge Surgery Center 4845 Knightsbridge Blvd Suite 110 Columbus, OH 432142463	Surgery Center
8 Pickerington Surgery Center 1030 Refugee Road Ste 160 Pickerington, OH 43147	Surgery Center
9 The Hand Center 1210 Gemini Place Suite 200 Columbus, OH 43240	Surgery Center
10 Grove City Surgery Center 1325 Stringtown Road Grove City, OH 43123	Surgery Center
11 Westerville Medical Campus 300 Polaris Parkway Westerville, OH 43082	Emergency Care Center
12 Pickerington Medical Campus 1010 Refugee Road Pickerington, OH 43147	Emergency Care Center
13 Grant Scope Center LLC 700 E Broad St First Floor Columbus, OH 43215	Endoscopy Surgery Center
14 Westerville Endoscopy Center LLC 300 Polaris Parkway Westerville, OH 43082	Endoscopy Surgery Center

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

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

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

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

Name and address	Type of Facility (describe)
31 Eye Center of Columbus 262 Neil Avenue Ste 410 Columbus, OH 43215	Eye Care Services

**Schedule I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments and Individuals in the United States**

OMB No 1545-0047

2017

**Open to Public
Inspection**

Department of the
Treasury
Internal Revenue Service
Name of the organization
OhioHealth Corporation

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number
31-4394942

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) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ _____ 35

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	5	10,000			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
Schedule I, Part I, Line 2 Procedures for monitoring use of grant funds	OhioHealth Corporation primarily makes general contributions to other tax exempt organizations that benefit the community. In accordance with OhioHealth Corporation's Authority Matrix for issuance of payments, all payments contributed were authorized by the approved level of management.

Additional Data

Software ID: 17005876
Software Version: 2017v2.2
EIN: 31-4394942
Name: OhioHealth Corporation

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF CENTRAL OHIO 360 S 3rd Street COLUMBUS, OH 43215	31-4393712	501 (C) (3)	250,000				Community Impact Fund
YMCA OF CENTRAL OHIO 40 W Long Street COLUMBUS, OH 43215	31-4379594	501 (C) (3)	200,000				Community Impact Fund

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLUMBUS URBAN LEAGUE 788 Mt Vernon Ave COLUMBUS, OH 43203	31-4379453	501 (C) (3)	100,000				Community Impact Fund
VIZIENT FOUNDATION 290 Carpenter Freeway Irving, TX 75062	22-2710552	501 (C) (3)	100,000				Community Impact Fund

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CIRCLEVILLE-PICKAWAY COMM IMPR CORP 114 W Franklin St CIRCLEVILLE, OH 43113	31-1195864	501 (C) (3)	50,000				2017 Business Innovation CTR
COL ZOOLOGICAL PARK ASSOC INC 9990 Riverside Dr POWELL, OH 43065	31-4390844	501 (C) (3)	36,000				40th Hanna-versary

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLUMBUS RACE FOR THE CURE 929 Eastwind Dr WESTERVILLE, OH 43081	75-2844651	501 (C) (3)	35,000				Race for the Cure
CHARITABLE PHARMACY OF CENTRAL OHIO INC 200 E Livingston Ave COLUMBUS, OH 43215	27-0147099	501 (C) (3)	30,250				2018 Funding

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN HEART ASSOCIATION INC PO Box 50065 PRESCOTT, AZ 86304	13-5613797	501 (C) (3)	74,250				2017 Heart Walk
PHYSICIANS CARECONNECTION 1390 Dublin Rd COLUMBUS, OH 43215	31-1373719	501 (C) (3)	50,000				Dentist CareConnection

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY SHELTER BOARD 111 Liberty Street COLUMBUS, OH 43215	31-1181284	501 (C) (3)	24,600				Under One Roof
COSI COLUMBUS 333 W Broad St COLUMBUS, OH 43215	31-4383802	501 (C) (3)	54,250				Catalyst Sponsorship

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL URBAN LEAGUE INC 80 Pine Street NEW YORK, NY 10005	13-1840489	501 (C) (3)	15,960				2018 National Urban League Annual Conference Exhibit Booth
COLUMBUS BLUE JACKETS FOUNDATION 200 W Nationwide Blvd COLUMBUS, OH 43215	31-1688700	501 (C) (3)	15,000				2018 CannonBall Corporate Partnership

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WEST OHIO CONFERENCE 32 Wesley Blvd WORTHINGTON, OH 43085	31-4420544	501 (C) (3)	14,000				Annual Missional Support
FRATERNAL ORDER OF POLICE OF OHIO FOUNDATION INC 6800 Schrock Hill Court COLUMBUS, OH 43229	27-4454506	501 (C) (3)	10,000				Family Support Donation

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OHIO UNIVERSITY FOUNDATION INC PO Box 869 ATHENS, OH 45701	31-6402269	501 (C) (3)	10,000				OU Dublin OU+Reach Student Healthcare Exploration Program support
ALS ASSOCIATION CENTRAL & SOUTHERN OHIO CHAPTER 1170 Old Henderson Rd COLUMBUS, OH 43220	31-1235704	501 (C) (3)	10,000				2017 Columbus Walk -- Diamond Sponsorship

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN RED CROSS 995 East Broad Street COLUMBUS, OH 43205	53-0196605	501 (C) (3)	9,625				2018 ARC Humanitarian of the Year Sponsorship
CRISTO REY COLUMBUS HIGH SCHOOL 400 E Town St COLUMBUS, OH 43229	27-4864843	501 (C) (3)	9,600				Garden Party Sponsorship

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLUMBUS METROPOLITAN LIBRARY 96 South Grant Ave COLUMBUS, OH 43215	31-1692755	501 (C) (3)	9,580				Celebration of Learning 2017 Sponsorship
ALZHEIMERS ASSN OF CENTRAL OHIO 1379 Dublin Road COLUMBUS, OH 43215	31-0996236	501 (C) (3)	18,600				Paint the Night Purple Gala Sponsorship

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LINKS FOUNDATION THE 393 E Orange Rd LEWIS CENTER, OH 43035	52-1170830	501 (C) (3)	9,250				Emerald Awards Scholarship Gala
COLUMBUS SPEECH & HEARING CENTER 510 E North Broadway COLUMBUS, OH 43214	31-4379449	501 (C) (3)	9,000				Great Communicators Golf Outing Sponsorship

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRANKLIN PARK CONSERVATORY 1777 E Broad St COLUMBUS, OH 43203	31-1657027	501 (C) (3)	9,000				Les Chapeaux dans Le Jardin--Hat Day 2018
JDRF INTERNATIONAL 100 W Old Wilson Bridge Rd WORTHINGTON, OH 43085	23-1907729	501 (C) (3)	8,900				Promise Ball Sponsorship

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN CANCER SOCIETY INC 5555 Frantz Rd DUBLIN, OH 43017	81-3769351	501 (C) (3)	16,892				Drive for Life Golf Classic
COLUMBUS METROPOLITAN CLUB 100 E Broad St COLUMBUS, OH 43215	31-0889324	501 (C) (3)	16,440				Our Healthy Community series renewal

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BERGER HEALTH FOUNDATION 600 N Pickaway St CIRCLEVILLE, OH 43113	33-1031454	501 (C) (3)	7,500				Golf Classic + Tackling Cancer Sponsorship
LIFELINE OF OHIO 770 Kinnear Rd COLUMBUS, OH 43212	31-1116603	501 (C) (3)	6,667				Donor Memorial Pledge

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTRAL OHIO PARKINSON SOCIETY 2800 Corporate Exchange Dr COLUMBUS, OH 43231	13-1866796	501 (C) (3)	6,250				Ohio Chapter Platinum Partnership
COLUMBUS SYMPHONY ORCHESTRA 55 E State Street COLUMBUS, OH 43215	31-6402408	501 (C) (3)	6,250				Picnic with the Pops Sponsorship

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GENERAL BOARD OF GLOBAL MINISTRIES UMC 458 Ponce de Leon Ave NE ATLANTA, GA 30308	13-5565089	501 (C) (3)	12,000				Faith Community Health Connection worker support
BIRDIES FOR BUDDIES 200 W Nationwide Blvd COLUMBUS, OH 43215	81-4815745	501 (C) (3)	25,000				2017 Birdies for Buddies Tournament Sponsorship

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MID-OHIO FOOD BANK 3960 Brookham Dr GROVE CITY, OH 43123	31-0865343	501 (C) (3)	15,000				Get Fresh Campaign Co-Branding

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.**

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
OhioHealth Corporation

Employer identification number
31-4394942

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. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> 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? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4a	Yes
		4b	Yes
		4c	No
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? b Any related organization? If "Yes," on line 5a or 5b, describe in Part III.	5a	No
		5b	No
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? b Any related organization? If "Yes," on line 6a or 6b, describe in Part III.	6a	No
		6b	No
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	

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 4a Severance or change-of-control payment	UNDER A VOLUNTARY TERMINATION AGREEMENT ENTERED INTO BY THE EMPLOYEE AND THE ORGANIZATION OR UPON A QUALIFYING TERMINATION DEFINED AS AN INVOLUNTARY SEPARATION FROM SERVICE OTHER THAN FOR CAUSE, THE EMPLOYEE IS ENTITLED TO SEVERANCE PAY BASED UPON YEARS OF SERVICE. THE TERMS AND CONDITIONS TO RECEIVE SEVERANCE PAYMENTS REQUIRE THE EMPLOYEE TO SIGN A RELEASE OF CLAIMS FORM THAT COVERS ALL SITUATIONS SURROUNDING THE EMPLOYEE'S EMPLOYMENT AND SEPARATION FROM OHIOHEALTH. SEVERANCE PAYMENTS WERE MADE DURING THE YEAR TO THE FOLLOWING LISTED PERSONS IN PART VII: MICHAEL BERNSTEIN - \$98,763
Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan	The following individuals listed in Form 990, Part VII received distributions from a supplemental non-qualified retirement plan: Robert Millen - \$3,340,072 and Michael Bernstein - \$1,294,731. Eligible executives listed in the Form 990, Part VII participate in a supplemental non-qualified plan. These arrangements are an industry standard and are unfunded. Due to the substantial risk of forfeiture provision, there is no guarantee that these officers will ever receive these benefits. Amounts for these arrangements are included in the deferred compensation amount.
Schedule J, Part I, Line 7 Non-fixed payments	Incentive bonuses are calculated using an objective formula that includes clinical quality, patient, physician and employee satisfaction, and financial items. Minor modifications to increase or decrease incentive payments, within the maximum amount established for each position, may be made based on individual performance and accountabilities. In addition, one-time bonuses may be awarded to recognize exemplary performance. All payments are examined for reasonableness and are reviewed and approved by either the Executive Compensation Committee (for disqualified persons) or through management and the company's human resources function (for non-disqualified persons).

Additional Data

Software ID: 17005876
Software Version: 2017v2.2
EIN: 31-4394942
Name: OhioHealth Corporation

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 Blom David P	(i)	1,192,366	1,557,980	32,680	1,279,329	22,096	4,084,450	0
President/CEO/Board - OhioHealth	(ii)	0	0	0	0	0	0	0
1 Wehl J Todd DO	(i)	0	0	0	0	0	0	0
Board - OhioHlth (End 12/17)	(ii)	239,042	8,892	984	23,406	14,464	286,787	0
2 Romanelli Vincent MD	(i)	0	0	0	0	0	0	0
OhioHlth Board (Start 1/18)	(ii)	477,991	55,156	19,158	82,145	14,385	648,835	0
3 Millen Robert P	(i)	0	0	3,340,072	0	0	3,340,072	3,340,072
FRM Executive VP & COO (End 12/14)	(ii)	0	0	0	0	0	0	0
4 Pandora II Frank T Esq	(i)	0	0	229,929	13,719	0	243,648	229,929
FRM Sr VP & General Counsel (End 1/14)	(ii)	0	0	0	0	0	0	0
5 Louge Michael W	(i)	921,437	932,308	17,781	619,506	26,940	2,517,972	0
Executive VP & COO	(ii)	0	0	0	0	0	0	0
6 Yates Vinson M	(i)	601,723	506,534	26,416	231,729	22,013	1,388,414	0
Sr Vice President & CFO	(ii)	0	0	0	0	0	0	0
7 Bernstein Michael S	(i)	0	0	1,396,934	0	2,200	1,399,134	1,396,934
FRM Sr VP & CSO (end 9/15)	(ii)	0	0	0	0	0	0	0
8 Beckel Johnni C	(i)	457,951	422,570	24,814	197,024	26,940	1,129,298	0
Sr VP Chief HR Officer	(ii)	0	0	0	0	0	0	0
9 Hanly Donna L	(i)	437,341	286,809	40,000	144,655	20,736	929,540	0
Sr VP Chief Nursing Executive	(ii)	0	0	0	0	0	0	0
10 Markovich Stephen E MD	(i)	687,771	607,864	25,904	328,876	26,940	1,677,355	0
Sr VP Acute Care Operations	(ii)	0	0	0	0	0	0	0
11 Meldrum Terri W Esq	(i)	346,172	209,300	4,146	66,323	27,360	653,300	0
Sr VP & General Counsel	(ii)	0	0	0	0	0	0	0
12 Morrison Karen J	(i)	456,563	387,217	27,281	156,469	27,140	1,054,671	0
Sr VP Ext Aff	(ii)	0	0	0	0	0	0	0
13 Quinn Jessica L	(i)	374,429	322,672	22,693	26,444	29,781	776,020	0
Sr VP Chief Compliance Officer	(ii)	0	0	0	0	0	0	0
14 Vanderhoff Bruce MD	(i)	683,045	573,798	24,557	233,773	26,940	1,542,113	0
Sr VP and Chief Medical Officer OhioHealth	(ii)	0	0	0	0	0	0	0
15 Hagen Bruce P	(i)	509,894	374,676	31,867	70,267	22,398	1,009,103	0
President MGH	(ii)	0	0	0	0	0	0	0
16 Herbert-Sinden Cheryl L	(i)	439,015	370,430	28,925	223,649	21,731	1,083,750	0
Sr VP Regional Operations	(ii)	0	0	0	0	0	0	0
17 Krouse Michael T	(i)	507,262	467,106	24,257	228,450	26,940	1,254,015	0
SR VP Chief Information Officer	(ii)	0	0	0	0	0	0	0
18 Thornhill Hugh A	(i)	412,286	421,988	25,874	149,626	27,940	1,037,714	0
President OPG	(ii)	0	0	0	0	0	0	0
19 VanLaningham Nathan B	(i)	506,150	424,960	23,605	18,437	24,821	997,973	0
Sr VP of Finance (End 2/18)	(ii)	0	0	0	0	0	0	0

Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

OMB No 1545-0047

2017

Open to Public Inspection

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**
 ▶ **Attach to Form 990.**
 ▶ **Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.**

Department of the Treasury
 Internal Revenue Service
 Name of the organization
 OhioHealth Corporation

Employer identification number
 31-4394942

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A County of Franklin Ohio	31-6400067	3531866P9	02-25-2009	165,800,000	To Refund Series 2006, issued on 5/10/06		X		X		X
B County of Franklin Ohio	31-6400067	3531868A0	06-23-2011	320,668,797	Refund Series 2008A, issued 8/1/08 and Series		X		X		X
C County of Franklin Ohio	31-6400067	3531863Q0	11-05-2003	27,755,000	To Refund Series 2000A, issued on 1/27/00		X		X		X
D County of Franklin Ohio	31-6400067	353187BR7	05-01-2013	246,455,971	To Refund Series 2003C, issued on 11/05/2003 and		X		X		X

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired			8,735,000		18,635,000		22,330,000	
2	Amount of bonds legally defeased								
3	Total proceeds of issue	165,800,000		320,668,797		27,755,000		246,455,971	
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	1,195,000		2,122,360		211,270			
8	Credit enhancement from proceeds					6,710			
9	Working capital expenditures from proceeds			13,336,000					
10	Capital expenditures from proceeds			102,764,000				130,925,971	
11	Other spent proceeds	164,605,000		202,446,437		27,537,020		115,530,000	
12	Other unspent proceeds								
13	Year of substantial completion	2009		2013		2003		2015	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X		X		X		X	
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X				X
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X	X				X	

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X		X				X	
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?		X		X				X
c Are there any research agreements that may result in private business use of bond-financed property?		X		X				X
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0 %		0 8 %				0 1 %
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		0 %						0 %
6 Total of lines 4 and 5		0 %		0 8 %		0 %		0 1 %
7 Does the bond issue meet the private security or payment test?		X		X				X
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				X
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X				X	

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X		X		X		X
b Exception to rebate?	X		X			X	X	
c No rebate due?		X		X	X			X
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X		X		X			X
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
Schedule K, Part I Bond Issues	(a) Issuer Name County of Franklin, Ohio (f) Description of Purpose -Refund Series 2008A, issued 8/1/08 and Series 2001 issued 9/1/01 (a) Issuer Name County of Franklin, Ohio (f) Description of Purpose -To Refund Series 2003C, issued on 11/05/2003 and new construction

Return Reference	Explanation
Schedule K, Part I, Column (e)	Form 8038 for the bonds erroneously presented the issue price for the bonds as \$27,755,533, but the correct value is \$27,755,000

Return Reference	Explanation
Schedule K, Part II, Line 9 Swap Agreement	The amount shown is a payment to terminate a swap agreement, such amount constitutes an extraordinary working capital expenditure

Return Reference	Explanation
Schedule K, Part IV, Line 2c Arbitrage	(a) Issuer Name County of Franklin, Ohio Date the Rebate Computation was Performed 11/04/2008

Schedule K (Form 990)
 Department of the Treasury
 Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds
 ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
 ▶ Attach to Form 990.
 ▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2017
Open to Public Inspection

Name of the organization
 OhioHealth Corporation

Employer identification number
 31-4394942

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A County of Franklin Ohio	31-6400067	353187CR6	06-23-2015	299,999,256	Acquisition, Construction, Installation and Equipping of certain hospital facilities		X		X		X

Part II Proceeds

	A	B	C	D
1 Amount of bonds retired	3,230,000			
2 Amount of bonds legally defeased				
3 Total proceeds of issue	299,999,256			
4 Gross proceeds in reserve funds				
5 Capitalized interest from proceeds				
6 Proceeds in refunding escrows				
7 Issuance costs from proceeds				
8 Credit enhancement from proceeds				
9 Working capital expenditures from proceeds				
10 Capital expenditures from proceeds	299,999,256			
11 Other spent proceeds				
12 Other unspent proceeds				
13 Year of substantial completion	2015			
	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?		X		
15 Were the bonds issued as part of an advance refunding issue?		X		
16 Has the final allocation of proceeds been made?	X			
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X			

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X						

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %							
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %							
6 Total of lines 4 and 5	0 %							
7 Does the bond issue meet the private security or payment test?		X						
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X							

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X						
b Exception to rebate?	X							
c No rebate due?		X						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X						
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the requirements of section 148?	X							

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X							

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

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

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization OhioHealth Corporation	Employer identification number 31-4394942
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Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)
 Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

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

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

Part II Loans to and/or From Interested Persons.
 Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(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) Gregory E Morrison MD	Spouse of Key Employee (Karen Morrison)	380,411	Comp/Ben - Spouse is employed at OhioHealth Corporation and receives compensation		No
(2) Megan Kindred	Sister of Trustee/Board Member (Chip Root)	105,557	COMP/BEN - SISTER IS EMPLOYED AT RIVERSIDE METHODIST HOSPITAL AND RECEIVES COMPENSATION		No
(3) Rachael Bolmida	Granddaughter of Director (Rev Dr Norman E DeWire)	41,616	Comp/Ben - Granddaughter is employed by Riverside Methodist Hospital and receives compensation		No
(4) RUTH HOLZAPFEL	SISTER OF OFFICER/DIRECTOR (DAVID P BLOM)	37,880	COMP/BEN - SISTER IS EMPLOYED AT WESTERVILLE HEALTH CENTER AND RECEIVES COMPENSATION		No
(5) SARAH HANLY	DAUGHTER-IN-LAW OF KEY EMPLOYEE (DONNA HANLY)	33,418	COMP/BEN - DAUGHTER-IN-LAW IS EMPLOYED AT RIVERSIDE METHODIST 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 Business Transactions Involving Interested Persons	Business Transactions Involving Interested Persons (a) Name of Person Gregory E Morrison, M D (b) Relationship Between Interested Person and Organization Spouse of Key Employee (Karen J Morrison) (d) Description of Transaction Comp/Ben - Spouse is employed by OhioHealth Corporation and receives compensation (a) Name of Person Megan Kindred (b) Relationship Between Interested Person and Organization Sister of Trustee /Director (Chip Root) (d) Description of Transaction Comp/Ben - Sister is employed by Riverside Methodist Hospital and receives compensation (a) Name of Person Rachael Bolmida (b) Relationship Between Interested Person and Organization Granddaughter of Director (Rev Dr Norman E DeWire) (d) Description of Transaction Comp/Ben - Granddaughter is employed by Riverside Methodist Hospital and receives compensation (a) Name of Person Ruth Holzapfel (b) Relationship Between Interested Person and Organization Sister of Officer/Director (David P Blom) (d) Description of Transaction Comp/Ben - Sister is employed by Westerville Health Center and receives compensation (A) NAME OF PERSON SARAH HANLY (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION DAUGHTER-IN-LAW OF OFFICER/DIRECTOR (DONNA HANLY) (D) DESCRIPTION OF TRANSACTION COMP/BEN - DAUGHTER-IN-LAW IS EMPLOYED AT RIVERSIDE METHODIST HOSPITAL AND RECEIVES COMPENSATION

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
OhioHealth Corporation

Employer identification number

31-4394942

990 Schedule O, Supplemental Information

Return Reference	Explanation
Doing Business As	OhioHealth Riverside Methodist Hospital OhioHealth Grant Medical Center OhioHealth Doctors Hospital OhioHealth Dublin Methodist Hospital OhioHealth Neighborhood Care OhioHealth Rehabilitation Hospital

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. John P. McConnell, Vice Chair of OhioHealth Corporation, and Kerri B. Anderson, Treasurer of OhioHealth Corporation, 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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	<p>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 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.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15a Process to establish compensation of top management official	<p>The OhioHealth CEO's compensation is set by the Compensation Committee, which is composed of independent and disinterested members of the Board of Directors. The CEO's 2017 base salary and his 2017 total compensation which includes all incentive plans and benefits were estimated to approximate the 77th percentile of a peer group of comparable high performing health systems across the United States. In 2014, OhioHealth implemented an incentive plan to reward achievement of long-term strategic priorities for certain key senior executives. The payout reflects performance over an overlapping three year cycle running concurrently and with a potential payout each year, if earned. The 990 reporting of Compensation Committee approved CEO compensation for 2017 is in alignment with the CEO's tenure, experience and demonstrated level of sustained top quartile performance of OhioHealth. The OhioHealth Corporation's Compensation Committee annually receives a report from its independent executive compensation consultant, which includes third-party comparability data for functionally-similar positions in comparable not-for-profit health systems across the United States. The annual report to the OhioHealth Corporation's Compensation Committee, completed each fall, includes market analyses for base salaries, total cash compensation, benefits and perquisites, and aggregate total compensation values for the Chief Executive Officer, Executive Vice Presidents, Senior Vice Presidents and Entity Presidents, to support OhioHealth's qualification for the rebuttable presumption of reasonableness. The OhioHealth Corporation's Compensation Committee reviews and approves each executive's compensation, based on performance and the compensation philosophy, and rationale for the Committee's decisions is documented in meeting minutes.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15b Process to establish compensation of other employees	With respect to non-disqualified positions, compensation for related organization 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

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 VIII, Line 11d Other Miscellaneous Revenue	All Other Revenue - Total Revenue 115935033, Related or Exempt Function Revenue 11559542 4, Unrelated Business Revenue 339609, Revenue Excluded from Tax Under Sections 512, 513, or 514 , Parking Revenue - Total Revenue 1365277, Related or Exempt Function Revenue 13 65277, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 ,

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IX, Line 11g Other Fees	Intercompany Purchased Services - Total Expense 92315532, Program Service Expense 738431 94, Management and General Expenses 18472338, Fundraising Expenses , Medical Services - Total Expense 67332921, Program Service Expense 67332921, Management and General Expense s , Fundraising Expenses , Physician Fees - Total Expense 45746928, Program Service Exp ense 45746928, Management and General Expenses , Fundraising Expenses , Lab Fees - Tota l Expense 14385442, Program Service Expense 14385442, Management and General Expenses , Fundraising Expenses , Consulting Fees - Total Expense 15259717, Program Service Expens e 12206248, Management and General Expenses 3053469, Fundraising Expenses , Other - Tot al Expense 41167562, Program Service Expense 32929933, Management and General Expenses 8237629, Fundraising Expenses ,

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	Intercompany Fund Balance Transfers - -107038048, Pension Related Charges - -16336783, Change in Fair Value of Interest Rate Swap - 11102854, Net Assets Released From Restriction F or PP&E - 3604657, Transfers to Related Organizations - 308733, Other - -23556402,

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 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.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2017

**Open to Public
Inspection**

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
- ▶ Attach to Form 990.
- ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization
OhioHealth Corporation

Employer identification number

31-4394942

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.

See Additional Data Table

(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

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 180 East Broad Street Columbus, OH 432153707 31-1119936	Administrative Services	OH	OhioHealth Corporation	C Corporation	712,440	32,211,404	100 %		No
(2) HardinCare Inc 921 East Franklin Street Kenton, OH 43326 34-1492617	Property Management	OH	NA	C Corporation	4,419	877,172	100 %		No
(3) Intel Health Svcs Ins Co (SPC) Ltd PO Box 1051 Governors Square Grand Cayman 11102 CJ 98-1288216	Insurance/Reinsurance	CJ	OhioHealth Corporation	C Corporation	5,689,438	65,702,397	100 %		No

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

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

		Yes	No
1 During the tax year, did the 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		No
b	Gift, grant, or capital contribution to related organization(s)		No
c	Gift, grant, or capital contribution from related organization(s)	Yes	
d	Loans or loan guarantees to or for related organization(s)		No
e	Loans or loan guarantees by related organization(s)		No
f	Dividends from related organization(s)	Yes	
g	Sale of assets to related organization(s)		No
h	Purchase of assets from related organization(s)		No
i	Exchange of assets with related organization(s)		No
j	Lease of facilities, equipment, or other assets to related organization(s)		No
k	Lease of facilities, equipment, or other assets from related organization(s)	Yes	
l	Performance of services or membership or fundraising solicitations for related organization(s)	Yes	
m	Performance of services or membership or fundraising solicitations by related organization(s)		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		No
o	Sharing of paid employees with related organization(s)		No
p	Reimbursement paid to related organization(s) for expenses	Yes	
q	Reimbursement paid by related organization(s) for expenses	Yes	
r	Other transfer of cash or property to related organization(s)	Yes	
s	Other transfer of cash or property from related organization(s)	Yes	

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

See Additional Data Table

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

Part VII **Supplemental Information**

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

Additional Data

Software ID: 17005876
Software Version: 2017v2.2
EIN: 31-4394942
Name: OhioHealth Corporation

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
DH Ventures Ltd 180 East Broad Street Columbus, OH 432153707 31-1686358	Holding Company	OH	0	0	OhioHealth Corporation
CG Broad Norton LLC 180 East Broad Street Columbus, OH 432153707 26-1564783	Real Estate Holding Company	OH	0	243,155	OhioHealth Corporation
OhioHealth Medical Specialty Foundation LLC 180 East Broad Street Columbus, OH 432153707 26-1210223	Holding Company	OH	0	0	OhioHealth Corporation
OhioHealth Hospital Management Services 180 East Broad Street Columbus, OH 432153707 30-0632745	Hospital Management Services	OH	0	0	OhioHealth Corporation
OHIOHEALTH EMPLOYER SERVICES LLC 180 East Broad Street Columbus, OH 432153707 45-2651557	HEALTH AND WELLNESS SERVICES	OH	-7,710,082	5,954,590	OhioHealth Corporation
OhioHealth Urgent Care LLC 180 East Broad Street Columbus, OH 432153707 27-3371022	Urgent Care Services	OH	-1,256,409	4,631,818	OhioHealth Corporation
Marion Practices LLC 180 East Broad Street Columbus, OH 432153707 45-5500349	Holding Company	OH	0	0	OhioHealth Corporation
Marion Area Physicians LLC 180 East Broad Street Columbus, OH 432153707 80-0835324	Physician Practices	OH	0	13,681,969	OhioHealth Corporation
OhioHealth Innovation Development Fund 180 East Broad Street Columbus, OH 432153707	Research and Development	OH	583,246	1,477,846	OhioHealth Corporation
OhioHealth Group Ltd 155 East Broad Street Columbus, OH 43215 31-1446804	Managed Health Care	OH	-10,169,421	10,510,703	OhioHealth Corporation
GRANT FSED LLC 180 EAST BROAD STREET COLUMBUS, OH 43215 82-3013820	FREE-STANDING EMERGENCY DEPARTMENTS	OH	9,272,175	32,517,854	OHIOHEALTH CORPORATION
OHIOHEALTH VENTURE LLC 180 EAST BROAD STREET COLUMBUS, OH 43215 82-1673003	HEALTH NETWORK	OH	0	0	OHIOHEALTH CORPORATION

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(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
1000 McKinley Park Drive Marion, OH 43302 31-1070877	Health Care	OH	501(c)(3)	3	OhioHealth Corporation	Yes	
561 West Central Avenue Delaware, OH 43015 31-4379436	Health Care	OH	501(c)(3)	3	OhioHealth Corporation	Yes	
921 East Franklin Street Kenton, OH 43326 34-4440479	Health Care	OH	501(c)(3)	3	OhioHealth Corporation	Yes	
921 East Franklin Street Kenton, OH 43326 31-1414276	Foundation	OH	501(c)(3)	9	Hardin Memorial Hospital	Yes	
921 East Franklin Street Kenton, OH 43326 34-1521537	Foundation	OH	501(c)(3)	11	Hardin Memorial Hospital	Yes	
180 East Broad Street Columbus, OH 432153707 31-1351965	Health Care	OH	501(c)(3)	9	OhioHealth Corporation	Yes	
180 East Broad Street Columbus, OH 432153707 23-7446919	Foundation	OH	501(c)(3)	11	OhioHealth Corporation	Yes	
180 East Broad Street Columbus, OH 432153707 31-1372702	Health Care	OH	501(c)(3)	9	OhioHealth Corporation	Yes	
180 East Broad Street Columbus, OH 432153707 31-1417595	Health Care	OH	501(c)(3)	9	HomeReach	Yes	
180 East Broad Street Columbus, OH 432153707 31-6059784	Research	OH	501(c)(3)	11	OhioHealth Corporation	Yes	
180 East Broad Street Columbus, OH 432153707 31-1206071	Property Management	OH	501(c)(2)		OhioHealth Corporation	Yes	
55 Hospital Drive Athens, OH 45701 31-4446959	Health Care	OH	501(c)(3)	3	OhioHealth Corporation	Yes	
335 Glessner Avenue Mansfield, OH 44906 34-0714456	Health Care	OH	501(c)(3)	3	OhioHealth Corporation	Yes	
s Inc 444 West Union Street Athens, OH 45701 31-1045101	Hospice and Health Services	OH	501(c)(3)	9	Sheltering Arms Foundation	Yes	

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) 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	
OhioHealth Sleep Services LLC 6185 Huntley Road Ste B Columbus, OH 43229 20-1547399	Physician Practice	OH	OhioHealth Corporation	Related	1,297,508	2,444,943		No			No	73.2 %
Polaris Surgery Center LLC 6200 Cleveland Avenue Columbus, OH 43231 20-8074623	Medical Services	OH	OhioHealth Corporation	Related	9,160,203	5,265,617		No		Yes		52.4 %
Grant Scope Center LLC 180 East Broad Street Columbus, OH 43215 26-0765486	Endoscopy Services	OH	OhioHealth Corporation	Related	1,727,304	1,055,247		No			No	50 %
O'Bleness Memorial Pain Management LLC 55 Hospital Drive Athens, OH 45701 45-4587317	Medical Services	OH	NA	N/A	0	0						
Athens Surgery Center 75 Hospital Drive Athens, OH 45701 55-0840856	Medical Services	OH	NA	N/A	0	0						
OhioHealth Rehabilitation Hospital LLC 4714 Gettysburg Road Mechanicsburg, PA 17055 46-2458436	Medical Services	PA	OhioHealth Corporation	Related	3,529,149	4,871,396		No			No	51 %
Westerville Endoscopy Center LLC 700 East Broad Street Columbus, OH 43214 46-2755661	Endoscopy Services	OH	OhioHealth Corporation	Related	1,928,896	1,168,305		No		Yes		50 %
Upper Arlington Medical Limited Partnership 180 East Broad Street Columbus, OH 43215 31-1472667	Medical Services	OH	OhioHealth Corporation	Related	114,001	883,722		No			No	47.82 %
GROVE CITY SURGERY CENTER LLC 180 E BROAD ST COLUMBUS, OH 43215 81-2096173	MEDICAL SERVICES	OH	OHIOHEALTH CORPORATION	Related	-4,515	3,721,592		No			No	50.3 %

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	7,011,840	ACTUAL AMOUNT PAID
HOSPITAL PROPERTIES INC	L	159,836	ACTUAL AMOUNT PAID
HOSPITAL PROPERTIES INC	Q	2,075,797	ACTUAL AMOUNT PAID
HOSPITAL PROPERTIES INC	R	58,918,158	ACTUAL AMOUNT PAID
HOSPITAL PROPERTIES INC	S	9,860,845	ACTUAL AMOUNT PAID
OHIOHEALTH SLEEP SERVICES	S	5,393,908	ACTUAL AMOUNT PAID
OHIOHEALTH PHYSICIAN GROUP INC	S	72,988,712	ACTUAL AMOUNT PAID
GRADY MEMORIAL HOSPITAL	R	874,841	ACTUAL AMOUNT PAID
MEDCENTRAL HEALTH SYSTEM	R	118,152,009	ACTUAL AMOUNT PAID
HOMEREACH HOMECARE	R	578,612	ACTUAL AMOUNT PAID
OHIOHEALTH FOUNDATION	R	4,744,757	ACTUAL AMOUNT PAID
HARDIN MEMORIAL HOSPITAL	R	1,560,347	ACTUAL AMOUNT PAID
HARDIN HOSPITAL FOUNDATION	S	91,480	ACTUAL AMOUNT PAID
MARION GENERAL HOSPITAL	R	29,704,833	ACTUAL AMOUNT PAID
OHIOHEALTH RESEARCH INSTITUTE	S	948,877	ACTUAL AMOUNT PAID
OHIOHEALTH STAR CORPORATION	S	533,138	ACTUAL AMOUNT PAID
SHELTERING ARMS HOSPITAL FOUNDATION	R	1,042,807	ACTUAL AMOUNT PAID
INTEL HEALTH SERVICES INSURANCE CO (SPC) LTD	S	4,382,733	ACTUAL AMOUNT PAID
OHIO ORTHOPEDIC SURGERY INSTITUTE	F	11,017,489	ACTUAL AMOUNT PAID
POLARIS SURGERY CENTER	F	9,164,960	ACTUAL AMOUNT PAID
OHIOHEALTH SLEEP SERVICES	F	1,107,205	ACTUAL AMOUNT PAID
UPPER ARLINGTON MEDICAL LIMITED PARTNERSHIP	F	229,593	ACTUAL AMOUNT PAID
OHIOHEALTH SLEEP SERVICES LLC	Q	85,091	ACTUAL AMOUNT PAID
GROVE CITY SURGERY CENTER LLC	Q	61,920	ACTUAL AMOUNT PAID
OHIOHEALTH REHABILITATION HOSPITAL LLC	Q	106,092	ACTUAL AMOUNT PAID

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
OHIOHEALTH REHABILITATION HOSPITAL LLC	F	3,339,327	ACTUAL AMOUNT PAID
INTEL HEALTH SERVICES INSURANCE CO (SPC) LTD	P	1,022,246	ACTUAL AMOUNT PAID
OHIOHEALTH FOUNDATION	C	3,662,433	ACTUAL AMOUNT PAID