

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

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
Do not enter social security numbers on this form as it may be made public  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047  
**2018**  
Open to Public Inspection

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

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

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

**D** Employer identification number: 31-4394942  
**E** Telephone number: (614) 544-4052  
**G** Gross receipts \$ 16,476,329,942

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

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list (see instructions)  
**H(c)** Group exemption number: 3858

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) ◀(insert no )  4947(a)(1) or  527

**J** Website: www.ohiohealth.com

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: 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

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	21
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	15
<b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a)	25,288
<b>6</b> Total number of volunteers (estimate if necessary)	1,566
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	-5,225,627
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	0

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	3,662,434	1,667,660
<b>9</b> Program service revenue (Part VIII, line 2g)	2,644,777,026	2,802,489,288
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	214,980,307	215,341,393
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	355,094,247	368,524,132
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,218,514,014	3,388,022,473
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,258,214	1,544,992
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,462,664,318	1,556,924,996
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶0		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,226,872,661	1,287,490,429
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	2,690,795,193	2,845,960,417
<b>19</b> Revenue less expenses Subtract line 18 from line 12	527,718,821	542,062,056

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	6,041,910,640	6,976,053,473
<b>21</b> Total liabilities (Part X, line 26)	1,883,085,067	2,277,032,720
<b>22</b> Net assets or fund balances Subtract line 21 from line 20	4,158,825,573	4,699,020,753

**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: 2020-05-14  
 MIKE P BROWNING SR VP AND CFO  
 Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name: Preparer's signature: Date: Check  if self-employed PTIN: P01222873  
 Firm's name ▶ Deloitte Tax LLP Firm's EIN ▶ 86-1065772  
 Firm's address ▶ 111 Monument Circle Suite 4200 Indianapolis, IN 462045108 Phone no (317) 464-8600

**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 \$ 1,685,278,608 including grants of \$ 1,544,992 ) (Revenue \$ 2,803,673,416 )  
See Additional Data

**4b** (Code ) (Expenses \$ 579,834,781 including grants of \$ ) (Revenue \$ 345,419,099 )  
See Additional Data

**4c** (Code ) (Expenses \$ 72,550,092 including grants of \$ ) (Revenue \$ 14,086,172 )  
See Additional Data

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

**4e Total program service expenses** ▶ 2,337,663,481

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Question text, and Yes/No response columns. Rows include questions 1 through 22 regarding organizational requirements and reporting.

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

		Yes	No
<b>23</b>	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> . . . . .	23	Yes
<b>24a</b>	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> . . . . .	24a	Yes
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	24b	No
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	24c	No
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	24d	No
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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> . . . . .	25a	No
<b>b</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> . . . . .	25b	No
<b>26</b>	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> . . . . .	26	No
<b>27</b>	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> . . . . .	27	No
<b>28</b>	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)		
<b>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a	No
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b	Yes
<b>c</b>	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> . . . . .	28c	No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	29	No
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30	No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31	No
<b>32</b>	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> . . . . .	32	No
<b>33</b>	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> . . . . .	33	Yes
<b>34</b>	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> . . . . .	34	Yes
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes
<b>b</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> . . . . .	35b	Yes
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	36	Yes
<b>37</b>	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>	37	No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .	1a	1,447
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	1b	0
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	1c	Yes

<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .	<b>2a</b>	25,288			
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>2b</b>	Yes			
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . .	<b>3a</b>	Yes			
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . .	<b>3b</b>	Yes			
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . .	<b>4a</b>	Yes			
<b>b</b> If "Yes," enter the name of the foreign country ▶CJ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)					
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .	<b>5a</b>		No		
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>		No		
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .	<b>5c</b>				
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	<b>6a</b>		No		
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>6b</b>				
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>					
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .	<b>7a</b>		No		
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<b>7b</b>				
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	<b>7c</b>	Yes			
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7d</b>				
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>		No		
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .	<b>7f</b>		No		
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	<b>7g</b>				
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	<b>7h</b>				
<b>8 Sponsoring organizations maintaining donor advised funds.</b>					
Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .	<b>8</b>				
<b>9a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . .	<b>9a</b>				
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	<b>9b</b>				
<b>10 Section 501(c)(7) organizations.</b> Enter					
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>				
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>				
<b>11 Section 501(c)(12) organizations.</b> Enter					
<b>a</b> Gross income from members or shareholders . . . . .	<b>11a</b>				
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . .	<b>11b</b>				
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?					
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>				
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>					
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	<b>13a</b>				
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .	<b>13b</b>				
<b>c</b> Enter the amount of reserves on hand . . . . .	<b>13c</b>				
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	<b>14a</b>		No		
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . .	<b>14b</b>				
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . .	<b>15</b>	Yes			
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O . . . . .	<b>16</b>		No		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response or note to any line in this Part VI



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (21); 1b Enter the number of voting members included in line 1a, above, who are independent (15); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (Yes); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (Yes); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (Yes); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (Yes); b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No)

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

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed; 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply: Own website, Another's website, Upon request (checked), Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records: OHIOHEALTH CORPORATE FINANCE DEPARTMENT 3430 OHIOHEALTH PARKWAY Columbus, OH 43202 (614) 544-4137

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

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

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

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

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

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

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

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

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

Table with columns (A) Name and Title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, and (F) Estimated amount of other compensation.

Summary rows for 1b Sub-Total, 1c Total from continuation sheets to Part VII, Section A, and 1d Total (add lines 1b and 1c).

Section 2: Total number of individuals who received more than \$100,000 of reportable compensation. Includes questions 3, 4, and 5 regarding compensation reporting.

**Section B. Independent Contractors**

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

Table with columns (A) Name and business address, (B) Description of services, and (C) Compensation. Lists contractors like CASS INFORMATION SYSTEMS INC and LIFE INSURANCE CO OF NORTH AMERICA.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 911



**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
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>			
	<b>b</b> Membership dues . . . . .	<b>1b</b>			
	<b>c</b> Fundraising events . . . . .	<b>1c</b>			
	<b>d</b> Related organizations	<b>1d</b>	1,667,660		
	<b>e</b> Government grants (contributions)	<b>1e</b>			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>			
	<b>g</b> Noncash contributions included in lines 1a - 1f \$ _____				
<b>h Total.</b> Add lines 1a-1f . . . . .		1,667,660			

<b>Program Service Revenue</b>			Business Code				
	<b>2a</b> Health and Medical Svc		900099	1,520,284,331	1,520,284,331		
	<b>b</b> Medicare and Medicaid		923130	1,237,612,764	1,237,612,764		
	<b>c</b> Joint Venture Income		621990	44,592,193	49,976,299	-5,384,106	
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue			0	0	0	0
<b>g Total.</b> Add lines 2a-2f . . . . .			2,802,489,288				

<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		105,782,657			105,782,657	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties . . . . .						
	<b>6a</b> Gross rents	(i) Real	(ii) Personal				
		546,237					
	<b>b</b> Less rental expenses	417,908					
	<b>c</b> Rental income or (loss)	128,329	0				
	<b>d</b> Net rental income or (loss) . . . . .			128,329			128,329
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		13,187,015,656	6,175,747				
	<b>b</b> Less cost or other basis and sales expenses	13,079,447,130	4,185,537				
	<b>c</b> Gain or (loss)	107,568,526	1,990,210				
	<b>d</b> Net gain or (loss) . . . . .			109,558,736			109,558,736
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>					
	<b>b</b> Less direct expenses . . . . .	<b>b</b>					
<b>c</b> Net income or (loss) from fundraising events . . . . .							
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>						
<b>b</b> Less direct expenses . . . . .	<b>b</b>						
<b>c</b> Net income or (loss) from gaming activities . . . . .							
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>	5,876,160					
<b>b</b> Less cost of goods sold . . . . .	<b>b</b>	4,256,894					
<b>c</b> Net income or (loss) from sales of inventory . . . . .			1,619,266			1,619,266	
Miscellaneous Revenue	Business Code						
<b>11a</b> Intercompany Admin	900099	190,567,132	190,567,132				
<b>b</b> Cafeteria/Food Service	722210	11,312,765			11,312,765		
<b>c</b> Department Services	812930	3,550,247	3,550,247				
<b>d</b> All other revenue . . . . .		161,346,393	161,187,914	158,479	0		
<b>e Total.</b> Add lines 11a-11d . . . . .		366,776,537					
<b>12 Total revenue.</b> See Instructions . . . . .		3,388,022,473	3,163,178,687	-5,225,627	228,401,753		

**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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>				
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,524,992	1,524,992		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	20,000	20,000		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	18,564,237	3,734,945	14,829,292	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	12,317,681	7,001,497	5,316,184	
<b>7</b> Other salaries and wages	1,084,806,651	856,997,254	227,809,397	
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	50,580,803	39,958,834	10,621,969	
<b>9</b> Other employee benefits	318,043,862	251,254,651	66,789,211	
<b>10</b> Payroll taxes	72,611,762	57,363,292	15,248,470	
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management				
<b>b</b> Legal	4,499,592	3,554,678	944,914	
<b>c</b> Accounting	383,433		383,433	
<b>d</b> Lobbying	329,844		329,844	
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	15,549,399		15,549,399	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	262,194,114	207,133,350	55,060,764	0
<b>12</b> Advertising and promotion	9,697,899	9,697,899		
<b>13</b> Office expenses	78,270,934	61,834,038	16,436,896	
<b>14</b> Information technology	64,339,005	50,827,814	13,511,191	
<b>15</b> Royalties				
<b>16</b> Occupancy	46,321,817	36,594,235	9,727,582	
<b>17</b> Travel	2,888,880	2,282,215	606,665	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	3,415,324	2,698,106	717,218	
<b>20</b> Interest	32,718,178	25,847,361	6,870,817	
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	129,595,219	102,380,223	27,214,996	
<b>23</b> Insurance	22,607,427	17,859,867	4,747,560	
<b>24</b> 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.)				
<b>a</b> Medical Supply Expense	488,586,121	488,586,121		
<b>b</b> Repair & Maintenance	40,663,953	32,124,523	8,539,430	
<b>c</b> Medicaid Tax Expense	37,454,613	37,454,613		
<b>d</b> Maintenance & Service	14,442,755	14,442,755		
<b>e</b> All other expenses	33,531,922	26,490,218	7,041,704	0
<b>25</b> Total functional expenses. Add lines 1 through 24e	2,845,960,417	2,337,663,481	508,296,936	0
<b>26</b> 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
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	24,429	<b>1</b>	22,548
	<b>2</b> Savings and temporary cash investments . . . . .	68,903,321	<b>2</b>	132,009,364
	<b>3</b> Pledges and grants receivable, net . . . . .	0	<b>3</b>	0
	<b>4</b> Accounts receivable, net . . . . .	275,763,998	<b>4</b>	287,323,192
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .	0	<b>5</b>	0
	<b>6</b> 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 . . . . .		<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	49,644,260	<b>7</b>	84,158,621
	<b>8</b> Inventories for sale or use . . . . .	42,538,485	<b>8</b>	43,014,612
	<b>9</b> Prepaid expenses and deferred charges . . . . .	54,463,932	<b>9</b>	55,011,934
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	<b>10a</b> 2,184,599,443		
	<b>b</b> Less accumulated depreciation	<b>10b</b> 1,176,857,505	988,165,240	<b>10c</b> 1,007,741,938
	<b>11</b> Investments—publicly traded securities . . . . .	2,340,780,461	<b>11</b>	2,749,574,105
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .	1,668,301,651	<b>12</b>	1,909,661,037
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .	44,564,172	<b>13</b>	56,999,312
	<b>14</b> Intangible assets . . . . .	40,426,160	<b>14</b>	40,341,116
	<b>15</b> Other assets See Part IV, line 11 . . . . .	468,334,531	<b>15</b>	610,195,694
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	6,041,910,640	<b>16</b>	6,976,053,473	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	351,795,297	<b>17</b>	401,350,179
	<b>18</b> Grants payable . . . . .	0	<b>18</b>	0
	<b>19</b> Deferred revenue . . . . .	2,348,836	<b>19</b>	1,005,615
	<b>20</b> Tax-exempt bond liabilities . . . . .	1,025,886,361	<b>20</b>	1,279,954,788
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D . . . . .	0	<b>21</b>	0
	<b>22</b> 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	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0	<b>23</b>	0
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>24</b>	0
	<b>25</b> 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 . . . . .	503,054,573	<b>25</b>	594,722,138
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	1,883,085,067	<b>26</b>	2,277,032,720
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	4,158,825,573	<b>27</b>	4,699,020,753
	<b>28</b> Temporarily restricted net assets . . . . .	0	<b>28</b>	
	<b>29</b> Permanently restricted net assets	0	<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .	0	<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .	0	<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds	0	<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	4,158,825,573	<b>33</b>	4,699,020,753	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	6,041,910,640	<b>34</b>	6,976,053,473	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	3,388,022,473
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	2,845,960,417
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	542,062,056
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	4,158,825,573
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	115,296,023
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-117,162,899
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	4,699,020,753

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>	Yes	
<b>3b</b>	Yes	

## Additional Data

**Software ID:** 18007697

**Software Version:** 2018v3.1

**EIN:** 31-4394942

**Name:** OhioHealth Corporation

Form 990 (2018)

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### **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, Grove City Methodist Hospital, OhioHealth Berger 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.

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**Form 990, Part III, Line 4b:**

In fiscal year 2019 (July 1, 2018 through June 30, 2019), OhioHealth, with its member hospitals and homecare organizations, provided charity care and community benefit programs to a great degree. In total, OhioHealth provided \$449.9 million in charity care and community benefit programs and services reaching hundreds of thousands of people in the communities we serve. Of this total, \$293.1 million was provided by the hospitals of OhioHealth Corporation (Riverside Methodist Hospital, Grant Medical Center, Doctors Hospital, Dublin Methodist Hospital, Grove City Methodist Hospital, OhioHealth Berger 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.

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**Form 990, Part III, Line 4c:**

OhioHealth is teaching the doctors of tomorrow at its teaching hospitals. Together, Riverside Methodist Hospital, Grant Medical Center, and Doctors Hospital trained 288 residents at a cost of \$72.6 million. These residents performed services to produce offsetting revenue of \$14.1 million for a net community benefit of \$58.5 million.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Akins Nicholas Vice Chair - OhioHlth (Start 7/18)	10 ..... 30	X		X				0	0	0
Anderson Kerri B Treasurer Board - OhioHlth	10 ..... 30	X		X				0	0	0
Blom David P President/CEO/Board - OhioHealth	400 ..... 140	X		X				2,991,550	0	1,728,105
Dewire Rev Dr Norman E Secretary Board - OhioHlth	10 ..... 30	X		X				0	0	0
McConnell John P Chair - OhioHlth (Start 7/18)	10 ..... 40	X		X				0	0	0
Rasmussen Steven Chair Ementus - OhioHlth	10 ..... 40	X		X				0	0	0
Cook Karen Rev Board - OhioHlth	10 ..... 30	X						0	0	0
Crane Tanny Board - OhioHlth	10 ..... 40	X						0	0	0
Haas Robert S PhD Board - OhioHlth	10 ..... 40	X						0	0	0
Hamrock Joe Board - OhioHlth	10 ..... 30	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			
Ingram Lisa Board - OhioHlth	10 ..... 30	X						0	0	0
James Donna Board - OhioHlth	10 ..... 30	X						0	0	0
Melillo Jason MD Board - OhioHlth	40 ..... 30	X						119,851	0	877
Palmer Bishop Gregory Board - OhioHlth	10 ..... 30	X						0	0	0
Root Chip Board - OhioHlth	10 ..... 50	X						0	0	0
Watson Pete Board - OhioHlth	10 ..... 30	X						0	0	0
Walter Matt Board - OhioHlth	10 ..... 30	X						0	0	0
Romanelli Vincent MD OhioHlth Board	10 ..... 430	X						0	573,375	42,317
Casey John DO OhioHlth Board	40 ..... 30	X						73,965	0	40
Eichinger David Board - OHIOHLTH (Start 7/18)	10 ..... 30	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Palma Robert DO Board - OHIOHLTH (Start 7/18)	1 0 ..... 3 0	X						0	0	0
Louge Michael W Executive VP & COO/CFO (Start 8/18, End 6/19)	40 0 ..... 3 0			X				1,906,542	0	685,969
Yates Vinson M Sr Vice President & CFO (End 8/18)	40 0 ..... 13 0			X				1,147,195	0	211,145
Browning Mike P Sr VP and CFO (Start 6/19)	40 0 ..... 14 0			X				0	0	0
Sperling Ronald Interim Sr Vice President & CFO (Start 10/18 through 6/19)	40 0 ..... 14 0			X				180,000	0	0
Beckel Johnni C Sr VP Chief HR Officer	40 0 ..... 0				X			994,389	0	204,660
Markovich Stephen E MD Executive VP	40 0 ..... 3 0				X			1,533,708	0	478,577
Meldrum Terri W Esq Sr VP & General Counsel	40 0 ..... 2 0				X			646,886	0	97,348
Morrison Karen J Sr VP Ext Affairs	20 0 ..... 20 0				X			869,208	0	155,773
Quinn Jessica L Sr VP Chief Compliance Officer	40 0 ..... 0				X			718,824	0	33,681

**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			
Gossett Lisa Sr VP Chief Nursing Executive	40 0 ..... 0				X			413,353	0	69,097
Vanderhoff Bruce MD Sr VP and Chief Medical Officer OhioHealth	40 0 ..... 3 0				X			1,305,781	0	239,594
Weeast James Sr VP Chief Information Officer	40 0 ..... 0				X			338,385	0	66,469
Hanly Donna L Sr VP Chief Nursing Executive (End 7/18)	40 0 ..... 0				X			535,849	0	232,404
Hagen Bruce P President, West Market	40 0 ..... 2 0					X		899,279	0	96,408
Herbert-Sinden Cheryl L Sr VP Regional Operations	40 0 ..... 4 0					X		859,024	0	197,315
Krouse Michael T SR VP & Chief Transformation Officer	40 0 ..... 0					X		1,056,016	0	206,114
Thornhill Hugh A President OPG	40 0 ..... 3 0					X		816,603	0	152,942
Harris-Muller Carrie E Sr VP Population Health	40 0 ..... 0					X		838,060	0	29,534

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

**2018**

**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		
<b>Total</b>						

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)**

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

**Section A. Public Support**

	Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")						
<b>2</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4</b>	<b>Total.</b> Add lines 1 through 3						
<b>5</b>	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)						
<b>6</b>	<b>Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

	Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>7</b>	Amounts from line 4						
<b>8</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b>	Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b>	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )						
<b>11</b>	<b>Total support.</b> Add lines 7 through 10						
<b>12</b>	Gross receipts from related activities, etc (see instructions)					<b>12</b>	

**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**

<b>14</b>	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	
<b>15</b>	Public support percentage for 2017 Schedule A, Part II, line 14	<b>15</b>	

- 16a 33 1/3% support test—2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ►
- b 33 1/3% support test—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ►
- 17a 10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ►
- b 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ►
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ►

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b>	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						
<b>3</b>	Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b>	<b>Total.</b> Add lines 1 through 5						
<b>7a</b>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b>	Add lines 7a and 7b						
<b>8</b>	<b>Public support.</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b>	Amounts from line 6						
<b>10a</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b>	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b>	Add lines 10a and 10b						
<b>11</b>	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13</b>	<b>Total support.</b> (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**

<b>15</b>	Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b>	Public support percentage from 2017 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b>	Investment income percentage for <b>2018</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b>	Investment income percentage from <b>2017</b> Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

		Yes	No
<b>1</b>	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
	<b>1</b>		
<b>2</b>	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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	<b>2</b>		
<b>3a</b>	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	<b>3a</b>		
<b>b</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 <b>Part VI</b> when and how the organization made the determination.		
	<b>3b</b>		
<b>c</b>	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
	<b>3c</b>		
<b>4a</b>	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.		
	<b>4a</b>		
<b>b</b>	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
	<b>4b</b>		
<b>c</b>	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 <b>Part VI</b> 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.		
	<b>4c</b>		
<b>5a</b>	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 <b>Part VI</b> , 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).		
	<b>5a</b>		
<b>b</b>	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	<b>5b</b>		
<b>c</b>	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
	<b>5c</b>		
<b>6</b>	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 <b>Part VI</b> .		
	<b>6</b>		
<b>7</b>	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).		
	<b>7</b>		
<b>8</b>	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).		
	<b>8</b>		
<b>9a</b>	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 <b>Part VI</b> .		
	<b>9a</b>		
<b>b</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 <b>Part VI</b> .		
	<b>9b</b>		
<b>c</b>	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 <b>Part VI</b> .		
	<b>9c</b>		
<b>10a</b>	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.		
	<b>10a</b>		
<b>b</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.)		
	<b>10b</b>		

**Part IV Supporting Organizations** (continued)

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	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>b</b>	A family member of a person described in (a) above?		
<b>c</b>	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
<b>1</b>	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>		
<b>2</b>	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
<b>1</b>	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
<b>1</b>	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?		
<b>2</b>	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>		
<b>3</b>	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**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> )		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b>	Activities Test <b>Answer (a) and (b) below.</b>		
<b>a</b>	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>	Yes	No
<b>b</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>		
<b>3</b>	Parent of Supported Organizations <b>Answer (a) and (b) below.</b>		
<b>a</b>	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>b</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.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by .035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<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)**

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ) See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ) See instructions	
<b>9</b> Distributable amount for 2018 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

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

## Additional Data

**Software ID:** 18007697

**Software Version:** 2018v3.1

**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.  
▶Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047  
  
**2018**  
**Open to Public Inspection**

**If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

**If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

**If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then**

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization OhioHealth Corporation	<b>Employer identification number</b> 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-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B** Check  if the filing organization checked box A and "limited control" provisions apply

**Limits on Lobbying Expenditures**  
 (The term "expenditures" means amounts paid or incurred.)

(a) Filing organization's totals

(b) Affiliated group totals

- 1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)
- b** Total lobbying expenditures to influence a legislative body (direct lobbying)
- c** Total lobbying expenditures (add lines 1a and 1b)
- d** Other exempt purpose expenditures
- e** Total exempt purpose expenditures (add lines 1c and 1d)
- f** Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

- g** Grassroots nontaxable amount (enter 25% of line 1f)
- h** Subtract line 1g from line 1a. If zero or less, enter -0-
- i** Subtract line 1f from line 1c. If zero or less, enter -0-
- j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

 **Yes**  **No**
**4-Year Averaging Period Under section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

	(a)		(b)
	Yes	No	Amount
<b>1</b> 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			
<b>a</b> Volunteers?		No	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
<b>c</b> Media advertisements?		No	
<b>d</b> Mailings to members, legislators, or the public?		No	
<b>e</b> Publications, or published or broadcast statements?		No	
<b>f</b> Grants to other organizations for lobbying purposes?	Yes		223,808
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		106,036
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
<b>i</b> Other activities?		No	
<b>j</b> Total Add lines 1c through 1i			329,844
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year?	<b>3</b>	

**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."**

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year	<b>2a</b>	
<b>b</b> Carryover from last year	<b>2b</b>	
<b>c</b> Total	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b> 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?	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	

**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 D**  
(Form 990)  
  
Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**  
**► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**  
**► Attach to Form 990.**  
**► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No 1545-0047  
**2018**  
**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
<b>1</b> Total number at end of year		
<b>2</b> Aggregate value of contributions to (during year)		
<b>3</b> Aggregate value of grants from (during year)		
<b>4</b> Aggregate value at end of year		
<b>5</b> 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	
<b>6</b> 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	
<b>a</b> Total number of conservation easements	<b>2a</b>	
<b>b</b> Total acreage restricted by conservation easements	<b>2b</b>	
<b>c</b> Number of conservation easements on a certified historic structure included in (a)	<b>2c</b>	
<b>d</b> Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	<b>2d</b>	

**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 |
|--|--------|
| <b>c</b> Beginning balance             |        |
| <b>d</b> Additions during the year     |        |
| <b>e</b> Distributions during the year |        |
| <b>f</b> 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
<b>1a</b> Beginning of year balance . . . . .	53,197,469	46,642,536	42,505,948	44,313,696	43,718,072
<b>b</b> Contributions . . . . .	1,068,655	4,811,105	597,572	560,099	1,795,338
<b>c</b> Net investment earnings, gains, and losses	2,589,780	3,545,425	5,475,004	44,561	1,223,593
<b>d</b> Grants or scholarships . . . . .	136,800	149,150	107,578	54,725	81,203
<b>e</b> Other expenditures for facilities and programs . . . . .	796,563	688,447	739,506	1,505,317	1,305,709
<b>f</b> Administrative expenses . . . . .	1,004,997	964,000	1,088,904	852,366	1,036,395
<b>g</b> End of year balance . . . . .	54,917,544	53,197,469	46,642,536	42,505,948	44,313,696

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 51 1 %
  - b** Permanent endowment ▶ 14 33 %
  - c** Temporarily restricted endowment ▶ 34 57 %
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- |  | Yes | No |
|--|-----|----|
| <b>(i)</b> unrelated organizations . . . . .   |     | No |
| <b>(ii)</b> related organizations . . . . .  | Yes |    |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | 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
<b>1a</b> Land . . . . .		42,072,258		42,072,258
<b>b</b> Buildings . . . . .		899,801,171	420,112,065	479,689,106
<b>c</b> Leasehold improvements		16,683,416	8,192,613	8,490,803
<b>d</b> Equipment . . . . .		1,102,219,359	733,704,081	368,515,278
<b>e</b> Other . . . . .		123,823,239	14,848,746	108,974,493
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				1,007,741,938



**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	1,165,335,916	F
(B) Alternative Investments at NAV	744,325,121	F
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12 )	1,909,661,037	

**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)		
<b>Total.</b> (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	344,291,619
(2) Investment in Subsidiaries and Non-Program Related Joint Ventures	4,176,541
(3) Intercompany Debt from Related Entities	231,787,478
(4) Unamortized Bond Issue Costs	8,556,411
(5) SWAP Asset	3,624
(6) Other	21,380,021
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15 )	610,195,694

**Part X Other Liabilities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
Due to affiliates - loans and notes	363,459,168
Pension liabilities	92,124,847
Deferred long term liabilities	44,460,932
SWAP liabilities	35,025,851
Other liabilities	59,651,340
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25 )	594,722,138

**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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>		
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .		<b>5</b>	

**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.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>		
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .		<b>5</b>	

**Part XIII Supplemental Information**

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
See Additional Data Table	

**Part XIII** Supplemental Information *(continued)*

Return Reference	Explanation

## Additional Data

**Software ID:** 18007697

**Software Version:** 2018v3.1

**EIN:** 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, 2019, 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)**  
  
Department of the Treasury  
Internal Revenue Service

# Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047  
**2018**  
**Open to Public Inspection**

Name of the organization  
OhioHealth Corporation

**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
See Add'l Data					
<b>3a</b> Sub-total	0	1			456,566,731
<b>b</b> Total from continuation sheets to Part I					0
<b>c</b> <b>Totals</b> (add lines 3a and 3b)	0	1			456,566,731

**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)

- 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.

<b>(a)</b> Type of grant or assistance	<b>(b)</b> Region	<b>(c)</b> Number of recipients	<b>(d)</b> Amount of cash grant	<b>(e)</b> Manner of cash disbursement	<b>(f)</b> Amount of non-cash assistance	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Method of valuation (book, FMV, appraisal, other)



**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, don't 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, don't file with Form 990)*  Yes  No

**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

**990 Schedule F, Supplemental Information**

Return Reference	Explanation
Schedule F, Part I, Line 3 CENTRAL AMERICA AND THE CARIBBEAN	THE AMOUNTS SHOWN IN COLUMN (F) FOR INVESTMENT ACTIVITIES IN CENTRAL AMERICA & THE CARIBBEAN REPRESENT INVESTMENTS IN THOSE REGIONS THE AMOUNTS SHOWN AS PROGRAM SERVICE ACTIVITIES FOR CENTRAL AMERICA & THE CARIBBEAN REPRESENT THE TOTAL EXPENDITURES IN THOSE REGIONS

**990 Schedule F, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Schedule F, Part I, Line 3 EUROPE (INCLUDING ICELAND AND GREENLAND)	THE AMOUNTS SHOWN IN COLUMN (F) FOR INVESTMENT ACTIVITIES IN EUROPE (INCLUDING ICELAND AND GREENLAND) REPRESENT INVESTMENTS IN THOSE REGIONS THE AMOUNTS SHOWN AS PROGRAM SERVICE ACTIVITIES IN EUROPE (INCLUDING ICELAND & GREENLAND) REPRESENT THE TOTAL EXPENDITURES IN THOSE REGIONS

**990 Schedule F, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Schedule F, Part I, Line 3 NORTH AMERICA (CANADA & MEXICO ONLY)	THE AMOUNTS SHOWN IN COLUMN (F) FOR INVESTMENT ACTIVITIES IN NORTH AMERICA (CANADA & MEXICO ONLY) REPRESENT INVESTMENTS IN THOSE REGIONS

## Additional Data

**Software ID:** 18007697

**Software Version:** 2018v3.1

**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	278,343
Europe (Including Iceland and Greenland)	0	0	Investments		13,297,953

**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		433,396,261
Europe (Including Iceland and Greenland)	0	0	Program Services	Travel Expenses	37,810

**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		9,556,364

**SCHEDULE H (Form 990)**  
 Department of the Treasury  
 Internal Revenue Service

# Hospitals

OMB No 1545-0047  
**2018**  
 Open to Public Inspection

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**  
 ▶ **Attach to Form 990.**  
 ▶ **Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.**

**Name of the organization**  
 OhioHealth Corporation

**Employer identification number**  
 31-4394942

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

		Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	<b>1a</b>	Yes	
<b>b</b> If "Yes," was it a written policy? . . . . .	<b>1b</b>	Yes	
<b>2</b> 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			
<b>3</b> 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			
<b>a</b> 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 _____ %	<b>3a</b>	Yes	
<b>b</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 _____ %	<b>3b</b>	Yes	
<b>c</b> 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			
<b>4</b> 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"?	<b>4</b>	Yes	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<b>5a</b>	Yes	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	<b>5b</b>		No
<b>c</b> 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?	<b>5c</b>		
<b>6a</b> Did the organization prepare a community benefit report during the tax year?	<b>6a</b>	Yes	
<b>b</b> If "Yes," did the organization make it available to the public?	<b>6b</b>	Yes	
Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.			

**7 Financial Assistance and Certain Other Community Benefits at Cost**

	(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
<b>Financial Assistance and Means-Tested Government Programs</b>						
<b>a</b> Financial Assistance at cost (from Worksheet 1)			78,992,774	0	78,992,774	2 78 %
<b>b</b> Medicaid (from Worksheet 3, column a)			495,739,708	345,014,471	150,725,237	5 30 %
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b)			0	0	0	0 %
<b>d Total</b> Financial Assistance and Means-Tested Government Programs	0	0	574,732,482	345,014,471	229,718,011	8 07 %
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4)			3,182,381	320,474	2,861,907	0 10 %
<b>f</b> Health professions education (from Worksheet 5)			71,914,860	14,086,172	57,828,688	2 03 %
<b>g</b> Subsidized health services (from Worksheet 6)			635,232	0	635,232	0 02 %
<b>h</b> Research (from Worksheet 7)			0	0	0	0 %
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8)			1,919,918	84,154	1,835,764	0 06 %
<b>j Total.</b> Other Benefits	0	0	77,652,391	14,490,800	63,161,591	2 22 %
<b>k Total.</b> Add lines 7d and 7j	0	0	652,384,873	359,505,271	292,879,602	10 29 %



**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			134,623		134,623	0 %
4 Environmental improvements					0	0 %
5 Leadership development and training for community members					0	0 %
6 Coalition building			47,667	47	47,620	0 %
7 Community health improvement advocacy					0	0 %
8 Workforce development			54,646		54,646	0 %
9 Other					0	0 %
<b>10 Total</b>	0	0	236,936	47	236,889	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	109,243,271
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	741,873,056
6 Enter Medicare allowable costs of care relating to payments on line 5.	6	921,401,348
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7	-179,528,292
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** (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 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	58 8 %		41 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 OhioHealth Rehabilitation Hospital LLC	Inpatient and Outpatient Rehabilitation Services	51 %		49 %

**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?

7

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): \_\_\_\_\_

		Yes	No
<b>Community Health Needs Assessment</b>			
<b>1</b>	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
<b>2</b>	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
<b>3</b>	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	
<b>a</b>	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b>	<input checked="" type="checkbox"/> Demographics of the community		
<b>c</b>	<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		
<b>d</b>	<input checked="" type="checkbox"/> How data was obtained		
<b>e</b>	<input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b>	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b>	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b>	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b>	<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)		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>4</b>	Indicate the tax year the hospital facility last conducted a CHNA 20 <u>18</u>		
<b>5</b>	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 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	
<b>6 a</b>	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>b</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	
<b>7</b>	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	
<b>a</b>	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>https://www.ohiohealth.com/in-the-community/</u>		
<b>b</b>	<input type="checkbox"/> Other website (list url) _____		
<b>c</b>	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>8</b>	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	
<b>9</b>	Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>18</u>		
<b>10</b>	Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . . If "Yes" (list url) _____		No
<b>a</b>			
<b>b</b>	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .	Yes	
<b>11</b>	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		
<b>12a</b>	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
<b>12b</b>	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .		
<b>c</b>	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		
<b>13</b>	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	<b>13</b> Yes	
<b>a</b>	<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>b</b>	<input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input type="checkbox"/> Asset level		
<b>d</b>	<input checked="" type="checkbox"/> Medical indigency		
<b>e</b>	<input checked="" type="checkbox"/> Insurance status		
<b>f</b>	<input checked="" type="checkbox"/> Underinsurance discount		
<b>g</b>	<input checked="" type="checkbox"/> Residency		
<b>h</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? . . . . .	<b>14</b> Yes	
<b>15</b>	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)	<b>15</b> Yes	
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</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		
<b>c</b>	<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		
<b>d</b>	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>16</b>	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)	<b>16</b> Yes	
<b>a</b>	<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>b</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>		
<b>c</b>	<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>		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<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)		
<b>f</b>	<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)		
<b>g</b>	<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		
<b>h</b>	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<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		
<b>j</b>	<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
<b>17</b>	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
<b>18</b>	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		
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b>	<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		
<b>d</b>	<input type="checkbox"/> Actions that require a legal or judicial process		
<b>e</b>	<input type="checkbox"/> Other similar actions (describe in Section C)		
<b>f</b>	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<b>19</b>	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
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b>	<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		
<b>d</b>	<input type="checkbox"/> Actions that require a legal or judicial process		
<b>e</b>	<input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b>	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)		
<b>a</b>	<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>b</b>	<input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process		
<b>c</b>	<input checked="" type="checkbox"/> Processed incomplete and complete FAP applications		
<b>d</b>	<input checked="" type="checkbox"/> Made presumptive eligibility determinations		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>f</b>	<input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b>	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
<b>a</b>	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
<b>b</b>	<input type="checkbox"/> The hospital facility's policy was not in writing		
<b>c</b>	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
<b>d</b>	<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
<b>23</b>		No
<b>24</b>		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
<b>1</b>	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
<b>2</b>	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
<b>3</b>	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	
<b>a</b>	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b>	<input checked="" type="checkbox"/> Demographics of the community		
<b>c</b>	<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		
<b>d</b>	<input checked="" type="checkbox"/> How data was obtained		
<b>e</b>	<input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b>	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b>	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b>	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b>	<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)		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>4</b>	Indicate the tax year the hospital facility last conducted a CHNA <u>20 18</u>		
<b>5</b>	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 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	
<b>6 a</b>	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>b</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	
<b>7</b>	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	
<b>a</b>	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>https //www.ohiohealth.com/in-the-community/</u>		
<b>b</b>	<input type="checkbox"/> Other website (list url) _____		
<b>c</b>	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>8</b>	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	
<b>9</b>	Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 18</u>		
<b>10</b>	Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . . If "Yes" (list url) _____		No
<b>a</b>			
<b>b</b>	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .	Yes	
<b>11</b>	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		
<b>12a</b>	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
<b>12b</b>	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .		
<b>c</b>	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		
<b>13</b>	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	<b>13</b> Yes	
<b>a</b>	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>250 0</u> % and FPG family income limit for eligibility for discounted care of <u>400 0</u> %		
<b>b</b>	<input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input type="checkbox"/> Asset level		
<b>d</b>	<input checked="" type="checkbox"/> Medical indigency		
<b>e</b>	<input checked="" type="checkbox"/> Insurance status		
<b>f</b>	<input checked="" type="checkbox"/> Underinsurance discount		
<b>g</b>	<input checked="" type="checkbox"/> Residency		
<b>h</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? . . . . .	<b>14</b> Yes	
<b>15</b>	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)	<b>15</b> Yes	
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</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		
<b>c</b>	<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		
<b>d</b>	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>16</b>	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)	<b>16</b> Yes	
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u><a href="https://www.ohiohealth.com/patients-and-visitors/paying-for-your-care/financial-assistance/">https://www.ohiohealth.com/patients-and-visitors/paying-for-your-care/financial-assistance/</a></u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u><a href="https://www.ohiohealth.com/patients-and-visitors/paying-for-your-care/financial-assistance/">https://www.ohiohealth.com/patients-and-visitors/paying-for-your-care/financial-assistance/</a></u>		
<b>c</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u><a href="https://www.ohiohealth.com/patients-and-visitors/paying-for-your-care/financial-assistance/">https://www.ohiohealth.com/patients-and-visitors/paying-for-your-care/financial-assistance/</a></u>		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<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)		
<b>f</b>	<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)		
<b>g</b>	<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		
<b>h</b>	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<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		
<b>j</b>	<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	
<b>17</b>	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	
<b>18</b>	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			
	<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)			
	<b>b</b> <input type="checkbox"/> Selling an individual's debt to another party			
	<b>c</b> <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			
	<b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process			
	<b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)			
	<b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted			
<b>19</b>	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . .	19		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
	<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)			
	<b>b</b> <input type="checkbox"/> Selling an individual's debt to another party			
	<b>c</b> <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			
	<b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process			
	<b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)			
<b>20</b>	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)			
	<b>a</b> <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>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
	<b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications			
	<b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations			
	<b>e</b> <input type="checkbox"/> Other (describe in Section C)			
	<b>f</b> <input type="checkbox"/> None of these efforts were made			

**Policy Relating to Emergency Medical Care**

<b>21</b>	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . .	21	Yes	
	If "No," indicate why			
	<b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
	<b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing			
	<b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
	<b>d</b> <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
<b>23</b>		No
<b>24</b>		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)

**B**

Name of hospital facility or letter of facility reporting group \_\_\_\_\_

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

		Yes	No
<b>Community Health Needs Assessment</b>			
<b>1</b>	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? . . . . .	Yes	
<b>2</b>	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 . . . . .	Yes	
<b>3</b>	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)		No
<b>a</b>	<input type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b>	<input type="checkbox"/> Demographics of the community		
<b>c</b>	<input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b>	<input type="checkbox"/> How data was obtained		
<b>e</b>	<input type="checkbox"/> The significant health needs of the community		
<b>f</b>	<input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b>	<input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b>	<input type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b>	<input type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>4</b>	Indicate the tax year the hospital facility last conducted a CHNA 20 ____		
<b>5</b>	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 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 . . . . .		
<b>6a</b>	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .		
<b>6b</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 . . . . .		
<b>7</b>	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)		
<b>a</b>	<input type="checkbox"/> Hospital facility's website (list url) _____		
<b>b</b>	<input type="checkbox"/> Other website (list url) _____		
<b>c</b>	<input type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>8</b>	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 . . . . .		
<b>9</b>	Indicate the tax year the hospital facility last adopted an implementation strategy 20 ____		
<b>10</b>	Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . . If "Yes" (list url) _____		
<b>10b</b>	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .		
<b>11</b>	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		
<b>12a</b>	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
<b>12b</b>	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .		
<b>c</b>	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)**

B

**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		
<b>13</b>	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	<b>13</b> Yes	
<b>a</b>	<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>b</b>	<input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input type="checkbox"/> Asset level		
<b>d</b>	<input checked="" type="checkbox"/> Medical indigency		
<b>e</b>	<input checked="" type="checkbox"/> Insurance status		
<b>f</b>	<input checked="" type="checkbox"/> Underinsurance discount		
<b>g</b>	<input checked="" type="checkbox"/> Residency		
<b>h</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? . . . . .	<b>14</b> Yes	
<b>15</b>	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)	<b>15</b> Yes	
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</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		
<b>c</b>	<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		
<b>d</b>	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>16</b>	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)	<b>16</b> Yes	
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u><a href="https://www.ohiohealth.com/patients-and-visitors/paying-for-your-care/financial-assistance/">https://www.ohiohealth.com/patients-and-visitors/paying-for-your-care/financial-assistance/</a></u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u><a href="https://www.ohiohealth.com/patients-and-visitors/paying-for-your-care/financial-assistance/">https://www.ohiohealth.com/patients-and-visitors/paying-for-your-care/financial-assistance/</a></u>		
<b>c</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u><a href="https://www.ohiohealth.com/patients-and-visitors/paying-for-your-care/financial-assistance/">https://www.ohiohealth.com/patients-and-visitors/paying-for-your-care/financial-assistance/</a></u>		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<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)		
<b>f</b>	<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)		
<b>g</b>	<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		
<b>h</b>	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<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		
<b>j</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		

**Part V Facility Information** (continued)

**Billing and Collections**

B

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

		Yes	No
<b>17</b>	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
<b>18</b>	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		
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b>	<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		
<b>d</b>	<input type="checkbox"/> Actions that require a legal or judicial process		
<b>e</b>	<input type="checkbox"/> Other similar actions (describe in Section C)		
<b>f</b>	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<b>19</b>	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
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b>	<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		
<b>d</b>	<input type="checkbox"/> Actions that require a legal or judicial process		
<b>e</b>	<input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b>	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)		
<b>a</b>	<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>b</b>	<input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process		
<b>c</b>	<input checked="" type="checkbox"/> Processed incomplete and complete FAP applications		
<b>d</b>	<input checked="" type="checkbox"/> Made presumptive eligibility determinations		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>f</b>	<input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b>	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
<b>a</b>	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
<b>b</b>	<input type="checkbox"/> The hospital facility's policy was not in writing		
<b>c</b>	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
<b>d</b>	<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)**

B

**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
<b>23</b>		No
<b>24</b>		No

**Part V** Facility Information *(continued)*

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
See Add'l Data	

**Part V** Facility Information *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 73

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 Bad Debt Expense	Accounts receivable for patients, insurance companies, and governmental agencies are based on gross charges, reduced by explicit price concessions provided to third-party payors, discounts provided to qualifying individuals as part of our financial assistance policy, and implicit price concessions provided primarily to self-pay patients. Estimates for explicit price concessions are based on provider contracts, payment terms for relevant prospective payment systems, and historical experience adjusted for economic conditions and other trends affecting the Corporation's ability to collect outstanding amounts. For receivables associated with self-pay patients, which includes both patients without insurance and patients with deductible and copayment balances due for which third-party coverage exists for part of the bill, the Corporation records significant implicit price concessions in the period of service on the basis of its past experience, which indicates that many patients are unable or unwilling to pay the portion of their bill for which they are financially responsible. Patient accounts receivable is based on the estimated transaction price for completed contracts on June 30.
Schedule H, Part III, Line 9b Debt Collection Policy	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.

**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 \$449.9 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, Marion and Pickaway counties that in total includes thirteen hospitals, ambulatory healthcare services, physician clinics, hospice care and other entities in support of the hospital and healthcare services Of those thirteen hospitals, OhioHealth Corporation operates seven hospitals (OhioHealth Riverside Methodist Hospital, OhioHealth Grant Medical Center, OhioHealth Doctors Hospital, OhioHealth Dublin Methodist Hospital, OhioHealth Grove City Methodist Hospital, OhioHealth Berger 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 1,059-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 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 -OhioHealth Grove City Methodist Hospital is a 26-bed facility in Grove City, Ohio with a 16-bay full-service Emergency Department, as well as pharmacy and lab services -OhioHealth Berger Hospital is an 83-bed facility in Circleville, Ohio with a full-service Emergency Department, as well as inpatient and outpatient medical and surgical services</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Schedule H, Part V, Section B Reporting Group Disclosure	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	THE ORGANIZATION USES FEDERAL POVERTY GUIDELINES (FPG) TO DETERMINE ELIGIBILITY FOR FREE OR DISCOUNTED CARE FOR LOW INCOME AND MEDICALLY INDIGENT INDIVIDUALS IN ADDITION TO THE FEDERAL POVERTY GUIDELINES, THE ORGANIZATION USES INCOME LEVEL OF PATIENT AND PATIENT IMMEDIATE FAMILIES, MEDICAL INDIGENCY, INSURANCE STATUS, UNDERINSURANCE STATUS, RESIDENCY, AND THE HOSPITAL CARE ASSURANCE PROGRAM (HCAP) TO DETERMINE ELIGIBILITY FOR FINANCIAL ASSISTANCE

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Schedule H, Part V, Section B Reporting Group Disclosure	Facility Reporting Group B Consists of - Facility 6 Grove City Methodist Hospital - Facility 7 Berger Hospital
Schedule H, Part III, Line 2 Bad debt expense - methodology used to estimate amount	The organization reports bad debt expense as shown in the audited financial statements

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Schedule H, Part III, Line 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
Schedule H, Part V, Section B, Line 16a FAP website	A - OhioHealth Riverside Methodist Hospital Line 16a URL <a href="https://www.ohiohealth.com/patients-and-visitors/paying-for-your-care/financial-assistance/">https://www.ohiohealth.com/patients-and-visitors/paying-for-your-care/financial-assistance/</a> , - OhioHealth Rehabilitation Hospital Line 16a URL <a href="https://www.ohiohealth.com/patients-and-visitors/paying-for-your-care/financial-assistance/">https://www.ohiohealth.com/patients-and-visitors/paying-for-your-care/financial-assistance/</a> , B - Grove City Methodist Hospital Line 16a URL <a href="https://www.ohiohealth.com/patients-and-visitors/paying-for-your-care/financial-assistance/">https://www.ohiohealth.com/patients-and-visitors/paying-for-your-care/financial-assistance/</a> ,

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16b FAP Application website	A - OhioHealth Riverside Methodist Hospital Line 16b URL <a href="https://www.ohiohealth.com/patients-and-visitors/paying-for-your-care/financial-assistance/">https://www.ohiohealth.com/patients-and-visitors/paying-for-your-care/financial-assistance/</a> , - OhioHealth Rehabilitation Hospital Line 16b URL <a href="https://www.ohiohealth.com/patients-and-visitors/paying-for-your-care/financial-assistance/">https://www.ohiohealth.com/patients-and-visitors/paying-for-your-care/financial-assistance/</a> , B - Grove City Methodist Hospital Line 16b URL <a href="https://www.ohiohealth.com/patients-and-visitors/paying-for-your-care/financial-assistance/">https://www.ohiohealth.com/patients-and-visitors/paying-for-your-care/financial-assistance/</a> ,
Schedule H, Part V, Section B, Line 16c FAP plain language summary website	A - OhioHealth Riverside Methodist Hospital Line 16c URL <a href="https://www.ohiohealth.com/patients-and-visitors/paying-for-your-care/financial-assistance/">https://www.ohiohealth.com/patients-and-visitors/paying-for-your-care/financial-assistance/</a> , - OhioHealth Rehabilitation Hospital Line 16c URL <a href="https://www.ohiohealth.com/patients-and-visitors/paying-for-your-care/financial-assistance/">https://www.ohiohealth.com/patients-and-visitors/paying-for-your-care/financial-assistance/</a> , B - Grove City Methodist Hospital Line 16c URL <a href="https://www.ohiohealth.com/patients-and-visitors/paying-for-your-care/financial-assistance/">https://www.ohiohealth.com/patients-and-visitors/paying-for-your-care/financial-assistance/</a> ,



**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
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 <a href="http://www.OhioHealth.com/in-the-community/">www.OhioHealth.com/in-the-community/</a></p>
Schedule H, Part VI, Line 3 Patient education of eligibility for assistance	<p>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.</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Schedule H, Part VI, Line 4 Community information	The "community served" by Riverside Methodist, Grant, Doctors Hospital, Dublin Methodist, Rehabilitation, Grove City and Berger is primarily Franklin County, Ohio. In 2010, the actual population of Franklin County was 1,163,414. In 2017, estimated total population was 1,291,981. In 2017, among Franklin County residents, 68.3 percent were white, 21.7 percent were African American, 4.6 percent were Asian, 5.1 percent were Hispanic (of any race), 1.5 percent were other races, 0.2 percent were Native American, and 3.7 percent were two or more races. Total minority represented 34.9 percent of the population. In 2017, among Franklin County residents, 7.2 percent were younger than 5 years old, 16.4 percent were 5-17 years old, 10.4 percent were 18-24 years old, 31.1 percent were 25-44 years old, 24 percent were 45-64 years, and 10.8 percent were 65 years or older. Median age was 33.9. Median household income for 2017 was \$54,037 and per capita income was \$48,150. Approximately 12.5 percent of families and 17.1 percent of individuals had income below the poverty level.
Schedule H, Part VI, Line 7 State filing of community benefit report	OH

**Additional Data**

**Software ID:** 18007697  
**Software Version:** 2018v3.1  
**EIN:** 31-4394942  
**Name:** OhioHealth Corporation

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

<b>Section A. Hospital Facilities</b> (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <b>7</b>		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 <a href="https://www.ohiohealth.com/locations/hospitals/riverside-methodist-hospital/">https://www.ohiohealth.com/locations/hospitals/riverside-methodist-hospital/</a> ODH1005	X			X			X			A
2	OhioHealth Grant Medical Center 111 South Grant Avenue Columbus, OH 432154701 <a href="https://www.ohiohealth.com/locations/hospitals/grant-medical-center/">https://www.ohiohealth.com/locations/hospitals/grant-medical-center/</a> ODH1173	X			X			X			A
3	OhioHealth Doctors Hospital 5100 West Broad Street Columbus, OH 432281607 <a href="https://www.ohiohealth.com/locations/hospitals/doctors-hospital/">https://www.ohiohealth.com/locations/hospitals/doctors-hospital/</a> ODH1015	X			X			X			A
4	OhioHealth Dublin Methodist Hospital 7500 Hospital Drive Dublin, OH 430168518 <a href="https://www.ohiohealth.com/locations/hospitals/dublin-methodist-hospital/">https://www.ohiohealth.com/locations/hospitals/dublin-methodist-hospital/</a> ODH1473	X						X			A
5	OhioHealth Rehabilitation Hospital 1087 Dennison Avenue Columbus, OH 43201 <a href="http://www.ohiohealth.com/locations/hospitals/ohiohealth-rehabilitation-hospital/">http://www.ohiohealth.com/locations/hospitals/ohiohealth-rehabilitation-hospital/</a> ODH1511	X								Rehabilitation Hospital	

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

Section A. Hospital Facilities		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
(list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <b>7</b>											
Name, address, primary website address, and state license number											
6	Grove City Methodist Hospital 1375 STRINGTOWN ROAD GROVE CITY, OH 43123 www.ohiohealth.com/locations/hospitals/grove-city-methodist-hospital/ ODH1915	X	X					X			B
7	OhioHealth Berger Hospital 600 NORTH PICKAWAY STREET CIRCLEVILLE, OH 43113 www.ohiohealth.com/locations/hospitals/berger-hospital/ ODH1254	X	X					X			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
<p>Schedule H, Part V, Section B, Line 5 Facility A, 1</p>	<p>Facility A, 1 - Facility Reporting Group - A Summary of Input from Persons Who Represent the Broad Interests of the Community Served Central Ohio Area Agency on Aging * Representatives Lynn Dobb, professional education manager * Inputs (a) Participation in pre-planning activities, (b) identification of health indicators, (c) review of data from various health indicators and identification of significant health needs in Franklin County, and (d) identification of potential community partners for each of the three priority health needs, namely, mental health and addiction, income/poverty, and maternal and infant health * Timeframe of inputs October 2017 to January 2019 * Population represented Serves all senior residents of Franklin County, including low income, minority or disabled populations Central Ohio Hospital Council * Representatives Jeff Klingler, president and chief executive officer * Inputs (a) Overall leadership, coordination and project management of HealthMap 2019, (b) participation in pre-planning activities, (c) identification of health indicators, (d) gathering of data for the health indicators identified, (e) review of data from various health indicators and identification of significant health needs in Franklin County, and (f) identification of potential community partners for each of the three priority health needs, namely, mental health and addiction, income/poverty, and maternal and infant health * Timeframe of inputs October 2017 to January 2019 * Population represented Serves all patients of four central Ohio health systems, Mount Carmel Health System, Nationwide Children's Hospital, OhioHealth, and The Ohio State University Wexner Medical Center, including low income, minority or disabled populations Central Ohio Trauma System * Representatives Jodi Keller, associate director of healthcare system emergency preparedness * Inputs (a) Participation in pre-planning activities, (b) identification of health indicators, (c) review of data from various health indicators and identification of significant health needs in Franklin County, and (d) identification of potential community partners for each of the three priority health needs, namely, mental health and addiction, income/poverty, and maternal and infant health * Timeframe of inputs October 2017 to January 2019 * Population represented Serves all patients of four central Ohio health systems, Mount Carmel Health System, Nationwide Children's Hospital, OhioHealth, and The Ohio State University Wexner Medical Center, including low income, minority or disabled populations Columbus Public Health * Representatives Kathy Cowen, director, Office of Epidemiology and Population Health, Melissa Sever, director, Office of Planning and Quality Improvement (with special knowledge and expertise in public health) * Inputs (a) participation in pre-planning activities, (b) identification of health indicators, (c) gathering of data for the health indicators identified, (d) r</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
Schedule H, Part V, Section B, Line 5 Facility A, 1	<p>review of data from various health indicators and identification of significant health needs in Franklin County, and (e) identification of potential community partners for each of the three priority health needs, namely, mental health and addiction, income/poverty, and maternal and infant health * Timeframe of inputs October 2017 to January 2019 * Population represented Serves all city of Columbus residents, regardless of ability to pay Franklin County Public Health * Representatives Theresa Seagraves, director, Health Systems and Planning (with special knowledge and expertise in public health) * Inputs (a) participation in pre-planning activities, (b) identification of health indicators, (c) gathering of data for the health indicators identified, (d) review of data from various health indicators and identification of significant health needs in Franklin County, and (e) identification of potential community partners for each of the three priority health needs, namely, mental health and addiction, income/poverty, and maternal and infant health * Timeframe of inputs October 2017 to January 2019 * Population represented Serves all residents of Franklin County, regardless of ability to pay Columbus Public Health * Representatives Orietta V. Kristel, PhD, chief executive officer * Inputs (a) participation in pre-planning activities, (b) identification of health indicators, (c) gathering of data for the health indicators identified, (d) review of data from various health indicators and identification of significant health needs in Franklin County, (e) identification of potential community partners for each of the three priority health needs, namely, mental health and addiction, income/poverty, and maternal and infant health, and (f) participation in writing the HealthMap 2019 report * Timeframe of inputs October 2017 to January 2019 * Population represented Serves private and non-profit businesses and local governments Mount Carmel Health System * Representatives Candice Coleman, manager, Community Benefit, Sister Barbara Hahl, senior vice president, Community Services, Jackie Hilton, retired employee * Inputs (a) participation in pre-planning activities, (b) identification of health indicators, (c) gathering of data for the health indicators identified, (d) review of data from various health indicators and identification of significant health needs in Franklin County, and (e) identification of potential community partners for each of the three priority health needs, namely, mental health and addiction, income/poverty, and maternal and infant health * Timeframe of inputs October 2017 to January 2019 * Population represented Serves all persons, including those in Franklin County, regardless of ability to pay Nationwide Children's Hospital * Representatives Carla Fountaine, senior community relations specialist, Libbey Hoang, vice president, Planning and Business Development, Brennan Dias, team member, Planning and Business Development * Inputs (a) par</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
Schedule H, Part V, Section B, Line 5 Facility A, 1	<p>participation in pre-planning activities, (b) identification of health indicators, (c) gathering of data for the health indicators identified, (d) review of data from various health indicators and identification of significant health needs in Franklin County, and (e) identification of potential community partners for each of the three priority health needs, namely, mental health and addiction, income/poverty, and maternal and infant health * Timeframe of inputs October 2017 to January 2019 * Population represented Serves all persons, including those in Franklin County, regardless of ability to pay Ohio Department of Health * Representatives David Ellsworth, health services policy specialist, Ohio Disability and Health Program (with knowledge and expertise in public health) * Inputs (a) participation in pre-planning activities, (b) identification of health indicators, (c) gathering of data for the health indicators identified, (d) review of data from various health indicators and identification of significant health needs in Franklin County, and (e) identification of potential community partners for each of the three priority health needs, namely, mental health and addiction, income/poverty, and maternal and infant health * Timeframe of inputs October 2017 to January 2019 * Population represented Serves all residents of Ohio, including those in Franklin County, who have disabilities, regardless of ability to pay OhioHealth * Representatives Shannon Ginther, JD, senior director, Community Health Partnerships, Mary Ann G Abiado, PhD, MSN, RN, data management and evaluation specialist/community health nurse, Community Health and Wellness * Inputs a) participation in pre-planning activities, (b) identification of health indicators, (c) gathering of data for the health indicators identified, (d) review of data from various health indicators and identification of significant health needs in Franklin County, and (e) identification of potential community partners for each of the three priority health needs, namely mental health and addiction, income/poverty, and maternal and infant health * Timeframe of inputs October 2017 to January 2019 * Population represented Serves all persons, including those residing in Franklin County, needing health care services, regardless of ability to pay</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
Schedule H, Part V, Section B, Line 5 Facility A, 2	<p>Facility A, 2 - Facility Reporting Group - A The Ohio State University College of Public Health Center for Public Health Practice * Representatives Andy Wapner, director, Joanne Pearsol, associate director (with special knowledge and expertise in public health) * Inputs (a) participation in pre-planning activities, (b) identification of health indicators, (c) gathering of data for the health indicators identified, (d) review of data from various health indicators and identification of significant health needs in Franklin County, (e) identification of potential community partners for each of the three priority health needs, namely, mental health and addiction, income/poverty, and maternal and infant health, and (f) participation in writing the HealthMap 2019 report * Timeframe of inputs October 2017 to January 2019 * Population represented Serves students, faculty, staff and community residents who need assistance with public health practice, including population health, workforce development, strategic planning, public health accreditation, evaluation and facilitation The Ohio State University Wexner Medical Center * Representatives Beth Necamp, associate vice president, Marketing and Strategic Communications, Wanda Dillard, director, Community Development, Deborah Frazier, resource planning analyst, Chasity Washington, program director, Center for Cancer Health Equity * Inputs (a) participation in pre-planning activities, (b) identification of health indicators, (c) gathering of data for the health indicators identified, (d) review of data from various health indicators and identification of significant health needs in Franklin County, (e) identification of potential community partners for each of the three priority health needs, namely, mental health and addiction, income/poverty, and maternal and infant health, and (f) participation in writing the HealthMap 2019 report * Timeframe of inputs October 2017 to January 2019 * Population represented Serves all persons, including those residing in Franklin County, regardless of ability to pay PrimaryOne Health * Representatives John Tolbert, chief community services officer * Inputs (a) participation in pre-planning activities, (b) identification of health indicators, (c) gathering of data for the health indicators identified, (d) review of data from various health indicators and identification of significant health needs in Franklin County, (e) identification of potential community partners for each of the three priority health needs, namely, mental health and addiction, income/poverty, and maternal and infant health, and (f) participation in writing the HealthMap 2019 report * Timeframe of inputs October 2017 to January 2019 * Population represented Serves all persons, including those residing in Franklin County, regardless of ability to pay United Way of Central Ohio * Representatives Lisa S Courtice, PhD, president and chief executive officer * Inputs (a) participation in pre-plan</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
Schedule H, Part V, Section B, Line 5 Facility A, 2	ning activities, (b) identification of health indicators, (c) gathering of data for the health indicators identified, (d) review of data from various health indicators and identification of significant health needs in Franklin County, (e) identification of potential community partners for each of the three priority health needs, namely, mental health and addiction, income/poverty, and maternal and infant health, and (f) participation in writing the HealthMap 2019 report * Timeframe of inputs October 2017 to January 2019 * Population represented Serves all persons, including those residing in Franklin County, regardless of ability to pay

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6a Facility A, 1	Facility A, 1 - Facility 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, Mount Carmel Grove City, Mount Carmel Hilliard, Mount Carmel Lewis Center, and Nationwide Children's 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 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

**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 11 Facility A, 1</p>	<p>Facility A, 1 - Facility Group A OhioHealth Riverside Methodist Hospital, OhioHealth Grant Medical Center, OhioHealth Doctors Hospital, OhioHealth Dublin Methodist and OhioHealth Rehabilitation Hospital collaborated with the Central Ohio Hospital Council and various community stakeholders to conduct a community health needs assessment (CHNA) in Franklin County and determined the priority health needs as 1) Mental health and addiction - includes (a) lack of mental health providers, (b) increased number of Emergency Department visits, opioid overdoses, Naloxone training 2) Income/poverty - includes low income, high rates of poverty, lack of access to affordable housing, and lack of access to healthy foods, and 3) Maternal and infant health - includes health of pregnant women before delivery, need to prevent preterm births and infant mortality. The primary and secondary health data for Franklin County community health needs and the healthcare and community resources that are available to address the health needs are summarized in each Hospital Facilities' 2019 Community Health Needs Assessment. All identified needs will be addressed. Need 1 Mental health and addiction a) Continue assessing depression and anxiety in patients (aged 12 and older) of OhioHealth Physician Group's primary care practices using the nine-item Patient Health Questionnaire (PHQ-9). Patients with mild to moderately severe depression and anxiety (PHQ-9 score of 10 or higher) will have access to brief interventions that will be provided by social workers or counselors with physician referral. Psychiatrists or psychiatric nurse practitioners will review the social worker or counselor's patient caseload and provide recommendations to the primary care physician related to medications. OhioHealth's Behavioral Health Integration program enables assessment of depression and anxiety, provision of brief interventions to patients, and collaboration among primary care physicians, psychiatrists or psychiatric nurse practitioners related to the need for prescribing medications. (This strategy aligns with the Ohio 2017-2019 State Health Improvement Plan.) b) Continue assessing suicide risk for hospitalized patients aged 12 or older, using the SAD PERSONS scale for suicide risk. SAD PERSONS stands for Sex, Age, Depression, Prior History, Ethanol abuse, Rational Thinking Loss, Support system loss, Organized plan, No significant other, Sickness (Warden et al, 2014). If screened positive, the patient will be referred to appropriate follow-up care. (This strategy aligns with the Ohio 2017-2019 State Health Improvement Plan.) c) Continue offering medication-assisted treatment (MAT) to pregnant women through OB/GYN Community Care at OhioHealth Riverside Methodist Hospital and OhioHealth Family Medicine Grant. Patients from OB/GYN Community Care are referred to OhioHealth Riverside Family Practice Center to enable continuity of MAT for mother and serve as a medical home for b</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
Schedule H, Part V, Section B, Line 11 Facility A, 1	<p>oth mother and baby d) Continue offering medication-assisted treatment (MAT) and consulta tion to pregnant women with opioid use disorder at OhioHealth Maternal Fetal Medicine Phys icians to improve the care and outcomes of mothers and babies who are affected by opioid u se disorder OhioHealth Maternal Fetal Medicine Physicians will actively collaborate with the Ohio Perinatal Quality Collaborative (OPQC) by submitting clinical data and evidence-b ased practice and findings as part of the Maternal Opiate Medical Supports Plus (MOMS+) pr ogram e) Continue addressing mental health and addiction and social determinants of healt h needs of patients with mental health and/or addiction diagnoses Patients will be referr ed to community agencies that provide the following (i) inpatient and outpatient mental a nd behavioral health treatment and counseling services and/or (ii) assistance with transpo rtation, housing, utilities, prescription medications, employment, and other social determ inants of health needs f) Continue offering patient-centered women's health services thro ugh OhioHealth Wellness on Wheels Women's Health to CATCH Court, Amethyst Inc , CompDrug a nd Maryhaven Addiction Stabilization Center to serve women with substance abuse issues or who have been sexually trafficked g) Continue implementing the OhioHealth Grant Medical C enter Addiction Medicine Fellowship program The program aims to adequately train physicia n fellows to develop clinical competencies, adhere to ethical principles, and improve know ledge and skills in addiction medicine The program will accept patient referrals from all OhioHealth hospitals in Franklin County, namely OhioHealth Riverside Methodist Hospital, OhioHealth Doctors Hospital, OhioHealth Dublin Methodist Hospital and OhioHealth Rehabili tation Hospital The Addiction Medicine Fellowship program will also collaborate with Nati onwide Children's Hospital, Maryhaven Addiction Stabilization Center, Amethyst Inc , Alvis , CompDrug, and the Ohio Department of Rehabilitation and Correction to ensure continuity of care h) Continue implementing OhioHealth trauma programs, namely Grant Medical Center Trauma Level I and Riverside Methodist Hospital Trauma Level II programs, that include bu t are not limited to (i) screening, brief intervention and referral to treatment (SBIRT), (ii) Trauma Recovery Center, (iii) speakerships or health education sessions, and (iv) st udent preceptorships focused on mental health and addiction i) Continue offering the Ohio Health Behavioral Health Family Support Group at The Dempsey Family Education and Resource Center at OhioHealth The support group is offered for adults every Tuesday (up to 52 tim es per fiscal year) and is co-facilitated by licensed mental healthcare providers from the OhioHealth Behavioral Health department and Mental Health America of Franklin County On the last Tuesday of the month, the Behavioral Health Family Support Group features a guest speaker and is open to all ag</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
Schedule H, Part V, Section B, Line 11 Facility A, 1	<p>e groups The support group focuses on issues faced by a family member or care provider who provides emotional, financial or practical support to a person with a mental health condition. Examples of topics discussed include but are not limited to supporting recovery, maintaining healthy relationships, establishing boundaries, mental health conditions and recommended treatments, area resources, self-care and resiliency, the grief process, and mindfulness. j) Continue offering at least one continuing education session per fiscal year to nurses through the OhioHealth Faith Community Nursing program that will focus on understanding depression and anxiety. k) Continue offering the mental health and addiction outreach programs through the OhioHealth Faith Community Relations. The outreach programs will include but are not limited to (i) Mental Health First Aid and (ii) Congregational Care and Hospital Visitation Series. l) Continue distributing free Naloxone kits and education on administering Naloxone at the OhioHealth Grant Medical Center Emergency Department, OhioHealth Westerville Emergency Care Center, and OhioHealth Pickerington Emergency Care Center. m) Continue serving as speakers or educators during the free Naloxone trainings, "Be the One to Save a Life," for residents and representatives of community organizations in Franklin County. The training will be focused on how to use the Naloxone kit to stop deadly overdose from opiates or heroin. The outreach program is made possible through a collaboration among Franklin County Public Health, City of Columbus, Columbus Public Health, Maryhaven Addiction Stabilization Center, and the Central Ohio Hospital Council (Franklin County Public Health, 2019). n) Continue partnering with the Franklin County Opiate Task Force by (a) serving as co-chair of the Resource Development Committee, (b) participating in the Risk Reduction Subcommittee, (c) participating in the Prevention and Community Education Subcommittee, (d) participating in the Recovery Subcommittee and (e) cash contributions to the "Don't Live in Denial, Ohio" campaign. Anticipated Impact of These Actions a) Per fiscal year, at least 100 patients per each of the 27 clinics will be assessed for risk for depression and anxiety using the PHQ-9. With physician referral, patients who score 10 or above can be referred to OhioHealth social workers or counselors who will provide brief interventions for patients with mild to moderately severe depression and anxiety (scores of 10 or above). Patients eligible for this program typically have PHQ-9 scores of 10 to 19. When appropriate, patients who need ongoing counseling or more in-depth services will be referred to community-based agencies that provide mental, behavioral and substance abuse treatments. A psychiatrist or psychiatric nurse practitioner will review the caseload every week and make medication-related recommendations to the primary care provider if appropriate.</p>

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 2	<p>Facility A, 2 - Facility Group A</p> <p>b) Per fiscal year, suicide risk assessment of at least 90 percent of all inpatient admissions. Brief intervention and community referral of patients who screened positive for suicidal ideation will be provided by social workers or counselors when appropriate.</p> <p>c) Per fiscal year, up to 25 OB/GYN patients from Riverside Methodist Hospital Community Care clinic will be provided medication-assisted treatment (MAT) and referred to OhioHealth Graduate Medical Education family practice clinics for continuity of care.</p> <p>d) Per fiscal year, at least 25 pregnant patients suffering from opioid use disorder will be provided medication-assisted treatment (MAT), prenatal care and consultation services by OhioHealth Maternal Fetal Medicine Physicians to improve care of affected mothers and babies. Per fiscal year, OhioHealth Maternal Fetal Medicine Physicians will report evidence-based findings from quality improvements through the Maternal Opiate Medical Supports Plus (MOMS+) program, in collaboration with the Ohio Perinatal Quality Collaborative (OPQC).</p> <p>e) Per fiscal year, at least 100 patients with mental health and/or addiction diagnoses will be referred to mental and behavioral health agencies for treatment and/or counseling services. Per fiscal year, at least 100 patients will be referred to HandsOn Central Ohio or to community agencies that address transportation, housing, utilities, prescription medications, employment and other social determinants of health needs.</p> <p>f) Per fiscal year, at least 25 patients from CATCH Court, Amethyst Inc., CompDrug and Maryhaven Addiction Stabilization Center will be provided patient-centered and comprehensive women's health services by the OhioHealth Wellness on Wheels Women's Health mobile clinic.</p> <p>g) Per fiscal year, at least 25 patients with mental health and addiction diagnoses will be served by the OhioHealth Grant Medical Center Addiction Medicine Fellowship program. Per fiscal year, at least 10 patients from OhioHealth Riverside Methodist Hospital, OhioHealth Doctors Hospital, OhioHealth Dublin Methodist Hospital and OhioHealth Rehabilitation Hospital will be referred to the Grant Medical Center Addiction Medicine Fellowship program for follow-up care. Patients will be referred to community-based organizations that help with assistance for transportation, food, housing, utility bills, and other social determinants of health needs.</p> <p>h) Per fiscal year, OhioHealth Grant Medical Center and OhioHealth Riverside Methodist Hospital Trauma programs will report the following outcomes for patients with mental health and addiction issues: (i) at least 100 patients will be served by the Grant Medical Center Trauma Recovery Center, (ii) at least 100 patients will be administered screening, brief intervention and referral to treatment (SBIRT), (iii) at least five speakerships or health education sessions, and (iv) at least two students will be precepted on mental health and addiction assessment.</p>

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 2	<p>nd counseling i) Per fiscal year, up to 100 persons will attend the OhioHealth Behavioral Health Family Support Group at The Dempsey Family Education and Resource Center Of the p articipants who attend three or more times and complete the annual anonymous survey, the f ollowing impacts will be reported (i) at least 75 percent will self-report that they lear ned various techniques to maintain good mental and behavioral health through new coping st rategies, (ii) at least 75 percent will agree that they feel listened to by the facilitato rs and/or other members, (iii) at least 75 percent will report good customer service exper ience, and (iv) at least 75 percent will recommend the group to other people in search of a family support group j) Per fiscal year, at least 20 nurses will attend the continuing education session that is focused on mental health and addiction At least 90 percent will meet the learning objectives of the continuing education session Nurse continuing educat ion hours will be provided through OhioHealth Learning k) Per fiscal year, at least 40 pe ople from at least five congregations will be served by OhioHealth Faith Community Relatio ns outreach programs l) Per fiscal year, at least 50 patients and families will be given Naloxone kits and corresponding education on Naloxone administration m) Per fiscal year, OhioHealth will participate in up to five community-based education events on Naloxone adm inistration in Franklin County n) Per fiscal year, OhioHealth in partnership with the Fra nklin County Opiate Task Force will provide accomplishments related to at least one of the following goals (a) prevent opiate abuse and addiction, (b) reduce the number of opiate-related deaths, (c) expand access for treatment, and (d) improve the safety of the Frankli n County communities Need 2 Income/Poverty a) As part of the OhioHealth outreach to prom ote employment in the healthcare field, OhioHealth's HR department will continue to collab orate with Godman Guild and Reeb Avenue Center in providing Franklin County residents with (i) learning opportunities about the patient transportation and patient support assistan t (PSA) jobs at OhioHealth, (ii) participate in one to two weeks of hands-on training and shadowing of OhioHealth employees who are currently on these jobs, and (iii) interview tra ining b) As part of OhioHealth HR's partnership with HandsOn Central Ohio, OhioHealth wil l continue to offer associates and their family members access to "LinkLine," a dedicated, confidential toll-free telephone line offering assistance with social services such as bu t not limited to low-income housing, rent payment assistance, food assistance, and utilit y assistance c) Continue partnering with Project SEARCH and Columbus City Schools Communi ty Training Program, OhioHealth Riverside Methodist Hospital, OhioHealth Grant Medical Cen ter, OhioHealth Doctors Hospital and OhioHealth Dublin Methodist Hospital provide internsh ips to 11th and 12th grade stu</p>



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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 2	<p>dents with disabilities so they can develop marketable, practical work skills and develop social skills to build mutual respect with peers and supervisors d) Continue partnering with Junior Achievement of Central Ohio, volunteer-led, K-12 programs that enable children and youth to understand managing finances, promote a sense of entrepreneurship, develop skills for being successful in life and career, and learn the value of contributing towards the progress of their communities (Junior Achievement of Central Ohio, n d ) Examples of Junior Achievement of Central Ohio programs include (i) JA BE Entrepreneurial, (ii) JA Biz Town, (iii) JA Career Success, (iv) JA Company Program Blended Model, (v) JA Economics for Success, (vi) JA Economics, (vii) JA Exploring Economics, and (viii) JA Finance Park (Junior Achievement of Central Ohio, n d ) e) Continue offering the "Food is Health" program to patients of OhioHealth Riverside Family Practice Center who have diabetes and are identified as food insecure The "Food is Health" program is offered three half-days a week at the center Patients may attend every week or every other week The program consists of a brief health education session and fresh produce pick-up The education focuses on simple nutrition topics, including eating healthy, meal planning, and simple healthy recipes Medical residents facilitate the education session with a group of four patients After the education session, patients pick up fresh produce and healthy shelf-stable items at the center's onsite food pantry with the help of trained medical students A one-week food supply is provided to every member of the household f) Continue offering the services of the social worker and community health workers from OhioHealth Wellness on Wheels Women's Health and Primary Care mobile clinics so patients with low incomes or stricken by poverty are empowered to make their medical appointments, fill their medication prescriptions, and obtain follow-up care as needed The social worker and community health workers collaborate with the multidisciplinary healthcare team in addressing patients' transportation needs, food insecurity, job search, access to health insurance, and other social determinants of health needs g) Continue partnering with various chambers of commerce in Franklin County as it relates to workforce development, including but not limited to (i) Clintonville Area Chamber of Commerce, (ii) Columbus Chamber of Commerce, (iii) Dublin Chamber of Commerce, (iv) Gahanna Chamber of Commerce, (v) Greater Powell Chamber of Commerce, (vi) Grove City Chamber of Commerce, (vii) Hilliard Chamber of Commerce, (viii) New Albany Chamber of Commerce, (ix) Tri-Village Chamber Partnership (Upper Arlington, Marble Cliff, Grandview), (x) Westerville Chamber of Commerce, and (xi) Worthington Chamber of Commerce</p>

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Form and Line Reference	Explanation
<p>Schedule H, Part V, Section B, Line 11 Facility A, 3</p>	<p>Facility A, 3 - Facility Group A h) Continue partnering with the Columbus Women's Commission, which focuses on pay equity, affordable housing, health and workforce development (City of Columbus, 2019) i) Continue offering the OhioHealth Charity Care Policy and medical financial assistance to patients with limited or no resources and inadequate medical insurance coverage OhioHealth offers high-quality care to everyone, regardless of ability to pay The OhioHealth Charity Care Policy includes (i) substantial charity care guidelines that provide free care for individuals and families who earn less than 200 percent of the federal poverty level, (ii) sliding scale fees to provide substantially discounted care for individuals and families who are between 200 and 400 percent of the federal poverty level, and (iii) hardship policy for those patients who could not otherwise qualify for charity care but have unique circumstances OhioHealth offers interest-free loans for up to one year to assist patients OhioHealth also has an uninsured discount policy for individuals without health insurance who do not qualify for charity care Anticipated Impact of These Actions a) Per fiscal year, at least 10 persons from Franklin County will participate in the OhioHealth HR department's employment outreach at the Reeb Avenue Center and Godman Guild Per fiscal year, at least one participant from the employment outreach at either location will be hired as an OhioHealth associate b) Per fiscal year, HandsOn Central Ohio will serve at least 1,000 telephone calls from OhioHealth associates and their families through the OhioHealth LinkLine All callers will be referred to community resources or OhioHealth programs c) Per fiscal year, at least 50 students from Project SEARCH will obtain internships at OhioHealth Riverside Methodist Hospital, OhioHealth Grant Medical Center, Ohio Health Doctors Hospital and OhioHealth Dublin Methodist Hospital At least one student who completed the Project SEARCH internship rotations will be hired by OhioHealth d) Per fiscal year, the Junior Achievement of Central Ohio will serve at least 5,000 students, conduct at least 300 classes, and conduct activities in at least 60 schools e) Per fiscal year, the following "Food is Health" outcomes will be reported (i) at least 50 patients enrolled in the program, (ii) up to 2,300 patient visits to the program, (iii) at least five patients served by the program will report weight loss of at least 5 pounds six months after participation in the program, (iv) at least five patients served by the program will have lower hemoglobin A1C levels three months after participation in the program, and (v) distribution of at least 30,000 pounds of fruits and vegetables and 1,000 pieces of shelf-stable food products for free to patients and their families f) Per fiscal year, at least 50 patients will be assisted by either the social worker or community health workers from OhioHealth Wellness on Wheels Women</p>

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 3	<p>en's Health and Primary Care mobile clinics related to income and poverty-related social d eterminants of health needs g) Per fiscal year, at least one project addressing workforce development by at least one chamber of commerce partner in Franklin County will be suppor ted through active involvement and in-kind support of OhioHealth h) Per fiscal year, at l east 10 additional employers will sign the "Columbus Commitment Achieving Pay Equity," wh ich fosters equal pay for equal work, specifically for African American and Latina women Per fiscal year, the Columbus Women's Commission will organize at least one conference, wo rkshop or summit that is focused on gender pay equity, affordable housing, health, and wor kforce development to benefit women and their families i) Per fiscal year, the number and percent of patients and their demographic breakdown (age, gender, race, ethnicity) who wi ll be eligible for OhioHealth Charity Care guidelines will be reported for each OhioHealth hospital in Franklin County, namely OhioHealth Riverside Methodist Hospital, OhioHealth Grant Medical Center, OhioHealth Doctors Hospital, OhioHealth Dublin Methodist Hospital an d OhioHealth Rehabilitation Hospital Per fiscal year, the number of patients and their de mographic breakdown (age, gender, race, ethnicity) who will be eligible for OhioHealth Cha rity Care guidelines will be reported for all OhioHealth Physician Group clinics in Frankl in County Need 3 Maternal and Infant Health a) Continue implementing standardized screen ing and evidence-based women's health services at OhioHealth Physician Group clinics offer ing obstetrics and gynecological services and hospital-based labor and delivery and postpa rtum units Women's health services will include but are not limited to (i) progesterone treatment, including screening for women who are at high risk for preterm birth, (ii) prov ider counseling with patients about preconception health and reproductive life plans, (iii ) comprehensive contraceptive options, (iv) increase breastfeeding support, and (e) refer ral to home visiting programs in Franklin County on an as-needed basis (This strategy alig ns with the Ohio 2017-2019 State Health Improvement Plan ) b) Continue offering medication -assisted treatment (MAT) to pregnant women through OB/GYN Community Care at OhioHealth Ri verside Methodist Hospital and OhioHealth Family Medicine Grant Patients from OB/GYN Comm unity Care are referred to OhioHealth Riverside Family Practice Center to enable continuit y of MAT for mother and serve as a medical home for both mother and baby c) Continue offe ring medication-assisted treatment (MAT) and consultation to pregnant women with opioid us e disorder at OhioHealth Maternal Fetal Medicine Physicians to improve the care and outcom es of mothers and babies who are affected by opioid use disorder OhioHealth Maternal Feta l Medicine Physicians will actively collaborate with the Ohio Perinatal Quality Collaborat ive (OPQC) by submitting clini</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
Schedule H, Part V, Section B, Line 11 Facility A, 3	<p>cal data and evidence-based practice and findings as part of the Maternal Opiate Medical Supports Plus (MOMS+) program</p> <p>d) Continue providing patient-centered women's health services (obstetrics and gynecology) through the OhioHealth Wellness on Wheels Women's Health mobile clinic, which serves predominantly uninsured or underinsured women in Franklin County. The OhioHealth Wellness on Wheels Women's Health mobile clinic also provides women's health services at CATCH Court, Amethyst Inc, CompDrug and Maryhaven Addiction Stabilization Center to serve women with substance abuse issues or who have been sexually trafficked.</p> <p>e) Continue collaborating with the Ohio Better Birth Outcomes (OBBO) collaborative, which aims to reduce the infant mortality rate in Franklin County by improving healthcare delivery for women and their families through evidence-based quality improvement projects. OBBO focuses on three initiatives: (i) improving reproductive health, (ii) increasing access to prenatal care, and (iii) improving quality of clinical care to reduce premature birth (Ohio Wellness Coalition, 2010-2019).</p> <p>f) Continue participating in the Ohio Hospital Association/Ohio Department of Health "Ohio First Steps for Healthy Babies" program, which encourages hospitals in Ohio to promote, protect and support breastfeeding. Hospitals earn an award for every two steps achieved based on the "Ten Steps to Successful Breastfeeding" developed by the World Health Organization and Baby-Friendly USA (Ohio Department of Health, nd, b).</p> <p>g) Continue operating the OhioHealth Mothers' Milk Bank, which provides pasteurized donor breast milk to infants who are preterm or have life-threatening medical conditions. The OhioHealth Mothers' Milk Bank is a member of the Human Milk Banking Association of North America (HMBANA). The OhioHealth Mothers' Milk Bank sends donated milk to various neonatal intensive care units (NICUs) and mother/baby (postpartum) units in Franklin County hospitals, namely: (i) OhioHealth Riverside Methodist Hospital, (ii) OhioHealth Grant Medical Center, (iii) OhioHealth Doctors Hospital, (iv) OhioHealth Dublin Methodist Hospital, (v) The Ohio State University Wexner Medical Center, (vi) Mount Carmel East, Mount Carmel West, and (vii) Mount Carmel St. Ann's.</p>

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Form and Line Reference	Explanation
<p>Schedule H, Part V, Section B, Line 11 Facility A, 4</p>	<p>Facility A, 4 - Facility Group A h) Continuing implementing Riverside Family Practice's Teen Clinics to provide comprehensive primary care services to adolescent parents and their children i) Continue offering OhioHealth Grant Medical Center's CenteringPregnancy program, which enables pregnant women to receive their prenatal care in a group setting and participate in a facilitated discussion and interactive activities on health topics that are practical and relevant to the group's needs Grant Medical Center's CenteringPregnancy program is accredited by the Centering Healthcare Institute (Centering Healthcare Institute, 2009-2019) The women in a group have similar due dates, which enables opportunities for bonding and support within the group Pregnant women and their partners are provided in-depth knowledge of pregnancy, fetal development, breastfeeding, labor and delivery, newborn care, family planning and other related topics of interest to the group CenteringPregnancy is staffed by a nurse coordinator and family physician and facilitator Anticipated Impact of These Actions a) Per fiscal year, the total number of patients served by OhioHealth Riverside Methodist Hospital labor and delivery and postpartum units, including percent demographics breakdown (age, gender, race, ethnicity), will be reported Per fiscal year, data on percent preterm birth and low birth weight babies born at Riverside Methodist Hospital will be reported b) Per fiscal year, at least 10 OB/GYN patients will be provided medication-assisted treatment (MAT) and referred to OhioHealth Family Medicine Grant, a primary care clinic under Graduate Medical Education that will also provide continuity of care for the mother and her baby c) Per fiscal year, at least 25 pregnant patients suffering from opioid use disorder will be provided medication-assisted treatment (MAT), prenatal care and consultation services by OhioHealth Maternal Fetal Medicine Physicians to improve care of affected mothers and babies Per fiscal year, OhioHealth Maternal Fetal Medicine Physicians will report evidence-based findings from quality improvements through the Maternal Optimize Medical Supports Plus (MOMS+) program, in collaboration with the Ohio Perinatal Quality Collaborative (OPQC) d) Per fiscal year, up to 500 women served by the OhioHealth Wellness on Wheels Women's Health mobile clinic Birth outcomes and pregnancy health behaviors include but are not limited to infant mortality rate, preterm birth and low birth weight will meet the Healthy People 2020 targets e) Per fiscal year, active participation and engagement in the Ohio Better Birth Outcomes projects related to improving reproductive health, access to care, and quality of clinical care provided to women and their babies f) Per fiscal year, OhioHealth Riverside Methodist Hospital labor and delivery and postpartum units will administer the "Ohio First Steps for Healthy Babies" program through the following (i) at least 10 persons</p>

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Form and Line Reference	Explanation
<p>Schedule H, Part V, Section B, Line 11 Facility A, 4</p>	<p>attending "Childbirth Education" classes, (ii) at least 25 persons attending "Breastfeeding Basics" classes, and (iii) provide at least 10,000 inpatient lactation encounters g) Per fiscal year, the OhioHealth Mothers' Milk Bank will distribute at least 20,000 ounces of pasteurized donor breast milk to hospitals in Franklin County to provide important first food for babies who are either premature or with life-threatening conditions h) Per fiscal year, OhioHealth Riverside Family Practice Center will serve at least 25 adolescents in its Teen Clinic The most recently conducted CHNA was adopted at the end of the 2018 tax year Therefore, no actions were taken during the 2018 tax year related to the most recent CHNA Documentation of Program Impacts from the CHNA and Implementation Strategy Adopted in 2016 by OhioHealth Riverside Methodist Hospital, OhioHealth Grant Medical Center, OhioHealth Doctors Hospital and OhioHealth Dublin Methodist Hospital can be found in the 2019 CHNA (Appendix D) of each facility at <a href="https://www.ohiohealth.com/in-the-community/">https://www.ohiohealth.com/in-the-community/</a>, and is summarized below</p> <p><b>Need 1 Obesity + Patients,</b> families and community residents were 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</p> <p><b>+ Patients, families and community residents</b> were referred to OhioHealth Grant Health and Fitness Center programs, which offer 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</p> <p><b>+ Patients, families and community residents</b> were referred to OhioHealth ENGAGE Health and Wellness Programs, such as "ENGAGE Diabetes" and "ENGAGE Heart and Vascular," which offer biometric screenings, one-on-one consultations with a registered nurse, evidence-based, 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</p> <p><b>+ Patients, families and community residents</b> were referred to the OhioHealth Gerlach Center for Senior Health's Advantage Health, Wellness and Education Programs, which offer (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</p> <p><b>+ Patients, families and community residents</b> were referred to (a) OhioHealth Surgical Weight Loss Program, which uses the three major types of bariatric surgery performed laparoscopically, such as (i) Roux-en-Y gastric bypass, (ii) adjustable gastric band, and (iii) sleeve gastrectomy</p>

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Form and Line Reference	Explanation
<p>Schedule H, Part V, Section B, Line 11 Facility A, 4</p>	<p>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 were referred to OhioHealth Wellness on Wheels Women's Health, a multidisciplinary program that provides prenatal, postpartum and gynecologic care, as well as home visits (on an as-needed basis), to underserved women of reproductive age + Patients and their families were educated about the Baby-Friendly Hospital Initiative, which promotes breastfeeding among postpartum women through education about 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 were 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 infants were 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 for a Healthy Pregnancy, 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</p> <p>Need 3 Access to Care + Patients without primary care doctors were referred to OhioHealth Primary Care + Stroke patients from OhioHealth regional hospitals or other partner hospitals through the OhioHealth Stroke Network were provided immediate access to expert medical advice from neurologists and stroke specialists based at OhioHealth Riverside Methodist Hospital and OhioHealth Grant Medical Center, facilitated by the OhioHealth Electronic Intensive Care Unit (eICU) + Patients with urgent or non-urgent medical issues were provided with timely access to their primary care doctor through telemedicine capabilities + Franklin County residents were provided access to health screenings for breast cancer, lung cancer, colorectal cancer and skin cancer, as well as cancer prevention education + Financial contribution was provided to the Physicians CareConnection dental program</p>

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 5	<p>Facility A, 5 - Facility Group A Need 4 Mental Health and Addiction + Implementation of 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 Emergency Department and the Behavioral Health department at OhioHealth provided crisis assessments, intervention and transfer to appropriate level of inpatient or outpatient care and community referral + Interventions by the OhioHealth Riverside Methodist Trauma Program to assess patients using "Screening, Brief Intervention and Referral to Treatment (SBIRT)" for patients who tested positive for alcohol and/or drug screen + Patients were referred or linked to community agencies providing programs and services for mental health and addiction Partnerships with these agencies were strengthened to ensure an effective referral process + Community outreach and partnerships that focuses on prevention of mental illness and addiction to alcohol and illegal drugs were strengthened + OhioHealth partnership with Franklin County Psychiatric Crisis and Emergency Services Task Force + OhioHealth cash and in-kind contributions to The Stand Project of Upper Arlington, a community action project focused on substance abuse prevention, education and awareness</p> <p>Need 5 Chronic Conditions + Patients, families and community residents were referred to OhioHealth ENGAGE (Empower, Nutrition, Goals, Activity, Guidance, Education) Health and Wellness Programs, such as "ENGAGE Diabetes" and "ENGAGE Heart and Vascular," which offer biometric screenings, one-on-one consultations with a registered nurse, evidence-based and 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 were referred to OhioHealth John J Gerlach Center for Senior Health's AdvantAge Health, Wellness and Education Program, 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 assessed, diagnosed, educated and referred patients to specialist physicians, and/or community resources + Franklin County residents were 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 procedures, (f) neurocritical care, (g) neurodiagnostic</p>



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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 5	<p>ics and imaging, (h) neurosurgery, and (i) radiation oncology As part of the interdisciplinary clinics, OhioHealth provides Franklin County residents 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 (Lou Gehrig's Disease) and OhioHealth Delay the Disease for patients with Parkinson's Disease + Patients were referred and linked to community partners listed in the Collaborative Partners section of the OhioHealth Riverside Methodist, OhioHealth Grant Medical Center, OhioHealth Doctors Hospital, and OhioHealth Dublin Methodist Hospital implementation strategies The collaborative partners include (a) American Heart Association (Central Ohio Chapter), (b) American Lung Association (Columbus Chapter), (c) Central Ohio Breathing Association, (d) Central Ohio Diabetes Association, (e) Columbus Cancer Clinic, (f) United Methodist Church and Community Development for All People, (g) Local Matters Cooking Matters, (h) Ohio Asian American Health Coalition, (i) St Stephen's Community House, and (j) YMCA's Diabetes Prevention Program + Cash and in-kind contributions to non-profit organizations addressing various chronic diseases, including but not limited to the American Heart Association, American Lung Association, Central Ohio Diabetes Association and 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 were implemented + OhioHealth Quality and Patient Safety implemented interventions to combat infectious diseases, hospital acquired infections, and ensure hospital-wide and system-wide Ebola preparedness + Patient testing for sexually transmitted disease, diagnosis, education and community referral by OhioHealth Women's Health Centers and Maternity Centers were provided + Mandatory requirement for OhioHealth physicians, associates and volunteers to obtain annual flu shots was implemented + Flu shots were provided by OhioHealth Employer Services to employees from companies and community agencies in Franklin County + OhioHealth participation in the Ohio Hospital Association's statewide Sepsis Initiative focused on reducing severe sepsis and septic shock</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

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

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

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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 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 Central Ohio Area Agency on Aging * Representatives Lynn Dobb, professional education manager * Inputs ( a) Participation in pre-planning activities, (b) identification of health indicators, (c) review of data from various health indicators and identification of significant health needs in Franklin County, and (d) identification of potential community partners for each of the three priority health needs, namely, mental health and addiction, income/poverty, and maternal and infant health * Timeframe of inputs October 2017 to January 2019 * Population represented Serves all senior residents of Franklin County, including low income, minority or disabled populations Central Ohio Hospital Council * Representatives Jeff Klingler, president and chief executive officer * Inputs (a) Overall leadership, coordination and project management of HealthMap 2016, (b) participation in pre-planning activities, (c) identification of health indicators, (d) gathering of data for the health indicators identified, (e) review of data from various health indicators and identification of significant health needs in Franklin County, and (f) identification of potential community partners for each of the three priority health needs, namely, mental health and addiction, income/poverty, and maternal and infant health * Timeframe of inputs October 2017 to January 2019 * Population represented Serves all patients of four central Ohio health systems, Mount Carmel Health System, Nationwide Children's Hospital, OhioHealth, and The Ohio State University Wexner Medical Center, including low income, minority or disabled populations Central Ohio Trauma System * Representatives Jodi Keller, associate director of healthcare system emergency preparedness * Inputs (a) Participation in pre-planning activities, (b) identification of health indicators, (c) review of data from various health indicators and identification of significant health needs in Franklin County, and (d) identification of potential community partners for each of the three priority health needs, namely, mental health and addiction, income/poverty, and maternal and infant health * Timeframe of inputs October 2017 to January 2019 * Population represented Serves all patients of four central Ohio health systems, Mount Carmel Health System, Nationwide Children's Hospital, OhioHealth, and The Ohio State University Wexner Medical Center, including low income, minority or disabled populations Columbus Public Health * Representatives Kathy Cowen, director, Office of Epidemiology and Popu</p>

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Form and Line Reference	Explanation
<p>Schedule H, Part V, Section B, Line 5 Facility , 1</p>	<p>lation Health, Melissa Sever, Director, Office of Planning and Quality Improvement (with special knowledge and expertise in public health) * Inputs (a) participation in pre-planning activities, (b) identification of health indicators, (c) gathering of data for the health indicators identified, (d) review of data from various health indicators and identification of significant health needs in Franklin County, and (e) identification of potential community partners for each of the three priority health needs, namely, mental health and addiction, income/poverty, and maternal and infant health * Timeframe of inputs October 2017 to January 2019 * Population represented Serves all city of Columbus residents, regardless of ability to pay Franklin County Public Health * Representatives Theresa Seagraves , director, Health Systems and Planning (with special knowledge and expertise in public health) * Inputs (a) participation in pre-planning activities, (b) identification of health indicators, (c) gathering of data for the health indicators identified, (d) review of data from various health indicators and identification of significant health needs in Franklin County, and (e) identification of potential community partners for each of the three priority health needs, namely, mental health and addiction, income/poverty, and maternal and infant health * Timeframe of inputs October 2017 to January 2019 * Population represented Serves all residents of Franklin County, regardless of ability to pay Illuminology * Representatives Ori V Krstel, PhD, chief executive officer * Inputs (a) participation in pre-planning activities, (b) identification of health indicators, (c) gathering of data for the health indicators identified, (d) review of data from various health indicators and identification of significant health needs in Franklin County, (e) identification of potential community partners for each of the three priority health needs, namely, mental health and addiction, income/poverty, and maternal and infant health, and (f) participation in writing the HealthMap 2019 report * Timeframe of inputs October 2017 to January 2019 * Population represented Serves private and non-profit businesses and local governments Mount Carmel Health System * Representatives Candice Coleman, manager, Community Benefit, Sister Barbara Hahl, senior vice president, Community Services, Jackie Hilton, retired employee * Inputs (a) participation in pre-planning activities, (b) identification of health indicators, (c) gathering of data for the health indicators identified, (d) review of data from various health indicators and identification of significant health needs in Franklin County, and (e) identification of potential community partners for each of the three priority health needs, namely, mental health and addiction, income/poverty, and maternal and infant health * Timeframe of inputs October 2017 to January 2019 * Population represented Serves all persons, including</p>

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Form and Line Reference	Explanation
<p>Schedule H, Part V, Section B, Line 5 Facility , 1</p>	<p>those in Franklin County, regardless of ability to pay Nationwide Children's Hospital * R epresentatives Carla Fountaine, senior community relations specialist, Libbey Hoang, vice president, Planning and Business Development, Brennan Dias, team member, Planning and Business Development * Inputs (a) participation in pre-planning activities, (b) identification of health indicators, (c) gathering of data for the health indicators identified, (d) review of data from various health indicators and identification of significant health needs in Franklin County, and (e) identification of potential community partners for each of the three priority health needs, namely, mental health and addiction, income/poverty, and maternal and infant health * Timeframe of inputs October 2017 to January 2019 * Population represented Serves all persons, including those in Franklin County, regardless of ability to pay Ohio Department of Health * Representatives David Ellsworth, health services policy specialist, Ohio Disability and Health Program (with knowledge and expertise in public health) * Inputs (a) participation in pre-planning activities, (b) identification of health indicators, (c) gathering of data for the health indicators identified, (d) review of data from various health indicators and identification of significant health needs in Franklin County, and (e) identification of potential community partners for each of the three priority health needs, namely, mental health and addiction, income/poverty, and maternal and infant health * Timeframe of inputs October 2017 to January 2019 * Population represented Serves all residents of Ohio, including those in Franklin County, who have disabilities, regardless of ability to pay OhioHealth * Representatives Shannon Ginther, JD, senior director, Community Health Partnerships, Mary Ann G Abiado, PhD, MSN, RN, data management and evaluation specialist/community health nurse, Community Health and Wellness * Inputs (a) participation in pre-planning activities, (b) identification of health indicators, (c) gathering of data for the health indicators identified, (d) review of data from various health indicators and identification of significant health needs in Franklin County, and (e) identification of potential community partners for each of the three priority health needs, namely mental health and addiction, income/poverty, and maternal and infant health * Timeframe of inputs October 2017 to January 2019 * Population represented Serves all persons, including those residing in Franklin County, needing health care services, regardless of ability to pay</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 , 2</p>	<p>Facility , 2 - OhioHealth Rehabilitation Hospital The Ohio State University College of Public Health Center for Public Health Practice * Representatives Andy Wapner, director, Joanne Pearsol, associate director (with special knowledge and expertise in public health) * Inputs (a) participation in pre-planning activities, (b) identification of health indicators, (c) gathering of data for the health indicators identified, (d) review of data from various health indicators and identification of significant health needs in Franklin County, (e) identification of potential community partners for each of the three priority health needs, namely, mental health and addiction, income/poverty, and maternal and infant health, and (f) participation in writing the HealthMap 2019 report * Timeframe of inputs October 2017 to January 2019 * Population represented Serves students, faculty, staff and community residents who need assistance with public health practice, including population health, workforce development, strategic planning, public health accreditation, evaluation and facilitation The Ohio State University Wexner Medical Center * Representatives Beth Neamp, associate vice president, Marketing and Strategic Communications, Wanda Dillard, director, Community Development, Deborah Frazier, resource planning analyst, Chasity Washington, program director, Center for Cancer Health Equity * Inputs (a) participation in pre-planning activities, (b) identification of health indicators, (c) gathering of data for the health indicators identified, (d) review of data from various health indicators and identification of significant health needs in Franklin County, (e) identification of potential community partners for each of the three priority health needs, namely, mental health and addiction, income/poverty, and maternal and infant health, and (f) participation in writing the HealthMap 2019 report * Timeframe of inputs October 2017 to January 2019 * Population represented Serves all persons, including those residing in Franklin County, regardless of ability to pay PrimaryOne Health * Representatives John Tolbert, chief community services officer * Inputs (a) participation in pre-planning activities, (b) identification of health indicators, (c) gathering of data for the health indicators identified, (d) review of data from various health indicators and identification of significant health needs in Franklin County, (e) identification of potential community partners for each of the three priority health needs, namely, mental health and addiction, income/poverty, and maternal and infant health, and (f) participation in writing the HealthMap 2019 report * Timeframe of inputs October 2017 to January 2019 * Population represented Serves all persons, including those residing in Franklin County, regardless of ability to pay United Way of Central Ohio * Representatives Lisa S Courtice, PhD, president and chief executive officer * Inputs (a) participation in p</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
Schedule H, Part V, Section B, Line 5 Facility , 2	re-planning activities, (b) identification of health indicators, (c) gathering of data for the health indicators identified, (d) review of data from various health indicators and i dentification of significant health needs in Franklin County, (e) identification of potent ial community partners for each of the three priority health needs, namely, mental health and addiction, income/poverty, and maternal and infant health, and (f) participation in wr iting the HealthMap 2019 report * Timeframe of inputs October 2017 to January 2019 * Popu lation represented Serves all persons, including those residing in Franklin County, regar dless of ability to pay

**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 collaborated effort coordinated by the Central Ohio Hospital Council (COHC), which represents 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 OhioHealth Riverside Methodist Hospital OhioHealth Grant Medical Center OhioHealth Doctors Hospital, OhioHealth Dublin Methodist Hospital, OhioHealth Rehabilitation Hospital Mount Carmel East Mount Carmel West Mount Carmel St Ann's Mount Carmel New Albany Nationwide Children's Hospital The Ohio State University Hospital The Ohio State University Hospital East The Ohio State University's Richard M Ross Heart Hospital Ohio State Dodd Rehabilitation Hospital Ohio State Harding Hospital The James Cancer Hospital and Solove Research Institute

**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	<p>Facility , 1 - OHIOHEALTH REHABILITATION HOSPITAL In conducting its joint CHNA, OhioHealth and and OhioHealth Rehabilitation Hospital collaborated with the Franklin County Community Health Needs Assessment Steering Committee, which is comprised of the following organizations Franklin County Public Health, Columbus Public Health, Central Ohio Area Agency on Aging, Central Ohio Hospital Council, Central Ohio Trauma System, Ohio Department of Health Disability and Health Program, PrimaryOne Health, The Ohio State University College of Public Health, Center for Public Health Practice, and United Way of Central Ohio In addition, the following organizations were contracted to assist with the community health needs assessment</p> <p>1 Bricker &amp; Eckler LLP/INCompliance Consulting (Chris Kenney, Jim Flynn) Bricker &amp; Eckler LLP, located at 100 South Third Street, Columbus, Ohio 43215, was contracted to review this community health needs assessment (CHNA) report Jim Flynn is a partner with the Bricker &amp; Eckler healthcare group, where he has practiced for 28 years His general healthcare practice focuses on health planning matters, certificates of need, non-profit and tax-exempt healthcare providers, and federal and state regulatory issues Mr Flynn has provided CHNA consultation to healthcare providers, including non-profit and tax-exempt healthcare providers, as well as public hospitals Chris Kenney is the director of regulatory services with INCompliance Consulting, an affiliate of Bricker &amp; Eckler LLP Ms Kenney has more than 39 years of experience in healthcare planning and policy development, federal and state regulations, certificate-of-need regulations, and Medicare and Medicaid certification She has been conducting CHNAs in compliance with federal rules since 2012, providing expert testimony on community needs and offering presentations and educational sessions regarding CHNAs</p> <p>2 Illuminology Illuminology is located at 5258 Bethel Reed Park, Columbus, OH 43220 Illuminology CEO Ori V Kristel, PhD, Illuminology led the process for locating health status indicator data and creating the summary report Dr Kristel has more than 20 years of experience in research design, analysis and reporting, with a focus on community health assessments</p> <p>3 The Ohio State University College of Public Health Center for Public Health Practice The Ohio State University College of Public Health Center for Public Health Practice is located at 1841 Neil Avenue, Columbus, OH 43210 The Center, represented by Andrew Wapner, DO, MPH, Joanne Pearsol, MA, MCHES, Leslie Carson, MPH candidate, and Mackenzie Aughe, MPH candidate, provided data collection support and edits to the final CHNA report The Center was also represented on the CHNA Steering Committee Combined, the Center's staff have more than 40 years of experience in local, state and academic public health and routinely provide health needs assessment services</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 11 Facility , 1</p>	<p>Facility , 1 - OhioHealth Rehabilitation Hospital OhioHealth Rehabilitation Hospital will address two of the three priority Health needs in Franklin County, namely Mental Health and Addiction and Income/Poverty The rehabilitation hospital will not address maternal and infant health, which is the third priority health need in Franklin County The Rehabilitation Hospital is a specialty hospital and does not provide healthcare or outreach services that address maternal and infant health In addition, the rehabilitation hospital does not have the expertise to address this need and that OhioHealth Riverside Methodist, OhioHealth Grant Medical Center, OhioHealth Doctors Hospital and OhioHealth Dublin Methodist Hospital have The CHNA was adopted at the end of the tax year, so no actions were taken during the 2018 tax year related to the most recently conducted CHNA Need 1 Mental health and addiction a) Continue assessing depression and anxiety in patients (aged 12 and older) of OhioHealth Physician Group's primary care practices using the nine-item Patient Health Questionnaire (PHQ-9) (This strategy aligns with the Ohio 2017-2019 State Health Improvement Plan ) b) Continue assessing suicide risk for hospitalized patients using the Columbia Suicide Severity Rating Scale (This strategy aligns with the Ohio 2017-2019 State Health Improvement Plan ) c) Continue addressing mental health and addiction and social determinants of health needs of patients with mental health and/or addiction diagnoses by referring patients to community agencies that provide the following (i) inpatient and outpatient mental and behavioral health treatment and counseling services and/or (ii) assistance with transportation, housing, utilities, prescription medications, employment, and other social determinants of health needs d) Continue implementing the OhioHealth Grant Medical Center Addiction Medicine Fellowship program The program aims to adequately train physician fellows to develop clinical competencies, adhere to ethical principles, and improve knowledge and skills in addiction medicine The program will accept patient referrals from all OhioHealth hospitals in Franklin County, namely OhioHealth Riverside Methodist Hospital, OhioHealth Doctors Hospital, OhioHealth Dublin Methodist Hospital and OhioHealth Rehabilitation Hospital The Addiction Medicine Fellowship program will also collaborate with Nationwide Children's Hospital, Maryhaven Addiction Stabilization Center, Amethyst Inc , Alvis, CompDrug and the Ohio Department of Rehabilitation and Correction to ensure continuity of care e) Continue offering the OhioHealth Behavioral Health Family Support Group at The Dempsey Family Education and Resource Center at OhioHealth The support group is offered for adults every Tuesday (up to 52 times per fiscal year) and is co-facilitated by licensed mental healthcare providers from the OhioHealth Behavioral Health department and Mental Health America of Franklin County</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
Schedule H, Part V, Section B, Line 11 Facility , 1	<p>On the last Tuesday of the month, the Behavioral Health Family Support Group features a guest speaker and is open to all age groups. The support group focuses on issues faced by a family member or care provider who provides emotional, financial or practical support to a person with a mental health condition. Examples of topics discussed include but are not limited to supporting recovery, maintaining healthy relationships, establishing boundaries, mental health conditions and recommended treatments, area resources, self-care and resiliency, the grief process, and mindfulness.</p> <p>f) Continue offering at least one continuing education session per fiscal year to nurses through the OhioHealth Faith Community Nursing program that will focus on understanding depression and anxiety.</p> <p>g) Continue offering the mental health and addiction outreach programs through the OhioHealth Faith Community Relations. The outreach programs will include but are not limited to (i) Mental Health First Aid and (ii) Congregational Care and Hospital Visitation Series.</p> <p>h) Continue distributing free Naloxone kits and education on administering Naloxone at the OhioHealth Grant Medical Center Emergency Department, OhioHealth Westerville Emergency Care Center, and OhioHealth Pickerington Emergency Care Center.</p> <p>i) Continue serving as speakers or educators during the free Naloxone trainings, "Be the One to Save a Life," for residents and representatives of community organizations in Franklin County. The training will be focused on how to use the Naloxone kit to stop deadly overdose from opiates or heroin. The outreach program is made possible through a collaboration among Franklin County Public Health, City of Columbus, Columbus Public Health, Maryhaven Addiction Stabilization Center and the Central Ohio Hospital Council (Franklin County Public Health, 2019).</p> <p>j) Continue partnering with the Franklin County Opiate Task Force by (a) serving as co-chair of the Resource Development Committee, (b) participating in the Risk Reduction Subcommittee, (c) participating in the Prevention and Community Education Subcommittee, (d) participating in the Recovery Subcommittee and (d) cash contributions to the "Don't Live in Denial, Ohio" campaign.</p> <p>Anticipated Impact of these actions:</p> <p>a) Per fiscal year, at least 100 patients will be screened for anxiety and depression. When appropriate, patients who need ongoing counseling or more in-depth services will be referred to community-based agencies that provide mental, behavioral and substance abuse treatments. A psychiatrist or psychiatric nurse practitioner will review the caseload every week and make medication-related recommendations to the primary care provider if appropriate.</p> <p>b) Per fiscal year, suicide risk assessment of at least 90 percent of all inpatient admissions. Brief intervention and community referral of patients who screened positive for suicidal ideation will be provided by social workers or counselors when appropriate.</p> <p>c) Per fiscal year,</p>

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	<p>at least 100 patients with mental health and/or addiction diagnoses will be referred to mental and behavioral health agencies for treatment and/or counseling services Per fiscal year, at least 100 patients will be referred to HandsOn Central Ohio or to community agencies that address transportation, housing, utilities, prescription medications, employment, and other social determinants of health needs d) Per fiscal year, at least 25 patients with mental health and addiction diagnoses will be served by the OhioHealth Grant Medical Center Addiction Medicine Fellowship program Per fiscal year, at least 10 patients from OhioHealth Riverside Methodist Hospital, OhioHealth Doctors Hospital, OhioHealth Dublin Methodist Hospital and OhioHealth Rehabilitation Hospital will be referred to the Grant Medical Center Addiction Medicine Fellowship program for follow-up care Patients will be referred to community-based organizations that help with assistance for transportation, food, housing, utility bills, and other social determinants of health needs e) Per fiscal year, up to 100 persons will attend the OhioHealth Behavioral Health Family Support Group at The Dempsey Family Education and Resource Center Of the participants who attend three or more times and complete the annual anonymous survey, the following impacts will be reported ( i) at least 75 percent will self-report that they learned various techniques to maintain good mental and behavioral health through new coping strategies, (ii) at least 75 percent will agree that they feel listened to by the facilitators and/or other members, (iii) at least 75 percent will report good customer service experience, and (iv) at least 75 percent will recommend the group to other people in search of a family support group f) Per fiscal year, at least 20 nurses will attend the continuing education session that is focused on mental health and addiction At least 90 percent will meet the learning objectives of the continuing education session Nurse continuing education hours will be provided through OhioHealth Learning g) Per fiscal year, at least 40 people from at least five congregations will be served by OhioHealth Faith Community Relations outreach programs h) Per fiscal year, at least 50 patients and families will be given Naloxone kits and corresponding education on Naloxone administration i) Per fiscal year, OhioHealth will participate in up to five community-based education events in Franklin County on Naloxone administration j) Per fiscal year, OhioHealth in partnership with the Franklin County Opiate Task Force will provide accomplishments related to at least one of the following goals (a) prevent opiate abuse and addiction, (b) reduce the number of opiate-related deaths, (c) expand access for treatment, and (d) improve the safety of the Franklin County communities</p>

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 2	<p>Facility , 2 - OhioHealth Rehabilitation Hospital Need 2 Income/Poverty a) As part of the OhioHealth outreach to promote employment in the healthcare field, OhioHealth's HR department will continue to collaborate with Godman Guild and Reeb Avenue Center in providing Franklin County residents with (i) learning opportunities about the patient transportation and patient support assistant (PSA) jobs at OhioHealth, (ii) participate in one to two weeks of hands-on training and shadowing of OhioHealth employees who are currently on these jobs, and (iii) interview training b) As part of OhioHealth HR's partnership with HandsOn Central Ohio, OhioHealth will continue to offer associates and their family members access to "LinkLine," a dedicated, confidential toll-free telephone line offering assistance with social services such as but not limited to low-income housing, rent payment assistance, food assistance, and utility assistance c) Continue partnering with Project SEARCH and Columbus City Schools Community Training Program, OhioHealth Riverside Methodist Hospital, OhioHealth Grant Medical Center, OhioHealth Doctors Hospital and OhioHealth Dublin Methodist Hospital provide internships to 11th and 12th grade students with disabilities so they can develop marketable, practical work skills and develop social skills to build mutual respect with peers and supervisors d) Continue partnering with Junior Achievement of Central Ohio, volunteer-led, K-12 programs that enable children and youth to understand managing finances, promote a sense of entrepreneurship, develop skills for being successful in life and career, and learn the value of contributing towards the progress of their communities (Junior Achievement of Central Ohio, n.d.) Examples of Junior Achievement of Central Ohio programs include (i) JA BE Entrepreneurial, (ii) JA BizTown, (iii) JA Career Success, (iv) JA Company Program Blended Model, (v) JA Economics for Success, (vi) JA Economics, (vii) JA Exploring Economics, and (viii) JA Finance Park (Junior Achievement of Central Ohio, n.d.) e) Continue partnering with various chambers of commerce in Franklin County as it relates to workforce development, including but not limited to (i) Clintonville Area Chamber of Commerce, (ii) Columbus Chamber of Commerce, (iii) Dublin Chamber of Commerce, (iv) Gahanna Chamber of Commerce, (v) Greater Powell Chamber of Commerce, (vi) Grove City Chamber of Commerce, (vii) Hilliard Chamber of Commerce, (viii) New Albany Chamber of Commerce, (ix) Tri-Village Chamber Partnership (Upper Arlington, Marble Cliff, Grandview), (x) Westerville Chamber of Commerce and (xi) Worthington Chamber of Commerce f) Partner with the Columbus Women's Commission, which focuses on pay equity, affordable housing, health and workforce development (City of Columbus, 2019) g) Continue offering the OhioHealth Charity Care Policy and medical financial assistance to patients with limited or no resources and inadequate medical insurance</p>



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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 2	<p>e coverage OhioHealth offers high-quality care to everyone, regardless of ability to pay The OhioHealth Charity Care Policy includes (i) substantial charity care guidelines that provide free care for individuals and families who earn less than 200 percent of the federal poverty level, (ii) sliding scale fees to provide substantially discounted care for individuals and families who are between 200 and 400 percent of the federal poverty level, and (iii) hardship policy for those patients who could not otherwise qualify for charity care but have unique circumstances OhioHealth offers interest-free loans for up to one year to assist patients OhioHealth also has an uninsured discount policy for individuals without health insurance who do not qualify for charity care Anticipated Impact of These Actions a) Per fiscal year, at least 10 persons from Franklin County will participate in the OhioHealth HR department's employment outreach at the Reeb Avenue Center and Godman Guild Per fiscal year, at least one participant from the employment outreach at either location will be hired as an OhioHealth associate b) Per fiscal year, the HandsOn Central Ohio will serve at least 1,000 telephone calls from OhioHealth associates and their families through the OhioHealth LinkLine All callers will be referred to community resources or OhioHealth programs c) Per fiscal year, at least 50 students from Project SEARCH will obtain internships at OhioHealth Riverside Methodist Hospital, OhioHealth Grant Medical Center, OhioHealth Doctors Hospital and OhioHealth Dublin Methodist Hospital At least one student who completed the Project SEARCH internship rotations will be hired by OhioHealth d) Per fiscal year, the Junior Achievement of Central Ohio will serve at least 5,000 students, conduct at least 300 classes, and conduct activities in at least 60 schools e) Per fiscal year, at least one project addressing workforce development by at least one chamber of commerce partner in Franklin County will be supported through active involvement and in-kind support of OhioHealth f) Per fiscal year, at least 10 additional employers will sign the "Columbus Commitment Achieving Pay Equity," which fosters equal pay for equal work, specifically for African American and Latina women Per fiscal year, the Columbus Women's Commission will organize at least one conference, workshop or summit that is focused on gender pay equity, affordable housing, health, and workforce development to benefit women and their families g) Per fiscal year, the number and percent of patients and their demographic breakdown (age, gender, race, ethnicity) who will be eligible for OhioHealth Charity Care guidelines will be reported for each OhioHealth hospital in Franklin County, namely OhioHealth Riverside Methodist Hospital, OhioHealth Grant Medical Center, OhioHealth Doctors Hospital, OhioHealth Dublin Methodist Hospital and OhioHealth Rehabilitation Hospital Per fiscal year, the number of patients</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
Schedule H, Part V, Section B, Line 11 Facility , 2	<p>and their demographic breakdown (age, gender, race, ethnicity) who will be eligible for OhioHealth Charity Care guidelines will be reported for all OhioHealth Physician Group clinics in Franklin County. The most recently conducted CHNA was adopted at the end of the 2018 tax year, therefore no actions were taken during the 2018 tax year related to the most recent CHNA. Documentation of Program impacts from the CHNA and implementation strategy adopted in 2015 by OhioHealth Rehabilitation Hospital can be found in the 2019 CHNA (Appendix D2) at <a href="https://OhioHealth.com/In-the-community/">https://OhioHealth.com/In-the-community/</a>, and is summarized below. The OhioHealth Rehabilitation Hospital conducted a CHNA in Fiscal Year 2018 and adopted an implementation strategy to cover Fiscal Year 2019 to Fiscal Year 2021. The OhioHealth Rehabilitation Hospital continues to monitor the impact of this implementation strategy. OhioHealth Rehabilitation Hospital has no data to report as of the writing of this report. The eight priority health needs identified by the 2015 Community Health Needs Assessment were the following: 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. Of the eight identified priorities, OhioHealth Rehabilitation Hospital (OHRH) chose to address #2 Chronic Disease and #8 Unintentional Injuries. The remaining six identified needs were addressed by other OhioHealth member hospitals in Franklin County. The outcomes were reported in the 2016 Community Health Needs Assessment of OhioHealth Riverside Methodist Hospital, OhioHealth Grant Medical Center, OhioHealth Doctors Hospital and OhioHealth Dublin Methodist Hospital. The reports are available on the OhioHealth website, <a href="https://OhioHealth.com/In-the-community/">https://OhioHealth.com/In-the-community/</a>.</p> <p>Need 2 Chronic Disease (CD)</p> <p>CD 2.1 Offer and facilitate diabetes/heart disease health management classes to patients admitted with diabetes/heart disease to provide current information on diabetes/heart disease self-care, wellness promotion, self-motivation and how to prevent complications from diabetes/heart disease.</p> <p>CD 2.2 Each patient requiring specific diabetic education will receive, "Your Guide to Understanding Diabetes Management" (HERC Publishing) as a workbook to guide education throughout their hospital stay.</p> <p>CD 2.3 Participate with the Central Ohio Diabetes Association's referral program in partnership with Nationwide Insurance for free glucose meters for patients.</p> <p>CD 2.4 Patients with newly diagnosed diabetes will receive a referral for outpatient diabetic education by a registered dietician.</p> <p>CD 2.5 Provide a weekly educational offering, "The Wellness Group," to patients and family members that discusses heart healthy foods, sodium and blood pressure, food label reading, risk factors for stroke/heart disease, reduction of risk factors, exercise and depression.</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 11 Facility , 3	<p>Facility , 3 - OhioHealth Rehabilitation Hospital</p> <p>CD 2 6 As part of ongoing education, select patients will receive the "Important Numbers to Know about Your Heart Health" form It is a customized table with a patient's current BMI, cholesterol levels, hemoglobin A1C and blood pressure It also provides a description of each value and evidenced-based goals based on each value</p> <p>CD 2 7 Hospital pharmacists in conjunction with respiratory therapy to offer tobacco cessation classes to patients with history of tobacco product usage</p> <p>Need 8 Unintentional Injuries (UI)</p> <p>UI 8 1 Hospital occupational and speech therapists to review and demonstrate home safety by problem solving and sequencing home exit plan in case of home fire</p> <p>UI 8 2 Hospital occupational and physical therapists integrate balance, floor transfers and home safety recommendations in reducing falls at home</p> <p>UI 8 3 Pharmacy and nursing to collaborate on medication teaching that educates patients and family/caregivers on medications that could contribute to falls at home</p> <p>UI 8 4 Utilize IT Health Tracks to monitor 90-day post discharge data to track falls and falls with injuries at home</p> <p>UI 8 5 Referral made to OhioHealth Home Health physical therapy for home safety evaluation if patient is at high risk for falls</p> <p>UI 8 6 Patients with neurological diagnoses attend Home Safety Part I and II classes that focus on compensatory strategies and instruction on adaptive equipment to reduce falls at home and in the community</p> <p>UI 8 7 OhioHealth Rehabilitation Hospital offers a Community Re-Entry Program that allows patients to learn how to navigate community barriers with the safety of a therapist</p>

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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

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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

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 2	FACILITY NAME GROVE CITY METHODIST HOSPITAL On October 3, 2018, OhioHealth opened the newly constructed Grove City Methodist Hospital The hospital features a full-service emergency department, four operating rooms, and imaging, laboratory, pharmacy and food services FACILITY NAME OHIOHEALTH BERGER HOSPITAL On April 1, 2019, Berger Hospital officially became the 12th full-member hospital of Columbus-based OhioHealth following approvals for the merger from the OhioHealth Board of Directors, the Berger Board of Governors, Circleville City Council and the Pickaway County Commissioners Prior to April 1, 2019, Berger Hospital was a governmental hospital not subject to section 501(R)

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 13 Facility B, 1	Facility B, 1 - FACILITY GROUP B OHIOHEALTH USES INCOME LEVEL OF PATIENT AND PATIENT IMMEDIATE FAMILIES AS A FACTOR IN DETERMINING INCOME LEVEL

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 13 Facility B, 1	Facility B, 1 - FACILITY REPORTING GROUP B 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
<p>Schedule H, Part V, Section B, Line 16 Facility B, 1</p>	<p>Facility B, 1 - FACILITY GROUP B 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 be available</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
Schedule H, Part V, Section B, Line 16 Facility B, 1	and that he/she may be referred to the Customer Call Center for assistance in applying. The registrar will transfer the patient to the verbal financial assistance queue and/or will provide the telephone number to the verbal financial assistance queue. All insured patients expressing need for financial assistance will also be transferred to the verbal financial assistance queue and/or provided the telephone number to the verbal financial assistance queue in the Customer Call Center. The Customer Call Center will discuss financial assistance with any patient that expresses need or concern in paying the balance on their account. The representative will forward the caller to the verbal financial assistance queue or have a financial assistance application mailed to the patient. The financial assistance application is available in eleven different languages based on the needs of the communities.

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

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

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

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

Name and address	Type of Facility (describe)
<b>1</b> Polaris Surgery Center 300 Polaris Parkway Westerville, OH 430827989	Surgery Center
<b>1</b> Upper Arlington Surgery Center 2240 North Bank Drive Columbus, OH 432205420	Surgery Center
<b>2</b> Knightsbridge Surgery Center 4845 Knightsbridge Blvd Columbus, OH 432142463	Surgery Center
<b>3</b> Pickerington Surgery Center 1030 Refugee Road Pickerington, OH 43147	Surgery Center
<b>4</b> The Hand Center 1210 Gemini Place Columbus, OH 43240	Surgery Center
<b>5</b> Grove City Surgery Center 1325 Stringtown Road Grove City, OH 43123	Surgery Center
<b>6</b> Westerville Medical Campus 300 Polaris Parkway Westerville, OH 43082	Emergency Care Center
<b>7</b> Pickerington Medical Campus 1010 Refugee Road Pickerington, OH 43147	Emergency Care Center
<b>8</b> Grant Scope Center LLC 700 E Broad St Columbus, OH 43215	Endoscopy Surgery Center
<b>9</b> Westerville Endoscopy Center LLC 300 Polaris Parkway Westerville, OH 43082	Endoscopy Surgery Center
<b>10</b> Eye Center of Columbus 262 Neil Avenue Columbus, OH 43215	Eye Care Services
<b>11</b> OhioHealth Urgent Care 2030 Stringtown Road Grove City, OH 43123	Urgent Care Facility
<b>12</b> OhioHealth Urgent Care 6905 Hospital Drive Dublin, OH 43016	Urgent Care Facility
<b>13</b> OhioHealth Sleep Services 974 Bethel Road Grove City, OH 43213	Sleep Diagnostic Center
<b>14</b> OhioHealth Sleep Services 1325 Stringtown Road Grove City, OH 43123	Sleep Diagnostic 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)
<b>16</b> OhioHealth Sleep Services 4363 All Seasons Drive Hilliard, OH 43026	Sleep Diagnostic Center
<b>1</b> OhioHealth Sleep Services 801 OhioHealth Blvd Delaware, OH 43015	Sleep Diagnostic Center
<b>2</b> OhioHealth Sleep Services 300 Polaris Parkway Westerville, OH 43082	Sleep Diagnostic Center
<b>3</b> Marion Area Physicians 1050 Delaware Avenue Marion, OH 43302	Multi-Purpose Physician Group
<b>4</b> OhioHealth Urgent Care 2014 Baltimore-Reynoldsburg Road Reynoldsburg, OH 43068	Urgent Care Facility
<b>5</b> OhioHealth Urgent Care 895 West 3rd Avenue Columbus, OH 43212	Urgent Care Facility
<b>6</b> OhioHealth Urgent Care 4343 All Seasons Drive Hilliard, OH 43026	Urgent Care Facility
<b>7</b> OhioHealth Urgent Care 5610 North Hamilton Road Columbus, OH 43230	Urgent Care Facility
<b>8</b> OhioHealth Urgent Care 1710 COLUMBUS PIKE DELAWARE, OH 43015	Urgent Care Facility
<b>9</b> OhioHealth Urgent Care 1120 Polaris Parkway Columbus, OH 43240	Urgent Care Facility
<b>10</b> OhioHealth Mansfield Urgent Care 1750 West Fourth Street Ontario, OH 449060000	Urgent Care Facility
<b>11</b> OhioHealth Marion Urgent Care 130 University Drive Marion, OH 433020000	Urgent Care Facility
<b>12</b> OhioHealth Sleep Services 600 North Pickaway Street Circleville, OH 43113	Sleep Diagnostic Center
<b>13</b> OhioHealth Sleep Services 921 East Franklin Street Kenton, OH 43326	Sleep Diagnostic Center
<b>14</b> OhioHealth Sleep Services 335 Glessner Avenue Mansfield, OH 44903	Sleep Diagnostic 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)
<b>31</b> OhioHealth Sleep Services 1050 Delaware Avenue Marion, OH 43302	Sleep Diagnostic Center
<b>1</b> OhioHealth Sleep Services 11 John Lloyd Evans Memorial Nelsonville, OH 45764	Sleep Diagnostic Center
<b>2</b> OhioHealth Urgent Care 265 West Union Street Athens, OH 45701	Urgent Care Facility
<b>3</b> OhioHealth Urgent Care 921 East Franklin Street Kenton, OH 43326	Urgent Care Facility
<b>4</b> OhioHealth Urgent Care 11 John Lloyd Evans Memorial Nelsonville, OH 45764	Urgent Care Facility
<b>5</b> NovaCare - Worthington 730 Mt Airyshire Blvd Columbus, OH 43235	Outpatient Rehabilitation Facility
<b>6</b> NovaCare - Metro 720 East Broad Street Columbus, OH 43215	Outpatient Rehabilitation Facility
<b>7</b> NovaCare - Northeast 6021 CLEVELAND AVE Columbus, OH 43231	Outpatient Rehabilitation Facility
<b>8</b> NovaCare - East Columbus 6465 East Broad Street Columbus, OH 43213	Outpatient Rehabilitation Facility
<b>9</b> NovaCare - Dublin 5100-D Bradenton Ave Dublin, OH 43017	Outpatient Rehabilitation Facility
<b>10</b> NovaCare - Grove City 2185 Stringtown Rd Grove City, OH 43123	Outpatient Rehabilitation Facility
<b>11</b> NovaCare - Reynoldsburg 6488 East Main Street Reynoldsburg, OH 43068	Outpatient Rehabilitation Facility
<b>12</b> NovaCare - Pataskala 8200 Hazelton-Etna Rd Pataskala, OH 43062	Outpatient Rehabilitation Facility
<b>13</b> NovaCare - Groveport 5323 Hendron Drive Groveport, OH 43125	Outpatient Rehabilitation Facility
<b>14</b> NovaCare - Westerville 574 North State Street Westerville, OH 43082	Outpatient Rehabilitation 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)
<b>46</b> NovaCare - Columbus 783 Bethel Road Columbus, OH 43214	Outpatient Rehabilitation Facility
<b>1</b> NovaCare - Grove City 6024 Hoover Road Grove City, OH 43123	Outpatient Rehabilitation Facility
<b>2</b> NovaCare - Columbus West 4930 West Broad St Columbus, OH 43228	Outpatient Rehabilitation Facility
<b>3</b> NovaCare - Grove City 3148 Broadway Grove City, OH 43123	Outpatient Rehabilitation Facility
<b>4</b> NovaCare - Dublin 5130 Bradenton Avenue Dublin, OH 43017	Outpatient Rehabilitation Facility
<b>5</b> NovaCare - Westerville 925 N State St Westerville, OH 43082	Outpatient Rehabilitation Facility
<b>6</b> NovaCare - Bethel Road 4830 Knightsbridge Blvd Columbus, OH 43214	Outpatient Rehabilitation Facility
<b>7</b> NovaCare - Pickerington 188 Clint Dr Pickerington, OH 43147	Outpatient Rehabilitation Facility
<b>8</b> NovaCare - Troy Farms 1100 Sunbury Road Delaware, OH 43015	Outpatient Rehabilitation Facility
<b>9</b> NovaCare - New Albany 7277 Smiths Mill Road New Albany, OH 43054	Outpatient Rehabilitation Facility
<b>10</b> NovaCare - Hilliard 3207 Hilliard-Rome Road Hilliard, OH 43026	Outpatient Rehabilitation Facility
<b>11</b> NovaCare - OH - Gahanna 156 Granville Street Gahanna, OH 43230	Outpatient Rehabilitation Facility
<b>12</b> NovaCare - Eastside HC 4850 E Main St Whitehall, OH 43213	Outpatient Rehabilitation Facility
<b>13</b> NovaCare - SMG Downtown 323 E Town St Columbus, OH 43215	Outpatient Rehabilitation Facility
<b>14</b> NovaCare - Grove City HC 2030 Stringtown Rd Grove City, OH 43123	Outpatient Rehabilitation 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)
<b>61</b> NovaCare - Sports Med Center Dublin 6955 Hospital Dr Dublin, OH 43016	Outpatient Rehabilitation Facility
<b>1</b> NovaCare - Westerville MC 300 Polaris Pkwy Westerville, OH 43082	Outpatient Rehabilitation Facility
<b>2</b> NovaCare - Hill Road SMG Pickerington 417 Hill Rd Columbus, OH 43215	Outpatient Rehabilitation Facility
<b>3</b> NovaCare - Lewis Center HC 7853 Pacer Dr Delaware, OH 43015	Outpatient Rehabilitation Facility
<b>4</b> NovaCare - Pickerington MC 1010 Refugee Rd Pickerington, OH 43147	Outpatient Rehabilitation Facility
<b>5</b> NovaCare - Powell 10401 Sawmill Rd Powell, OH 43065	Outpatient Rehabilitation Facility
<b>6</b> NovaCare - Gahanna HC 765 N Hamilton Rd Gahanna, OH 43230	Outpatient Rehabilitation Facility
<b>7</b> NovaCare - Pelvic 3555 Olentangy River Rd Columbus, OH 43214	Outpatient Rehabilitation Facility
<b>8</b> NovaCare - Grady MOB 551 W Central Delaware, OH 43015	Outpatient Rehabilitation Facility
<b>9</b> NovaCare - Doctors Hospital MOB 5193 W Broad St Columbus, OH 43228	Outpatient Rehabilitation Facility
<b>10</b> NovaCare - Hilliard HC 4343 All Seasons Dr Hilliard, OH 43026	Outpatient Rehabilitation Facility
<b>11</b> NovaCare - McConnell SSJC 3773 Olentangy River Rd Columbus, OH 43214	Outpatient Rehabilitation Facility
<b>12</b> NovaCare - Max Sport 3705 Olentangy River Rd Columbus, OH 43214	Outpatient Rehabilitation Facility

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

Schedule I (Form 990)

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

OMB No 1545-0047

2018

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

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...
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

Table with 8 columns: (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. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 29
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	10	20,000			
(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:** 18007697  
**Software Version:** 2018v3.1  
**EIN:** 31-4394942  
**Name:** OhioHealth Corporation

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COLUMBUS FOUNDATION 1234 E Broad St Columbus, OH 43205	31-6044264	501C (3)	360,000				Hilltop Endowment Fund
COLUMBUS ZOO ASSN PO Box 400 Powell, OH 43065	31-4390844	501C (3)	250,000				Zoo Impact Funding

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
YMCA OF CENTRAL OHIO 1907 Leonard Ave Columbus, OH 43219	31-4379594	501C (3)	265,000				Corporate Sponsor Fund
CENTRAL OHIO HOSPITAL COUNCIL 155 E Board St Columbus, OH 43215	26-2795133	501C (3)	235,000				Ohio BBO Initiative

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

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CHARITABLE PHARMACY OF CENTRAL OHIO INC 200 E Livingston Ave Columbus, OH 43215	27-0147099	501C (3)	100,000				Contribution
WESTERVILLE PARKS FOUNDATION 350 N Cleveland Ave Westerville, OH 43082	31-1719247	501C (3)	50,000				First Responders Project

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
KOMEN COLUMBUS RACE FOR THE CURE 929 Eastwind Dr Westerville, OH 43081	75-2844651	501C (3)	40,000				2019 Race for the Cure
AMERICAN HEART ASSOCIATION INC 5455 N High St Columbus, OH 43214	13-5613797	501C (3)	25,000				2018 Go Red for Women

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COLUMBUS COLLEGE OF ART AND DESIGN 60 Cleveland Ave Columbus, OH 43215	31-0820394	501C (3)	20,000				CHROMA Best of CCAD
ALZHEIMERS ASSN OF CENTRAL OHIO 1379 Dublin Rd Columbus, OH 43215	13-3039601	501C (3)	14,500				Walk to End Alzheimer's

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
PARKINSON'S FOUNDATION 2800 Corp Exch Dr Columbus, OH 43231	13-1866796	501C (3)	25,000				2019 Gold Sponsorship
NATIONAL MULTIPLE SCLEROSIS SOCIETY 6155 Rockside Rd Athens, OH 44131	13-5661935	501C (3)	18,000				Walk MS Columbus Gold Sponsorship

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

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OHIO UNIVERSITY FOUNDATION INC PO Box 869 Athens, OH 45701	31-6402269	501C (3)	10,000				One Year Charitable Sponsorship
COLUMBUS METROPOLITAN CLUB 100 E Broad St Columbus, OH 43215	31-0889324	501C (3)	10,000				Support for the Columbus Metro Club renewal of the Our Healthy Community series per revised proposal



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CENTER FOR HEALTHY FAMILIES 500 S Front Street Columbus, OH 43215	20-8701526	501C (3)	9,600				Bridge Builder 2018 Pledge Payment
FRANKLIN PARK CONSERVATORY 1777 E Broad St Columbus, OH 43203	31-1657027	501C (3)	9,000				Platinum Sponsorship - Hat Day 2019

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CAPA INC 55 E State Street Columbus, OH 43215	31-0749884	501C (3)	9,000				Sponsorship
AMERICAN CANCER SOCIETY INC 5555 Frantz Rd Dublin, OH 43017	13-1788491	501C (3)	8,892				2018 Relay for Life Silver Sponsorship for 10 events

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COSI COLUMBUS 333 W Broad St Columbus, OH 43215	31-6048990	501C (3)	8,500				Big Science Celebration Sponsorship
STONEWALL COLUMBUS INC 1160 North High Street Columbus, OH 43201	31-1189481	501C (3)	7,500				Columbus Pride 2019 Sponsorship - Gold Level - Jaeger Run for Pride 5k

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ALS ASSOCIATION 1170 Old Henderson Road Columbus, OH 43202	31-1235704	501C (3)	7,500				2018 Walk to Defeat ALS Diamond Sponsorship
OHIO MINORITY SUPPLIER DEV COUNCIL 100 E Broad St Columbus, OH 43215	31-1022688	501C (3)	7,500				Dinner Sponsor for Healthcare Summit

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
LUTHERAN SOCIAL SERVICES OF CENTRAL OHIO 500 W Wilson Bridge Road Worthington, OH 43085	31-1399590	501C (3)	5,000				LSS 2019 Board Campaign, Political Contribution
PEGGY MCCONNELL WORTHINGTON ARTS CENTER 777 Evening Street Worthington, OH 43085	26-3919517	501C (3)	5,000				2019 Arts Enchanted Evening - Expedition Sponsor

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
YWCA 65 South Fourth St Columbus, OH 43215	31-4379597	501C (3)	5,000				2019 Women of Achievement Luncheon Sponsorship
MID OHIO REGIONAL PLANNING COMMISSION 111 Liberty Street Columbus, OH 43215	31-1009675	501C (3)	5,000				Regional Housing Strategy Contribution

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
LIFECARE ALLIANCE 1699 W Mound Street Columbus, OH 43223	31-4379494	501C (3)	5,000				Big Wheels 2019 - Gold Sponsorship
LEADERSHIP COUNCIL ON LEGAL DIVERSITY PO Box 1656 Richmond, VA 23218	27-0173338	501C (3)	5,000				2019 LCLD Membership Dues

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NATIONAL ASSN OF WORKSITE HEALTH CENTERS 1804 Torrey Pkwy Libertyville, IL 60048	45-2567442	501C (3)	5,000				Event Sponsor



**Schedule J**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

## Compensation Information

**For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No 1545-0047

# 2018

**Open to Public Inspection**

Name of the organization  
OhioHealth Corporation

Employer identification number  
31-4394942

**Part I Questions Regarding Compensation**

	Yes	No		
<p><b>1a</b> 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</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <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                 </td> <td style="width: 50%; vertical-align: top;"> <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)                 </td> </tr> </table>	<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)		
<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)			
<p><b>b</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</p>	<b>1b</b>			
<p><b>2</b> 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?</p>	<b>2</b>			
<p><b>3</b> 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</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Compensation committee  <input checked="" type="checkbox"/> Independent compensation consultant  <input checked="" type="checkbox"/> Form 990 of other organizations                 </td> <td style="width: 50%; vertical-align: top;"> <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                 </td> </tr> </table>	<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		
<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			
<p><b>4</b> 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</p> <p><b>a</b> Receive a severance payment or change-of-control payment?</p> <p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p>	<b>4a</b>	No		
	<b>4b</b>	Yes		
	<b>4c</b>	No		
<p><b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p> <p><b>5</b> 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</p> <p><b>a</b> The organization?</p> <p><b>b</b> Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III</p>	<b>5a</b>	No		
	<b>5b</b>	No		
<p><b>6</b> 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</p> <p><b>a</b> The organization?</p> <p><b>b</b> Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III</p>	<b>6a</b>	No		
	<b>6b</b>	No		
<p><b>7</b> 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</p>	<b>7</b>	Yes		
<p><b>8</b> 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</p>	<b>8</b>	No		
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	<b>9</b>			

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

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

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

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

**Part III Supplemental Information**

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

Return Reference	Explanation
Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan	Line 4a SEVERANCE PAYMENT OR CHANGE-OF-CONTROL PAYMENT UNDER A VOLUNTARY TERMINATION AGREEMENT ENTERED INTO BY THE EMPLOYEE AND THE ORGANIZATION OR UPON A QUALIFYING TERMINATION DEFINED AS AN INVOLUNTARY SEPARATION FROM SERVICE OTHER THAN FOR CAUSE, THE EMPLOYEE IS ENTITLED TO SEVERANCE PAY BASED UPON YEARS OF SERVICE. THE TERMS AND CONDITIONS TO RECEIVE SEVERANCE PAYMENTS REQUIRE THE EMPLOYEE TO SIGN A RELEASE OF CLAIMS FORM THAT COVERS ALL SITUATIONS SURROUNDING THE EMPLOYEE'S EMPLOYMENT AND SEPARATION FROM OHIOHEALTH. NO SEVERANCE PAYMENTS WERE MADE DURING THE YEAR TO ANY LISTED PERSONS IN PART VII. Line 4b SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN Eligible executives listed in the Form 990, Part VII participate in a supplemental non-qualified plan. These arrangements are an industry standard and are unfunded. Due to the substantial risk of forfeiture provision, there is no guarantee that these officers will ever receive these benefits. Amounts for these arrangements are included in the deferred compensation amount. No supplemental non-qualified retirement plan payments were made during the year to any listed persons in Part VII.

<b>Return Reference</b>	<b>Explanation</b>
Schedule J, Part I, Line 7 Non-fixed payments	Incentive bonuses are calculated using an objective formula that includes clinical quality, patient, physician and employee satisfaction, and financial items. Minor modifications to increase or decrease incentive payments, within the maximum amount established for each position, may be made based on individual performance and accountabilities. In addition, one time bonuses may be awarded to recognize exemplary performance. All payments are examined for reasonableness and are reviewed and approved by either the Executive Compensation Committee (for disqualified persons) or through management and the company's human resources function (for non-disqualified persons).



**Additional Data**

**Software ID:** 18007697  
**Software Version:** 2018v3.1  
**EIN:** 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				
Blom David P	(i)	1,324,352	1,634,418	32,780	1,706,294	21,811	4,719,655	0
President/CEO/Board - OhioHealth	(ii)	0	0	0	0	0	0	0
Romanelli Vincent MD	(i)	0	0	0	0	0	0	0
OhioHlth Board	(ii)	496,170	57,807	19,398	15,349	26,968	615,692	0
Louge Michael W	(i)	945,879	942,782	17,881	659,219	26,750	2,592,511	0
Executive VP & COO/CFO (Start 8/18, End 6/19)	(ii)	0	0	0	0	0	0	0
Yates Vinson M	(i)	616,231	503,928	27,036	191,277	19,868	1,358,340	0
Sr Vice President & CFO (End 8/18)	(ii)	0	0	0	0	0	0	0
Sperling Ronald	(i)	180,000	0	0	0	0	180,000	0
Interim Sr Vice President & CFO (Start 10/18 through 6/19)	(ii)	0	0	0	0	0	0	0
Beckel Johnni C	(i)	518,116	450,738	25,535	177,910	26,750	1,199,049	0
Sr VP Chief HR Officer	(ii)	0	0	0	0	0	0	0
Markovich Stephen E MD	(i)	794,812	709,750	29,146	452,427	26,150	2,012,285	0
Executive VP	(ii)	0	0	0	0	0	0	0
Meldrum Terri W Esq	(i)	379,479	243,500	23,907	70,598	26,750	744,234	0
Sr VP & General Counsel	(ii)	0	0	0	0	0	0	0
Morrison Karen J	(i)	472,759	387,048	9,401	129,307	26,466	1,024,981	0
Sr VP Ext Affairs	(ii)	0	0	0	0	0	0	0
Quinn Jessica L	(i)	374,876	319,407	24,541	6,590	27,091	752,505	0
Sr VP Chief Compliance Officer	(ii)	0	0	0	0	0	0	0
Gossett Lisa	(i)	283,927	105,788	23,638	47,586	21,511	482,450	0
Sr VP Chief Nursing Executive	(ii)	0	0	0	0	0	0	0
Vanderhoff Bruce MD	(i)	704,187	576,397	25,197	213,144	26,450	1,545,375	0
Sr VP and Chief Medical Officer OhioHealth	(ii)	0	0	0	0	0	0	0
Weeast James	(i)	294,207	36,663	7,515	51,500	14,969	404,854	0
Sr VP Chief Information Officer	(ii)	0	0	0	0	0	0	0
Hanly Donna L	(i)	222,292	290,776	22,781	110,536	121,868	768,253	0
Sr VP Chief Nursing Executive (End 7/18)	(ii)	0	0	0	0	0	0	0
Hagen Bruce P	(i)	503,367	363,433	32,479	76,794	19,614	995,687	0
President, West Market	(ii)	0	0	0	0	0	0	0
Herbert-Sinden Cheryl L	(i)	453,901	376,557	28,566	177,701	19,614	1,056,339	0
Sr VP Regional Operations	(ii)	0	0	0	0	0	0	0
Krouse Michael T	(i)	556,733	472,063	27,220	179,364	26,750	1,262,130	0
SR VP & Chief Transformation Officer	(ii)	0	0	0	0	0	0	0
Thornhill Hugh A	(i)	424,117	363,430	29,056	126,192	26,750	969,545	0
President OPG	(ii)	0	0	0	0	0	0	0
Harris-Muller Carrie E	(i)	455,423	360,297	22,340	5,500	24,034	867,594	0
Sr VP Population Health	(ii)	0	0	0	0	0	0	0

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

**Schedule K  
(Form 990)**

**Supplemental Information on Tax-Exempt Bonds**

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2018**

**Open to Public  
Inspection**

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 . . . . .			13,070,000		19,235,000		35,315,000	
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
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .	X		X				X	
<b>b</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
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .		X		X				X
<b>d</b> 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?								
<b>4</b> 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 %
<b>5</b> 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 %
<b>6</b> Total of lines 4 and 5 . . . . .		0 %		0 8 %		0 %		0 1 %
<b>7</b> Does the bond issue meet the private security or payment test? . . . . .		X		X				X
<b>8a</b> 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>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . . .								
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .								
<b>9</b> 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
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . . .		X		X		X		X
<b>2</b> If "No" to line 1, did the following apply? . . . . .								
<b>a</b> Rebate not due yet? . . . . .		X		X		X		X
<b>b</b> Exception to rebate? . . . . .	X		X			X	X	
<b>c</b> No rebate due? . . . . .		X		X	X			X
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
<b>3</b> Is the bond issue a variable rate issue? . . . . .	X		X		X			X
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
<b>b</b> Name of provider . . . . .								
<b>c</b> Term of hedge . . . . .								
<b>d</b> Was the hedge superintegrated? . . . . .								
<b>e</b> Was the hedge terminated? . . . . .								



**Part IV Arbitrage** (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
<b>b</b> Name of provider . . . . .								
<b>c</b> Term of GIC . . . . .								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .								
<b>6</b> Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
<b>7</b> 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 (a) Issuer Name County of Franklin, Ohio (f) Description of Purpose -Acquisition, Construction, Installation and Equipping of Certain Hospital Facilities

<b>Return Reference</b>	<b>Explanation</b>
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

<b>Return Reference</b>	<b>Explanation</b>
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

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

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

**Schedule K (Form 990)**

**Supplemental Information on Tax-Exempt Bonds**

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2018**

**Open to Public Inspection**

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	353187CR6	06-23-2015	299,999,256	Acquisition, Construction, Installation and		X		X		X
B COUNTY OF FRANKLIN OHIO	31-6400067	353187EJ2	10-25-2018	249,997,240	Qualified Capital Expenditures		X		X		X

**Part II Proceeds**

		A		B		C		D	
1	Amount of bonds retired . . . . .	6,295,000							
2	Amount of bonds legally defeased . . . . .								
3	Total proceeds of issue . . . . .	299,999,256		249,997,240					
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		249,997,240					
11	Other spent proceeds . . . . .								
12	Other unspent proceeds . . . . .								
13	Year of substantial completion . . . . .	2015		2018					
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue? . . . . .		X		X				
15	Were the bonds issued as part of an advance refunding issue? . . . . .		X		X				
16	Has the final allocation of proceeds been made? . . . . .	X		X					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	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				
2	Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .		X		X				

**Part III Private Business Use** (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .	X		X					
<b>b</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					
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .		X		X				
<b>d</b> 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?								
<b>4</b> 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 %				
<b>5</b> 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 %				
<b>6</b> Total of lines 4 and 5 . . . . .		0 %		0 %				
<b>7</b> Does the bond issue meet the private security or payment test? . . . . .		X		X				
<b>8a</b> 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				
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . . .								
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .								
<b>9</b> 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					

**Part IV Arbitrage**

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

**Part IV Arbitrage** (Continued)

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

**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.**  
 ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

**2018**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization OhioHealth Corporation	Employer identification number 31-4394942
--	--

**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)	388,822	Comp/Ben - Spouse is employed at OhioHealth Corporation and receives compensation		No
(2) Megan Kindred	Sister of Trustee/Board Member (Chip Root)	100,811	COMP/BEN - SISTER IS EMPLOYED AT RIVERSIDE METHODIST HOSPITAL AND RECEIVES COMPENSATION		No
(3) Rachael Bolmida	Granddaughter of Director (Rev Dr Norman E DeWire)	41,809	Comp/Ben - Granddaughter is employed by Riverside Methodist Hospital and receives compensation		No
(4) RUTH HOLZAPFEL	SISTER OF OFFICER/DIRECTOR (DAVID P BLOM)	39,127	COMP/BEN - SISTER IS EMPLOYED AT WESTERVILLE HEALTH CENTER AND RECEIVES COMPENSATION		No
(5) SARAH HANLY	DAUGHTER-IN-LAW OF KEY EMPLOYEE (DONNA HANLY)	38,105	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**

OMB No 1545-0047

**2018**

**Open to Public Inspection**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Department of the Treasury

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 Rehabilitation Hospital OhioHealth Grove City Methodist Hospital OhioHealth Berger Hospital

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
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**

<b>Return Reference</b>	<b>Explanation</b>
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**

<b>Return Reference</b>	<b>Explanation</b>
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**

<b>Return Reference</b>	<b>Explanation</b>
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**

<b>Return Reference</b>	<b>Explanation</b>
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**

<b>Return Reference</b>	<b>Explanation</b>
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
<p>Form 990, Part VI, Line 15a Process to establish compensation of top management official</p>	<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 2018 base salary and his 2018 total compensation which includes all incentive plans and benefits were estimated to approximate the 75th percentile of a peer group of comparable high performing health systems across the United States. In 2014, OhioHealth implemented an incentive plan to reward achievement of long-term strategic priorities for certain key senior executives. The payout reflects performance over an overlapping three year cycle running concurrently and with a potential payout each year, if earned. The organization's performance for FY 6/30/2018 was measured against balanced scorecard metrics in quality, customer service, culture, and finance performance. Most metrics are benchmarked against like organizations nationally. Our financial performance as measured by the Moody AA2 is at the 94th percentile. The 990 reporting of Compensation Committee approved CEO compensation for 2018 is in alignment with the CEO's tenure, experience and demonstrated level of sustained top quartile performance of OhioHealth. The OhioHealth Corporation's Compensation Committee annually receives a report from its independent executive compensation consultant, which includes third-party comparability data for functionally-similar positions in comparable not-for-profit health systems across the United States. The annual report to the OhioHealth Corporation's Compensation Committee, completed each fall, includes market analyses for base salaries, total cash compensation, benefits and perquisites, and aggregate total compensation values for the Chief Executive Officer, Executive Vice Presidents, Senior Vice Presidents and Entity Presidents, to support OhioHealth's qualification for the rebuttable presumption of reasonableness. The OhioHealth Corporation's Compensation Committee reviews and approves each executive's compensation, based on performance and the compensation philosophy, and rationale for the Committee's decisions is documented in meeting minutes.</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
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**

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

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VIII, Line 11d Other Miscellaneous Revenue	PARKING REVENUE - Total Revenue 1492797, Related or Exempt Function Revenue 1492797, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 , RESEARCH REVENUE - Total Revenue 234131, Related or Exempt Function Revenue 234131, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 , ALL OTHER REVENUE - Total Revenue 159619465, Related or Exempt Function Revenue 159460986, Unrelated Business Revenue 158479, Revenue Excluded from Tax Under Sections 512, 513, or 514 ,

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	Intercompany Fund Balance Transfers - -182045574, Pension Related Charges - -29039955, Change in Fair Value of Interest Rate Swap - -10630448, Net Assets Released From Restriction For PP&E - 1152865, Transfers to Related Organizations - 56569866, Other - 4704178, Inherent Contribution from Acquisition of Hospital - 37527609, Distributions and Ownership Changes - Joint Ventures - 4598560,

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
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

**2018**

**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.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

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
<b>(1)</b> OhioHealth Star Corporation 3430 OhioHealth Parkway Columbus, OH 43202 31-1119936	Administrative Services	OH	OhioHealth Corporation	C Corporation	-111,254	775,525	100 %		No
<b>(2)</b> HardinCare Inc 921 East Franklin Street Kenton, OH 43326 34-1492617	Property Management	OH	NA	C Corporation					No
<b>(3)</b> 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	2,720,119	82,881,463	100 %		No
<b>(4)</b> OHIOHEALTH STAR VENTURES INC 3430 OHIOHEALTH PARKWAY COLUMBUS, OH 43202 83-3767672	HEALTHCARE SERVICES	OH	NA	C Corporation	0	0	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
<b>1</b> 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?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .	<b>1a</b>	No
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b>	No
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b>	Yes
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b>	No
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>	No
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>	Yes
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>	No
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>	No
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>	No
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>	No
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>	Yes
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b>	Yes
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b>	No
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b>	No
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b>	No
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b>	Yes
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b>	Yes
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>	Yes
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b>	Yes

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

See Additional Data Table

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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) 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		Yes	No	

**Part VII**    **Supplemental Information**

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

<b>Return Reference</b>	<b>Explanation</b>

# Additional Data

**Software ID:** 18007697  
**Software Version:** 2018v3.1  
**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
(1) DH Ventures Ltd 3430 OhioHealth Parkway Columbus, OH 43202 31-1686358	Holding Company	OH	0	0	OhioHealth Corporation
(1) CG Broad Norton LLC 3430 OhioHealth Parkway Columbus, OH 43202 26-1564783	Real Estate Holding Company	OH	0	243,155	OhioHealth Corporation
(2) OhioHealth Physician Group II LLC (ChenMed) 3430 OhioHealth Parkway Columbus, OH 43202 26-1210223	Physician Practices	OH	0	0	OhioHealth Corporation
(3) OhioHealth Hospital Management Services 3430 OhioHealth Parkway Columbus, OH 43202 30-0632745	Hospital Management Services	OH	0	0	OhioHealth Corporation
(4) OHIOHEALTH EMPLOYER SERVICES LLC 3430 OhioHealth Parkway Columbus, OH 43202 45-2651557	HEALTH AND WELLNESS SERVICES	OH	-8,523,445	9,021,699	OhioHealth Corporation
(5) OhioHealth Urgent Care LLC 3430 OHIOHEALTH PARKWAY Columbus, OH 43202 27-3371022	Urgent Care Services	OH	-1,679,603	4,108,769	OhioHealth Corporation
(6) Marion Practices LLC 3430 OhioHealth Parkway Columbus, OH 43202 45-5500349	Holding Company	OH	0	0	OhioHealth Corporation
(7) Marion Area Physicians LLC 3430 OhioHealth Parkway Columbus, OH 43202 80-0835324	Physician Practices	OH	-341	4,929,393	OhioHealth Corporation
(8) OhioHealth Innovation Development Fund 3430 OhioHealth Parkway Columbus, OH 43202	Research and Development	OH	-285,414	1,302,432	OhioHealth Corporation
(9) OhioHealth Group Ltd 3430 OhioHealth Parkway Columbus, OH 43202 31-1446804	Managed Health Care	OH	0	7,839,764	OhioHealth Corporation
(10) GRANT FSED LLC 3430 OhioHealth Parkway COLUMBUS, OH 43202 82-3013820	FREE-STANDING EMERGENCY DEPARTMENTS	OH	28,260,623	23,684,818	OHIOHEALTH CORPORATION
(11) OHIOHEALTH VENTURE LLC 3430 OhioHealth Parkway COLUMBUS, OH 43202 82-1673003	HEALTH NETWORK	OH	0	0	OHIOHEALTH CORPORATION
(12) OhioHealth Berger Hospital LLC 600 N Pickaway Street Circleville, OH 43113 38-4105653	Health Care	OH	-456,554	63,073,463	OhioHealth Corporation
(13) OhioHealth Consumer Services LLC 3430 OhioHealth Parkway Columbus, OH 43202 83-3624532	Health and Wellness Services	OH	0	0	OhioHealth Corporation
(14) 1595 Bridgewater LLC 3430 OhioHealth Parkway Columbus, OH 43202 83-2147912	Real Estate Holding Company	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	
3430 OhioHealth Parkway Columbus, OH 43202 31-1351965	Health Care	OH	501(c)(3)	9	OhioHealth Corporation	Yes	
3430 OhioHealth Parkway Columbus, OH 43202 23-7446919	Foundation	OH	501(c)(3)	11	OhioHealth Corporation	Yes	
3430 OhioHealth Parkway Columbus, OH 43202 31-1372702	Health Care	OH	501(c)(3)	9	OhioHealth Corporation	Yes	
3430 OhioHealth Parkway Columbus, OH 43202 31-1417595	Health Care	OH	501(c)(3)	9	HomeReach	Yes	
3430 OhioHealth Parkway Columbus, OH 43202 31-6059784	Research	OH	501(c)(3)	11	OhioHealth Corporation	Yes	
3430 OhioHealth Parkway Columbus, OH 43202 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	
ERS 600 N PICKAWAY STREET CIRCLEVILLE, OH 43113 31-1438107	MEDICAL SERVICES PHYSICIAN PRACTICES	OH	501(c)(3)	9	OHIOHEALTH PHYSICIAN GROUP INC	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	
(1) OhioHealth Sleep Services LLC  6185 Huntley Road Ste B Columbus, OH 43229 20-1547399	Physician Practice	OH	OhioHealth Corporation	Related	1,109,547	1,396,120		No			No	73.2 %
(1) Polaris Surgery Center LLC  6200 Cleveland Avenue Columbus, OH 43231 20-8074623	Medical Services	OH	OhioHealth Corporation	Related	11,386,198	10,684,866		No		Yes		52.4 %
(2) Grant Scope Center LLC  700 E Broad Street 1st Floor Columbus, OH 43215 26-0765486	Endoscopy Services	OH	OhioHealth Corporation	Related	1,632,185	864,446		No		Yes		50 %
(3) O'Bleness Memorial Pain Management LLC  55 Hospital Drive Athens, OH 45701 45-4587317	Medical Services	OH	NA	N/A								
(4) Athens Surgery Center  75 Hospital Drive Athens, OH 45701 55-0840856	Medical Services	OH	NA	N/A								
(5) OhioHealth Rehabilitation Hospital LLC  4714 Gettysburg Road Mechanicsburg, PA 17055 46-2458436	Medical Services	PA	OhioHealth Corporation	Related	3,509,177	6,477,826		No			No	51 %
(6) Westerville Endoscopy Center LLC  300 Polaris Parkway Westerville, OH 43082 46-2755661	Endoscopy Services	OH	OhioHealth Corporation	Related	1,760,210	1,272,034		No		Yes		50 %
(7) Upper Arlington Medical Limited Partnership  3430 OhioHealth Parkway Columbus, OH 43202 31-1472667	Medical Services	OH	OhioHealth Corporation	Related	101,754	1,254,806		No			No	58.8 %
(8) GROVE CITY SURGERY CENTER LLC  1325 STRINGTOWN ROAD GROVE CITY, OH 43123 81-2096173	MEDICAL SERVICES	OH	OHIOHEALTH CORPORATION	Related	-444,905	546,181		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
<b>(1)</b>	HOSPITAL PROPERTIES INC	K	9,722,067	ACTUAL AMOUNT PAID
<b>(1)</b>	HOSPITAL PROPERTIES INC	L	428,667	ACTUAL AMOUNT PAID
<b>(2)</b>	HOSPITAL PROPERTIES INC	Q	9,768,246	ACTUAL AMOUNT PAID
<b>(3)</b>	HOSPITAL PROPERTIES INC	P	6,630,644	ACTUAL AMOUNT PAID
<b>(4)</b>	HOSPITAL PROPERTIES INC	S	9,950,514	ACTUAL AMOUNT PAID
<b>(5)</b>	HOSPITAL PROPERTIES INC	R	84,002,879	ACTUAL AMOUNT PAID
<b>(6)</b>	OHIOHEALTH SLEEP SERVICES	R	110,977,595	ACTUAL AMOUNT PAID
<b>(7)</b>	GRADY MEMORIAL HOSPITAL	R	512,591	ACTUAL AMOUNT PAID
<b>(8)</b>	MEDCENTRAL HEALTH SYSTEM	S	5,813,758	ACTUAL AMOUNT PAID
<b>(9)</b>	OHIOHEALTH FOUNDATION	R	711,011	ACTUAL AMOUNT PAID
<b>(10)</b>	HARDIN MEMORIAL HOSPITAL	R	209,771	ACTUAL AMOUNT PAID
<b>(11)</b>	OHIOHEALTH PHYSICIAN GROUP INC	R	133,052	ACTUAL AMOUNT PAID
<b>(12)</b>	SHELTERING ARMS HOSPITAL FOUNDATION	S	35,830,286	ACTUAL AMOUNT PAID
<b>(13)</b>	MARION GENERAL HOSPITAL	R	9,174,351	ACTUAL AMOUNT PAID
<b>(14)</b>	OHIOHEALTH STAR CORPORATION	R	70,046	ACTUAL AMOUNT PAID
<b>(15)</b>	INTEL HEALTH SERVICES INSURANCE CO (SPC) LTD	R	366,341	ACTUAL AMOUNT PAID
<b>(16)</b>	INTEL HEALTH SERVICES INSURANCE CO (SPC) LTD	P	887,411	ACTUAL AMOUNT PAID
<b>(17)</b>	OHIOHEALTH FOUNDATION	C	1,667,660	ACTUAL AMOUNT PAID
<b>(18)</b>	MEDCENTRAL HEALTH SYSTEM	R	1,906,705	ACTUAL AMOUNT PAID
<b>(19)</b>	Ohio Orthopedic Surgery Institute	F	11,558,928	ACTUAL AMOUNT PAID
<b>(20)</b>	POLARIS SURGERY CENTER	F	9,925,965	ACTUAL AMOUNT PAID
<b>(21)</b>	OHIOHEALTH SLEEP SERVICES	F	439,559	ACTUAL AMOUNT PAID
<b>(22)</b>	UPPER ARLINGTON MEDICAL LIMITED PARTNERSHIP	F	153,062	ACTUAL AMOUNT PAID
<b>(23)</b>	WESTERVILLE ENDOSCOPY CENTER	F	1,850,000	ACTUAL AMOUNT PAID
<b>(24)</b>	GRANT SCOPE CENTER	F	1,700,000	ACTUAL AMOUNT PAID