

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

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public
 ▶ Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2015
Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 07-01-2015, and ending 06-30-2016

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization OhioHealth Corporation Doing business as See Schedule O for DBA Listing Number and street (or P O box if mail is not delivered to street address) Room/suite 180 East Broad Street 33rd Floor City or town, state or province, country, and ZIP or foreign postal code Columbus, OH 432153707 F Name and address of principal officer David P Blom 180 East Broad Street 33rd Floor Columbus, OH 432153707	D Employer identification number 31-4394942 E Telephone number (614) 544-4052 G Gross receipts \$ 5,216,082,578
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶ 3858
J Website: ▶ www.ohiohealth.com		L Year of formation 1891 M State of legal domicile OH
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		

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 <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
3	Number of voting members of the governing body (Part VI, line 1a)	3	21
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	15
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	17,876
6	Total number of volunteers (estimate if necessary)	6	1,603
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	-2,453,351
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	-2,471,981
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	1,122,954	615,592
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,197,370,267	2,445,643,136
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	129,530,513	51,311,219
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	124,479,154	146,409,373
		2,452,502,888	2,643,979,320
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	541,716	609,302
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,072,935,845	1,155,938,501
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ ⁰		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	938,919,935	1,097,448,067
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	2,012,397,496	2,253,995,870	
19 Revenue less expenses Subtract line 18 from line 12	440,105,392	389,983,450	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	4,773,622,949	5,017,264,779
	22 Net assets or fund balances Subtract line 21 from line 20	1,830,515,052	1,884,566,934
	2,943,107,897	3,132,697,845	

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, in 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 Vinson Yates Senior VP & CFO Type or print name and title	
Paid Preparer Use Only	Print/Type preparer's name Mary E Rauschenberg	Preparer's signature Mary E Rauschenberg
	Firm's name ▶ Deloitte Tax LLP	
	Firm's address ▶ 111 S Wacker Drive 24th Floor Chicago, IL 606064301	

May the IRS discuss this return with the preparer shown above? (see instructions)

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 \$ 1,328,680,698 including grants of \$ 609,302) (Revenue \$ 2,156,215,380)

OhioHealth's primary purpose is to provide diversified healthcare services to the community and is a provider of services under contractual arrangements with the Medicare and Medicaid programs as well as other third-party reimbursement arrangements Together, Riverside Methodist Hospital, Grant Medical Center, Doctors Hospital, Dublin Methodist Hospital, and OhioHealth Rehabilitation Hospital, LLC (a joint venture owned 51% by OhioHealth Corporation) are united in our mission to provide quality, compassionate healthcare and to be responsible stewards for our community's health For more than 100 years, it has been this way Even as the face of healthcare continues to change, the commitment of OhioHealth endures ensuring quality care for everyone, regardless of their faith, race, age, or ability to pay We never lose sight of our mission "to improve the health of those we serve" and our core values - compassion, excellence, stewardship, and integrity 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

4b (Code) (Expenses \$ 504,554,173 including grants of \$) (Revenue \$ 349,056,116)

In fiscal year 2016 (July 1, 2015 through June 30, 2016), OhioHealth, with its member hospitals and homecare organizations, provided charity care and community benefit programs to a great degree In total, OhioHealth provided \$297 million in charity care and community benefit programs and services reaching hundreds of thousands of people in the communities we serve Of this total, \$172 million was provided by the hospitals of OhioHealth Corporation (Riverside Methodist Hospital, Grant Medical Center, Doctors Hospital, Dublin Methodist Hospital, and OhioHealth Rehabilitation Hospital, LLC, a joint venture owned 51% by OhioHealth Corporation) OhioHealth provides medically necessary services without charge or at amounts less than its established rates to patients who meet certain criteria under its charity care policies In assessing a patient's ability to pay, OhioHealth not only utilizes generally recognized poverty income levels of the communities they serve but also includes certain cases where incurred charges are significant when compared to the patient's financial resources Charity care is determined based on established policies, using patient income and assets to determine payment ability OhioHealth provides community services intended to benefit the underserved and enhance the health status of the communities it serves These services include 24-hour-a-day emergency rooms, community health screenings, forums for various support groups, health education classes, speakers and publications, hospice and medical research OhioHealth has been able to achieve a greater impact in the community by partnering financial and human resources with other organizations These expenditures include a commitment to the project to reduce infant mortality, pastoral care service, various civic sponsorships, and other community partnership programs The Corporation's total benefit to the community includes the cost of charity care (net of assistance received from the Hospital Care Assurance Program), unpaid cost of Medicaid, and medical education programs as well as certain programs discussed above

4c (Code) (Expenses \$ 58,420,055 including grants of \$) (Revenue \$ 13,032,355)

OhioHealth is teaching the doctors of tomorrow at its three teaching hospitals Together, Riverside Methodist Hospital, Grant Medical Center and Doctors Hospital trained 322 residents at a cost of \$58.4 million These residents performed services to produce offsetting revenue of \$13.0 million for a net community benefit of \$45.4 million

4d Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 1,891,654,926

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	Yes	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		No
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)		No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	Yes	

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	Yes	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, description, sub-part, amount, and Yes/No columns. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, deductible contributions, and 501(c)(7), (12), and (29) organizations.

Part VI Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a 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); 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 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, [X] Upon request, [] Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records: Nathan VanLaningham Sr VP Finance 180 East Broad Street 33rd Floor Columbus, OH 432153707 (614) 544-4052.

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns 1a _____					
	b Membership dues 1b _____					
	c Fundraising events 1c _____					
	d Related organizations 1d _____ 608,347					
	e Government grants (contributions) 1e _____ 7,245					
	f All other contributions, gifts, grants, and similar amounts not included above 1f _____					
	g Noncash contributions included in lines 1a-1f \$ _____					
	h Total. Add lines 1a-1f ▶		615,592			
Program Service Revenue	2a Health and Medical Svc _____ Business Code 900099	1,370,011,835	1,370,011,835			
	b Medicare and Medicaid _____ Business Code 923130	1,041,221,309	1,041,221,309			
	c Joint Venture Income _____ Business Code 621990	34,409,992	36,863,343	-2,453,351		
	d _____ Business Code _____					
	e _____ Business Code _____					
	f All other program service revenue _____	0	0	0	0	
	g Total. Add lines 2a-2f ▶	2,445,643,136				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶	70,122,644			70,122,644	
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties ▶					
	6a Gross rents	(i) Real 2,162,260				
		(ii) Personal _____				
		b Less rental expenses 4,398,968				
		c Rental income or (loss) -2,236,708 0				
	d Net rental income or (loss) ▶	-2,236,708			-2,236,708	
	7a Gross amount from sales of assets other than inventory	(i) Securities 2,517,089,003				
		(ii) Other 24,323,558				
		b Less cost or other basis and sales expenses 2,536,578,809 23,645,177				
		c Gain or (loss) -19,489,806 678,381				
	d Net gain or (loss) ▶	-18,811,425			-18,811,425	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a	_____				
		b Less direct expenses b _____				
c Net income or (loss) from fundraising events ▶						
9a Gross income from gaming activities See Part IV, line 19 a	_____					
	b Less direct expenses b _____					
	c Net income or (loss) from gaming activities ▶					
10a Gross sales of inventory, less returns and allowances a	_____					
	b Less cost of goods sold b _____ 8,507,773					
	c Net income or (loss) from sales of inventory ▶ _____ 7,480,304					
c Net income or (loss) from sales of inventory ▶	1,027,469			1,027,469		
Miscellaneous Revenue	Business Code					
11a Intercompany Admin _____ Business Code 900099	65,342,849	65,342,849				
b Cafeteria/Food Service _____ Business Code 722210	10,788,368			10,788,368		
c Department Services _____ Business Code 812930	4,864,515	4,864,515				
d All other revenue _____	66,622,880	0	0	66,622,880		
e Total. Add lines 11a-11d ▶	147,618,612					
12 Total revenue. See Instructions ▶	2,643,979,320	2,518,303,851	-2,453,351	127,513,228		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	599,302	599,302		
2	Grants and other assistance to domestic individuals See Part IV, line 22	10,000	10,000		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	12,926,674	3,121,401	9,805,273	0
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	10,563,696	3,916,330	6,647,366	
7	Other salaries and wages	895,648,026	720,219,201	175,428,825	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	46,343,870	37,260,471	9,083,399	
9	Other employee benefits	129,821,058	104,376,131	25,444,927	
10	Payroll taxes	60,635,177	48,750,682	11,884,495	
11	Fees for services (non-employees)				
a	Management				
b	Legal	3,165,137	2,544,770	620,367	
c	Accounting	541,250		541,250	
d	Lobbying	342,004		342,004	
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	8,540,085		8,540,085	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	226,668,821	206,345,668	20,323,153	0
12	Advertising and promotion	10,126,800		10,126,800	
13	Office expenses	76,650,180	61,626,745	15,023,435	
14	Information technology	38,415,613	30,886,153	7,529,460	
15	Royalties				
16	Occupancy	50,313,257	40,451,859	9,861,398	
17	Travel	3,016,232	2,425,051	591,181	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	4,196,918	3,374,322	822,596	
20	Interest	29,695,044	23,874,815	5,820,229	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	125,724,939	101,082,851	24,642,088	
23	Insurance	18,073,127	14,530,794	3,542,333	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	Medical Supply Expense	378,530,167	378,530,167		
b	Repair & Maintenance	35,881,671	28,848,863	7,032,808	
c	Medicaid Tax Expense	30,492,640	30,492,640		
d	Maintenance & Service	12,750,345	12,750,345		
e	All other expenses	44,323,837	35,636,365	8,687,472	0
25	Total functional expenses. Add lines 1 through 24e	2,253,995,870	1,891,654,926	362,340,944	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	27,476	1	29,858
	2 Savings and temporary cash investments	78,581,395	2	221,412,915
	3 Pledges and grants receivable, net		3	0
	4 Accounts receivable, net	274,209,516	4	262,640,762
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	0
	7 Notes and loans receivable, net	56,798,907	7	47,329,862
	8 Inventories for sale or use	31,375,882	8	35,792,376
	9 Prepaid expenses and deferred charges	41,293,059	9	43,185,809
	10a Land, buildings, and equipment—cost or other basis Complete Part VI of Schedule D	10a 1,969,295,380		
	b Less accumulated depreciation	10b 1,044,025,266	953,623,543	10c 925,270,114
	11 Investments—publicly traded securities	2,189,881,274	11	2,107,798,322
	12 Investments—other securities See Part IV, line 11	771,554,998	12	953,383,193
	13 Investments—program-related See Part IV, line 11	43,814,095	13	44,785,071
	14 Intangible assets	27,877,307	14	27,781,154
	15 Other assets See Part IV, line 11	304,585,497	15	347,855,343
16 Total assets. Add lines 1 through 15 (must equal line 34)	4,773,622,949	16	5,017,264,779	
Liabilities	17 Accounts payable and accrued expenses	370,659,898	17	356,016,380
	18 Grants payable		18	0
	19 Deferred revenue	14,684,894	19	4,475,699
	20 Tax-exempt bond liabilities	951,826,295	20	932,394,235
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	45,428	23	20,458
	24 Unsecured notes and loans payable to unrelated third parties		24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	493,298,537	25	591,660,162
	26 Total liabilities. Add lines 17 through 25	1,830,515,052	26	1,884,566,934
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	2,943,107,897	27	3,132,697,845
	28 Temporarily restricted net assets		28	0
	29 Permanently restricted net assets		29	0
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	2,943,107,897	33	3,132,697,845	
34 Total liabilities and net assets/fund balances	4,773,622,949	34	5,017,264,779	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,643,979,320
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,253,995,870
3	Revenue less expenses Subtract line 2 from line 1	3	389,983,450
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,943,107,897
5	Net unrealized gains (losses) on investments	5	-43,925,941
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-156,467,561
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3,132,697,845

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	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	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
3b	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	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key 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			
Walter Matt Board - OhioHth	1 0 3 0	X						0	0	
Louge Michael W Executive VP & COO	40 0 2 0			X				1,286,428	0	717,731
Yates Vinson M Senior VP & CFO	40 0 13 0			X				807,155	0	241,829
Barnes II Earl J Esq Senior VP & General Counsel	40 0 0 0				X			636,519	0	174,400
Beckel Johnni C Sr VP Chief HR Officer	40 0 0				X			647,380	0	180,387
Bernstein Michael S Sr VP & CSO (end 9/15)	40 0 0				X			705,840	0	24,465
Hanly Donna L Sr VP Chief Nursing Executive	40 0 0				X			465,221	0	85,289
Markovich Stephen E MD Sr VP Central Ohio Operations	40 0 0				X			919,541	0	307,028
Morrison Karen J Sr VP Ext Aff	20 0 20 0				X			666,617	0	195,365
Quinn Jessica L Sr VP Chief Compliance Officer	40 0 0				X			539,226	0	25,368

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key 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			
Kontner John G	40 0						X	551,568	0	83,683
SR VP Managed Care	0									
Lawson Michael S	40 0						X	589,047	0	67,286
President GMC	1 0									
Reichfield Michael L	40 0						X	544,472	0	150,998
President DH	1 0									
Tuchow Genevieve	40 0						X	297,372	0	36,699
VP HR Strategy & Project Management	0									
Millen Robert P										
FRM Executive VP & Chief Operating Officer OhioHlth (end 12/14)	0 0 0 0						X	178,342	0	10,000

SCHEDULE A (Form 990 or 990EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

2015

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 11, 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).
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).
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).
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).
8 A community trust described in section 170(b)(1)(A)(vi).
9 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...
10 An organization organized and operated exclusively to test for public safety.
11 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...
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s)...
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s)...
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s)...
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated...
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).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2014 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2015. 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 <input type="checkbox"/>		
b 33 1/3% support test—2014. 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 <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2015. 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 <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2014. 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 <input type="checkbox"/>		
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 <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2015. 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—2014. 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 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part II of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Part IV Supporting Organizations (continued)**Section B. Type I Supporting Organizations**

- 1** Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2** Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

- 1** Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

	Yes	No
1		

Section D. All Type III Supporting Organizations

- 1** Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2** Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s).
- 3** By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.

	Yes	No
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**):
- a** The organization satisfied the Activities Test. Complete **line 2** below.
- b** The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c** The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
- 2** **Activities Test. Answer (a) and (b) below.**

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3** **Parent of Supported Organizations. Answer (a) and (b) below.**
- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
- b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

	Yes	No
2a		
2b		
3a		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income

- 1** Net short-term capital gain
- 2** Recoveries of prior-year distributions
- 3** Other gross income (see instructions)
- 4** Add lines 1 through 3
- 5** Depreciation and depletion
- 6** Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)
- 7** Other expenses (see instructions)
- 8** **Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)

	(A) Prior Year	(B) Current Year (optional)
1		
2		
3		
4		
5		
6		
7		
8		

Section B - Minimum Asset Amount

- 1** Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)
- a** Average monthly value of securities
- b** Average monthly cash balances
- c** Fair market value of other non-exempt-use assets
- d** **Total** (add lines 1a, 1b, and 1c)
- e** **Discount** claimed for blockage or other factors (explain in detail in Part VI) _____
- 2** Acquisition indebtedness applicable to non-exempt use assets
- 3** Subtract line 2 from line 1d
- 4** Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)
- 5** Net value of non-exempt-use assets (subtract line 4 from line 3)
- 6** Multiply line 5 by .035
- 7** Recoveries of prior-year distributions
- 8** **Minimum Asset Amount** (add line 7 to line 6)

	(A) Prior Year	(B) Current Year (optional)
1		
1a		
1b		
1c		
1d		
2		
3		
4		
5		
6		
7		
8		

Section C - Distributable Amount

- 1** Adjusted net income for prior year (from Section A, line 8, Column A)
- 2** Enter 85% of line 1
- 3** Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4** Enter greater of line 2 or line 3
- 5** Income tax imposed in prior year
- 6** **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- 7** Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

		Current Year
1		
2		
3		
4		
5		
6		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013. _____			
e From 2014. _____			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7			
\$ _____			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013. _____			
d From 2014. _____			
e From 2015. _____			

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

Return Reference	Explanation

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
 Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.
 ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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2015

Open to Public Inspection

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

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

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

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

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

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

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

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ \$ _____

3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No

4a Was a correction made? Yes No

b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ _____

4 Did the filing organization file Form 1120-POL for this year? Yes No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2				
3				
4				
5				
6				

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check if the filing organization checked box A and "limited control" provisions apply

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

(a) Filing organization's totals

(b) Affiliated group totals

1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount Enter the amount from the following table in both columns														
	<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>	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		
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)2012	(b)2013	(c)2014	(d)2015	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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

- 1** During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of
 - a** Volunteers?
 - b** Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?
 - c** Media advertisements?
 - d** Mailings to members, legislators, or the public?
 - e** Publications, or published or broadcast statements?
 - f** Grants to other organizations for lobbying purposes?
 - g** Direct contact with legislators, their staffs, government officials, or a legislative body?
 - h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?
 - i** Other activities?
 - j** Total Add lines 1c through 1i
- 2a** Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?
- b** If "Yes," enter the amount of any tax incurred under section 4912
- c** If "Yes," enter the amount of any tax incurred by organization managers under section 4912
- d** If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

	(a)		(b)
	Yes	No	Amount
		No	
	Yes		
		No	
		No	
	Yes		241,496
	Yes		100,508
		No	
		No	
			342,004
		No	

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

- 1** Were substantially all (90% or more) dues received nondeductible by members?
- 2** Did the organization make only in-house lobbying expenditures of \$2,000 or less?
- 3** Did the organization agree to carry over lobbying and political expenditures from the prior year?

	Yes	No
1		
2		
3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

- 1** Dues, assessments and similar amounts from members
- 2** Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**
 - a** Current year
 - b** Carryover from last year
 - c** Total
- 3** Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues
- 4** If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?
- 5** Taxable amount of lobbying and political expenditures (see instructions)

1	
2a	
2b	
2c	
3	
4	
5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
Schedule C, Part II-B, Line 1 DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	LOBBYING ACTIVITY ENTAILS MEMBERSHIP IN AMERICAN HOSPITAL ASSOCIATION, OHIO HOSPITAL ASSOCIATION, ASSOCIATION OF AMERICAN MEDICAL COLLEGES AND OTHER HEALTHCARE RELATED RESOURCES OHIOHEALTH CORPORATION DOES NOT PARTICIPATE IN OR INTERVENE IN (INCLUDING THE PUBLISHING OR DISTRIBUTING OF STATEMENTS) ANY POLITICAL CAMPAIGN ON BEHALF OF (OR IN OPPOSITION TO) ANY CANDIDATE FOR POLITICAL OFFICE
Schedule C, Part II-B, Line 1 DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	LOBBYING ACTIVITY ENTAILS MEMBERSHIP IN AMERICAN HOSPITAL ASSOCIATION, OHIO HOSPITAL ASSOCIATION, ASSOCIATION OF AMERICAN MEDICAL COLLEGES AND OTHER HEALTHCARE RELATED RESOURCES OHIOHEALTH 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)

Supplemental Financial Statements

OMB No 1545-0047
2015
Open to Public Inspection

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

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

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <input type="checkbox"/> Yes <input type="checkbox"/> No	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
 Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(continued)

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

Part IV Escrow and Custodial Arrangements.

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	44,313,696	43,718,072	39,913,979	38,114,038	39,340,742
b Contributions	560,099	1,795,338	399,071	288,256	277,730
c Net investment earnings, gains, and losses	44,561	1,223,593	5,771,066	2,967,661	745,018
d Grants or scholarships	54,725	81,203	81,038	72,449	116,994
e Other expenditures for facilities and programs	1,505,317	1,305,709	1,263,874	833,896	1,435,648
f Administrative expenses	852,366	1,036,395	1,021,132	549,631	696,810
g End of year balance	42,505,948	44,313,696	43,718,072	39,913,979	38,114,038

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 56 17 %
 - b** Permanent endowment ▶ 29 74 %
 - c** Temporarily restricted endowment ▶ 14 09 %
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | Yes | No |
|--|--------------|---------------|
| (i) unrelated organizations | 3a(i) | No |
| (ii) related organizations | Yes | 3a(ii) |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | Yes |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		39,165,057		39,165,057
b Buildings		822,960,273	412,929,923	410,030,350
c Leasehold improvements		8,873,831	5,157,812	3,716,019
d Equipment		1,052,858,188	610,282,114	442,576,074
e Other		45,438,031	15,655,417	29,782,614
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				925,270,114

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.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include Financial derivatives, Closely-held equity interests, Other (A) Non-Alternative Investments at NAV, and (B) Alternative Investments at NAV. Total: 953,383,193.

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.

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Total: (Column (b) must equal Form 990, Part X, col (B) line 13).

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

Table with 2 columns: (a) Description, (b) Book value. Rows include Due from Affiliate - Loans & Notes, Unamortized Bond Issue Costs, Investment in Subsidiaries and Non-Program Related Joint Ventures, and Other. Total: 347,855,343.

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.

Table with 2 columns: (a) Description of liability, (b) Book value. Rows include Federal income taxes, See Additional Data Table, and Total: 591,660,162.

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

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information

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

Return Reference	Explanation
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

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID: 15000238
Software Version: 2015v3.0
EIN: 31-4394942
Name: OhioHealth Corporation

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

¹ (a) Description of Liability	(b) Book Value
Due to Affiliates - Loans and Notes	
Pension Liability	
Swap Liability	
Deferred Long-Term Liabilities	
Other	
Due to affiliates - loans and notes	370,949,843
Pension liabilities	85,868,859
Deferred long term liabilities	25,240,988
SWAP liabilities	53,839,584
Other liabilities	55,760,888

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No 1545-0047

2015

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.
▶ Attach to Form 990.**

▶ **Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.**

Department of the Treasury
Internal Revenue Service

Name of the organization
OhioHealth Corporation

Employer identification number

31-4394942

Part I General Information on Activities Outside the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States
- 3** Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) Central America and the Caribbean	0	1	Program Services	Offshore Captive Management	320,269
(2) Europe (Including Iceland and Greenland)	0	0	Investments		8,357,265
(3) Central America and the Caribbean	0	0	Investments		276,039,592
(4) Europe (Including Iceland and Greenland)	0	0	Program Services	Travel Expenses	24,756
(5)					
3a Sub-total	0	1			284,741,882
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	1			284,741,882

Part II Grants and Other Assistance to Organizations or Entities Outside the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

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

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

3 Enter total number of other organizations or entities ▶ _____

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

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

Part IV Foreign Forms

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

Additional Data

Software ID: 15000238
Software Version: 2015v3.0
EIN: 31-4394942
Name: OhioHealth Corporation

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).

**SCHEDULE H
(Form 990)**

Department of the
Treasury
Internal Revenue
Service

Hospitals

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

OMB No 1545-0047

2015

**Open to Public
Inspection**

Name of the organization OhioHealth Corporation	Employer identification number 31-4394942
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Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a Yes	
b If "Yes," was it a written policy?	1b Yes	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for <i>free</i> care <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	3a Yes	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	3b Yes	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4 Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a Yes	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	No
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c	
6a Did the organization prepare a community benefit report during the tax year?	6a Yes	
b If "Yes," did the organization make it available to the public?	6b Yes	

7 Financial Assistance and Certain Other Community Benefits at Cost

	(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
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			45,692,895	3,304,807	42,388,088	1 88 %
b Medicaid (from Worksheet 3, column a)			428,767,658	349,777,462	78,990,196	3 50 %
c Costs of other means-tested government programs (from Worksheet 3, column b)					0	0 %
d Total Financial Assistance and Means-Tested Government Programs	0	0	474,460,553	353,082,269	121,378,284	5 39 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			2,368,684	98,980	2,269,704	0 10 %
f Health professions education (from Worksheet 5)			58,542,617	13,042,625	45,499,992	2 02 %
g Subsidized health services (from Worksheet 6)			983,435	0	983,435	0 04 %
h Research (from Worksheet 7)			76,032	0	76,032	0 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			1,491,480	44,170	1,447,310	0 06 %
j Total. Other Benefits	0	0	63,462,248	13,185,775	50,276,473	2 23 %
k Total. Add lines 7d and 7j	0	0	537,922,801	366,268,044	171,654,757	7 62 %

Part II Community Building Activities

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing					0	0 %
2 Economic development					0	0 %
3 Community support			96,243	16	96,227	0 %
4 Environmental improvements					0	0 %
5 Leadership development and training for community members					0	0 %
6 Coalition building			31,721		31,721	0 %
7 Community health improvement advocacy					0	0 %
8 Workforce development			11,249		11,249	0 %
9 Other					0	0 %
10 Total	0	0	139,213	16	139,197	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.		88,389,766
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.		0
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.		

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	612,453,651
6 Enter Medicare allowable costs of care relating to payments on line 5	6	747,588,024
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-135,134,373
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 Polans Surgery Center LLC	Ambulatory Surgery Center	52 4 %		47 6 %
5 The Eye Center	Ophthalmological Surgery Center	3 2 %		96 8 %
6 Upper Arlington Medical Limited Partnership	Property Management	38 8 %		61 2 %
7 Upper Arlington Surgery Center Ltd	Ambulatory Surgery Center	42 2 %		57 8 %
8 Whitehall Surgery Center dba Pickennton 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				
13				

Part V Facility Information**Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year?

5

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

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

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

A

Name of hospital facility or letter of facility reporting group _____

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

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA 20 <u>15</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	Yes	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	Yes	
6b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	Yes	
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) https://www.ohiohealth.com/in-the-community/		
b	<input type="checkbox"/> Other website (list url) _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input checked="" type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>15</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?		No
a	If "Yes" (list url) _____		
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	Yes	
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
12b	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
13	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13 Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200 0</u> % and FPG family income limit for eligibility for discounted care of <u>400 0</u> %		
b	<input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input checked="" type="checkbox"/> Residency		
h	<input checked="" type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	14 Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15 Yes	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16 Yes	
a	<input type="checkbox"/> The FAP was widely available on a website (list url) _____		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>https://ohiohealth.patientcompass.com/RA/General/BillingPolicies/_</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>https://ohiohealth.patientcompass.com/RA/General/BillingPolicies/_</u>		
d	<input type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> Other (describe in Section C)		

Billing and Collections

17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17 Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Actions that require a legal or judicial process		
d	<input type="checkbox"/> Other similar actions (describe in Section C)		
e	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		

Part V Facility Information (continued)

A

Name of hospital facility or letter of facility reporting group _____

19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?

If "Yes," check all actions in which the hospital facility or a third party engaged

- a Reporting to credit agency(ies)
- b Selling an individual's debt to another party
- c Actions that require a legal or judicial process
- d Other similar actions (describe in Section C)

20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)

- a Notified individuals of the financial assistance policy on admission
- b Notified individuals of the financial assistance policy prior to discharge
- c Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
- d Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
- e Other (describe in Section C)
- f None of these efforts were made

	Yes	No
19		No

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?

If "No," indicate why

- a The hospital facility did not provide care for any emergency medical conditions
- b The hospital facility's policy was not in writing
- c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)
- d Other (describe in Section C)

21	Yes	
-----------	-----	--

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

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 its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- b The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- c The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- d Other (describe in Section C)

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

23		No
24		No

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

OhioHealth Rehabilitation Hospital

Name of hospital facility or letter of facility reporting group _____

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

5

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA 20 <u>15</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	Yes	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	Yes	
6b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	Yes	
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>https://www.ohiohealth.com/siteassets/find-a-location/hospitals-and-emergency-departments/ohiohealth</u>		
b	<input type="checkbox"/> Other website (list url) _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>15</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?		No
a	If "Yes" (list url) _____		
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	Yes	
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
12b	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

13 Did the hospital facility have in place during the tax year a written financial assistance policy that 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

	Yes	No
13	Yes	

a Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 175 0 % and FPG family income limit for eligibility for discounted care of 250 0 %

b Income level other than FPG (describe in Section C)

c Asset level

d Medical indigency

e Insurance status

f Underinsurance discount

g Residency

h Other (describe in Section C)

14 Explained the basis for calculating amounts charged to patients?

14	Yes	
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15 Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)

15	Yes	
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a Described the information the hospital facility may require an individual to provide as part of his or her application

b Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application

c Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process

d Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications

e Other (describe in Section C)

16 Included measures to publicize the policy within the community served by the hospital facility?

16	Yes	
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If "Yes," indicate how the hospital facility publicized the policy (check all that apply)

a The FAP was widely available on a website (list url)

<http://www.ohiohealth-rehab.com/patients-and-visitors/financial-assistance/>

b The FAP application form was widely available on a website (list url)

<http://www.ohiohealth-rehab.com/patients-and-visitors/financial-assistance/>

c A plain language summary of the FAP was widely available on a website (list url)

<http://www.ohiohealth-rehab.com/patients-and-visitors/financial-assistance/>

d The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)

e The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)

f A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)

g Notice of availability of the FAP was conspicuously displayed throughout the hospital facility

h Notified members of the community who are most likely to require financial assistance about availability of the FAP

i Other (describe in Section C)

Billing and Collections

17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?

17	Yes	
-----------	-----	--

18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP

a Reporting to credit agency(ies)

b Selling an individual's debt to another party

c Actions that require a legal or judicial process

d Other similar actions (describe in Section C)

e None of these actions or other similar actions were permitted

Part V Facility Information (continued)

OhioHealth Rehabilitation Hospital

Name of hospital facility or letter of facility reporting group

19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?

If "Yes," check all actions in which the hospital facility or a third party engaged

- a Reporting to credit agency(ies)
- b Selling an individual's debt to another party
- c Actions that require a legal or judicial process
- d Other similar actions (describe in Section C)

20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)

- a Notified individuals of the financial assistance policy on admission
- b Notified individuals of the financial assistance policy prior to discharge
- c Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
- d Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
- e Other (describe in Section C)
- f None of these efforts were made

	Yes	No
19		No

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?

If "No," indicate why

- a The hospital facility did not provide care for any emergency medical conditions
- b The hospital facility's policy was not in writing
- c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)
- d Other (describe in Section C)

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

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 its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- b The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- c The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- d Other (describe in Section C)

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

23		No
24		No

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

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

How many non-hospital health care facilities did the organization operate during the tax year? 31

Name and address	Type of Facility (describe)
1 See Additional Data Table	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Provide the following information

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.)
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

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.

Form and Line Reference	Explanation
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

Form and Line Reference	Explanation
Schedule H, Part III, Line 4 Accounts Receivables	<p>Accounts receivable for patients, insurance companies, and governmental agencies are based on gross charges. An allowance for contractual adjustments is based on expected payment rates from payors based on current reimbursement methodologies. This amount also includes amounts received as interim payments against unpaid claims by certain payors. An allowance for uncollectible accounts is established on an aggregate basis by using historical write-off rate factors applied to unpaid accounts based on aging. Loss rate factors are based on historical loss experience and adjusted for economic conditions and other trends affecting the Corporation's ability to collect outstanding amounts. Uncollectible amounts are written off against the allowance for doubtful accounts in the period they are determined to be uncollectible. For receivables associated with self-pay patients (which includes both patients without insurance and patients with deductible and copayment balances due for which third-party coverage exists for part of the bill), the Corporation records a provision for bad debts in the period of service on the basis of its past experience, which indicates that many patients are unable or unwilling to pay the portion of their bill for which they are financially responsible. The difference between the standard rates (including uninsured discount) and the amounts actually collected after all reasonable collection efforts have been exhausted is charged off against the allowance for doubtful accounts in the period they are determined to be uncollectible. Each OhioHealth entity applies a discount to self-pay patient accounts that do not qualify for charity at the time of billing. If the account is deemed uncollectible, the balance is written off to bad debt. OhioHealth makes all reasonable efforts to qualify eligible patients for charity, including periodic retrospective account reviews to determine if patients that were written off to bad debt should have qualified for charity.</p>

Form and Line Reference	Explanation
Schedule H, Part III, Line 8 Medicare Shortfall	In accordance with the Catholic Health Association guidelines per "A Guide for Planning and Reporting Community Benefits," OhioHealth does not report Medicare shortfall as community benefit

Form and Line Reference	Explanation
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.

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of community health	<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</p> <ul style="list-style-type: none">-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 <p>In total, OhioHealth Corporation and its affiliates provided \$296,960,912 (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>

Form and Line Reference	Explanation
Schedule H, Part VI, Line 6 Operations	<p>OhioHealth Corporation operates general acute care hospitals as well as outpatient facilities. In addition, OhioHealth Corporation is the parent organization and sole voting member of several rural community hospitals, organizations providing multidisciplinary home care and rehabilitation, medical research, fundraising in support of the system hospitals, medical facility property management, and physician foundations. All serving in OhioHealth "systemness" to improve the health of those we serve. OhioHealth is a healthcare system covering Franklin, Delaware, Athens, Hardin and Marion counties that in total includes eleven hospitals, ambulatory healthcare services, physician clinics, hospice care and other entities in support of the hospital and healthcare services. Of those eleven hospitals, OhioHealth Corporation operates five hospitals (OhioHealth Riverside Methodist Hospital, OhioHealth Grant Medical Center, OhioHealth Doctors Hospital, OhioHealth Dublin Methodist Hospital, and OhioHealth Rehabilitation Hospital, LLC, which is a joint venture owned 51% by OhioHealth Corporation) in its primary service area of Franklin County.</p> <ul style="list-style-type: none"> - OhioHealth Riverside Methodist Hospital is a 765-bed facility recognized locally, regionally and nationally for quality care, service and reputation. Riverside Methodist offers world-class medical care and advanced medical innovations in multiple specialties including heart and vascular, neuroscience, cancer care, and maternity care. - OhioHealth Grant Medical Center is a 427-bed comprehensive healthcare facility in downtown Columbus with a national reputation for specialized trauma capabilities, orthopedic and surgical excellence, and nursing expertise. Grant has one of the busiest Level I trauma centers in Ohio. - OhioHealth Doctors Hospital is a 262-bed community facility with a full complement of healthcare services and technology. It stands out among other Ohio hospitals as a premier osteopathic teaching institution. - OhioHealth Dublin Methodist Hospital is a 92-bed facility with a full-service Emergency Department, as well as inpatient and outpatient medical and surgical services. Using evidence-based design concepts, the Hospital's environment is designed to achieve health benefits including increased patient satisfaction, improved safety and fewer patient transfers. - OhioHealth Rehabilitation Hospital is a 44-bed inpatient facility in Columbus, Franklin County, Ohio which has provided rehabilitation services to central Ohio since 2013. The hospital offers a comprehensive mix of inpatient services, including stroke, orthopedics, brain injury, amputee, and spinal cord injury.

Form and Line Reference	Explanation
Schedule H, Part V, Section B Reporting Group	Facility Reporting Group A consists of - Facility 1 Riverside Methodist Hospital - Facility 2 Grant Medical Center - Facility 3 Doctors Hospital - Facility 4 Dublin Methodist Hospital

Form and Line Reference	Explanation
Schedule H, Part I, Line 7 Costing Methodology used to calculate financial assistance	<p>For the cost of charity care, a cost-to-charge ratio was used that was derived from the Form 990, Schedule H instructions (Worksheet 2) For unreimbursed Medicaid, a cost accounting system was used for all amounts reported in the table This cost accounting system includes all patient segments 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 Part I, Ln 7 Col(f) A system wide community benefit of \$297 million reflects all entities within the system that provide community benefit and this amount is reported in the Statement of Program Service Accomplishments The \$172 million portion of total community benefit reported in Schedule H reflects all community benefit provided by OhioHealth Corporation doing business as Riverside Methodist Hospital, Grant Medical Center, Doctors Hospital, Dublin Methodist Hospital, and OhioHealth Rehabilitation Hospital, LLC</p>

Form and Line Reference	Explanation
Schedule H, Part III, Line 2 Bad debt expense - methodology used to estimate amount	The organization reports bad debt expense as shown in the audited financial statements

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16a FAP website	- OhioHealth Rehabilitation Hospital Line 16a URL http //www ohiohealth-rehab com/patients-and-visitors/financial-assistance/ ,

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16b FAP Application website	<p>A - OhioHealth Riverside Methodist Hospital Line 16b URL https //ohiohealth patientcompass com/RA/General/BillingPolicies/, - OhioHealth Rehabilitation Hospital Line 16b URL http //www ohiohealth-rehab com/patients-and-visitors/financial-assistance/,</p>

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16c FAP plain language summary website	A - OhioHealth Riverside Methodist Hospital Line 16c URL https //ohiohealth patientcompass com/RA/General/BillingPolicies/_ ,

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.</p> <p>OhioHealth has ongoing partnerships with Columbus Public Health, Ohio Department of Health, and Access Health Columbus in identifying health priorities locally and statewide. OhioHealth is active in direct discussions regarding epidemiologic data and what OhioHealth can do to impact public health issues. Access Health Columbus' goal is to improve access to healthcare for all individuals in central Ohio, specifically the most vulnerable. A representative of OhioHealth's leadership is a part of these mentioned organizations and agencies to ensure that our planning and practice are meeting the identified needs of Central Ohio. OhioHealth collaborated with other community stakeholders to develop its Community Health Needs Assessment, and in doing so, gathered significant additional demographic and community profile information. This information is published in the Community Health Needs Assessment and is available to the public via www.OhioHealth.com/in-the-community/</p>

Form and Line Reference	Explanation
Schedule H, Part VI, Line 3 Patient education of eligibility for assistance	Signs are posted at multiple OhioHealth entry points and patient registration locations stating OhioHealth's intent to comply with the State of Ohio's Hospital Care Assurance Program (HCAP) Additionally, the signage contains reference to the organization's charity care program Informational materials are available at registration locations and interpretive services can be arranged if the patient/guarantor does not speak English OhioHealth facility billing statements also include information regarding HCAP and can be used to apply for financial assistance

Form and Line Reference	Explanation
Schedule H, Part VI, Line 4 Community information	<p>The "community served" by Riverside Methodist, Grant, Doctors Hospital, Dublin Methodist, and Rehabilitation is Franklin County, Ohio. The communities reside in Zip codes 43002, 43004, 43016, 43017, 43026, 43054, 43065, 43068, 43069, 43081, 43085, 43086, 43109, 43110, 43119, 43123, 43125, 43126, 43137, 43146, 43194, 43195, 43199, 43201, 43202, 43203, 43204, 43205, 43206, 43207, 43209, 43210, 43211, 43212, 43213, 43214, 43215, 43216, 43217, 43218, 43219, 43220, 43221, 43222, 43223, 43224, 43226, 43227, 43228, 43229, 43230, 43231, 43232, 43234, 43235, 43236, 43251, 43260, 43266, 43268, 43270, 43271, 43272, 43279, 43287 and 43291. Demographics of the community: Total population. In 2010, actual population was 1,163,414. In 2014, estimated total population was 1,231,393 (84). Compared to 2010, a 5.8 percent increase in population was recorded in 2014. Race/Ethnicity: Among Franklin County residents in 2014, 69.7 percent were White, 21.2 percent were African American, 4 percent were Asian, 4.8 percent were Hispanic (of any race), 1.6 percent were other races, 0.2 percent Native American, zero percent Pacific Islander and 3.2 percent were two or more races. Total minority represented 33.1 percent of the population. Age: Among Franklin County residents in 2014, 7.2 percent were younger than 5 years old, 16.7 percent were 5 to 17 years old, 11.4 percent were 18 to 24 years old, 30.3 percent were 25 to 44 years old, 24.2 percent were 45 to 64 years old and 10.2 percent were 65 years or older. Median age is 33.6. Income: In 2014, the median household income was \$50,877 and per capita income was \$43,506. Approximately 13 percent of families and 18.1 percent of individuals had income below the poverty level. Additional discussion of demographic characteristics in Franklin County is available in the Franklin County Health Map 2016.</p>

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

Schedule H (Form 990) 2015

Additional Data

Software ID: 15000238
Software Version: 2015v3.0
EIN: 31-4394942
Name: OhioHealth Corporation

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

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
 How many hospital facilities did the organization operate during the tax year?
5

Name, address, primary website address, and state license number

		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
1	OhioHealth Riverside Methodist Hospital 3535 Olentangy River Road Columbus, OH 432143908 https://www.ohiohealth.com/riverside/ ODH1005	X			X			X			A
2	OhioHealth Grant Medical Center 111 South Grant Avenue Columbus, OH 432154701 https://www.ohiohealth.com/grant/ ODH1173	X			X			X			A
3	OhioHealth Doctors Hospital 5100 West Broad Street Columbus, OH 432281607 https://www.ohiohealth.com/doctors/ ODH1015	X			X			X			A
4	OhioHealth Dublin Methodist Hospital 7500 Hospital Drive Dublin, OH 430168518 https://www.ohiohealth.com/dublinmetho ODH1473	X						X			A
5	OhioHealth Rehabilitation Hospital 1087 Dennison Avenue Columbus, OH 43201 http://www.ohiohealth-rehab.com/ ODH1511	X								Rehabilitation Hospital	

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

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

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

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

Name and address	Type of Facility (describe)
1 Polaris Surgery Center 300 Polaris Parkway Ste 1400 Westerville, OH 430827989	Surgery Center
1 Upper Arlington Surgery Center 2240 North Bank Drive Columbus, OH 432205420	Surgery Center
2 Knightsbridge Surgery Center 4845 Knightsbridge Blvd Suite 110 Columbus, OH 432142463	Surgery Center
3 OhioHealth Urgent Care 2030 Stringtown Road Grove City, OH 43123	Urgent Care Facility
4 OhioHealth Urgent Care 6905 Hospital Drive Dublin, OH 43016	Urgent Care Facility
5 Pickerington Surgery Center 1030 Refugee Road Ste 160 Pickerington, OH 43147	Surgery Center
6 Grant Scope Center LLC 700 E Broad St First Floor Columbus, OH 43215	Endoscopy Surgery Center
7 OhioHealth Sleep Services 300 Polaris Parkway Suite 2450 Westerville, OH 43082	Sleep Diagnostic Center
8 OhioHealth Sleep Services 974 Bethel Road Suite C Grove City, OH 43214	Sleep Diagnostic Center
9 OhioHealth Sleep Services 7811 Flint Road Suite B Columbus, OH 43235	Sleep Diagnostic Center
10 OhioHealth Sleep Services 2041 Stringtown Road Grove City, OH 43123	Sleep Diagnostic Center
11 OhioHealth Sleep Services 151 Clint Drive Ste 100 Pickerington, OH 43147	Sleep Diagnostic Center
12 OhioHealth Sleep Services 7450 Hospital Drive Suite 270 Dublin, OH 43016	Sleep Diagnostic Center
13 OhioHealth Sleep Services 801 OhioHealth Blvd Suite 250 Delaware, OH 43015	Sleep Diagnostic Center
14 OhioHealth Sleep Services 340 East Town Street Suite 7-225 Columbus, OH 43212	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)
16 OhioHealth Sleep Services 1810 Mackenzie Drive Columbus, OH 43220	Sleep Diagnostic Center
1 Eye Center of Columbus 262 Neil Avenue Ste 410 Columbus, OH 43215	Eye Care Services
2 OhioHealth Sleep Services 7600 Olentangy River Road Columbus, OH 43235	Sleep Diagnostic Center
3 The Hand Center 1210 Gemini Place Suite 200 Columbus, OH 43240	Surgery Center
4 Greater Columbus Regional Dialysis 285 East State Street Suite 170 Columbus, OH 43215	Dialysis
5 Marion Area Physicians 1050 Delaware Avenue Marion, OH 43302	Multi-Purpose Physician Group
6 Westerville ED 300 Polaris Parkway Westerville, OH 43082	Surgery Center
7 OhioHealth Urgent Care 2014 Baltimore-Reynoldsburg Road Reynoldsburg, OH 43068	Urgent Care Facility
8 Westerville Endoscopy Center LLC 300 Polaris Parkway Westerville, OH 43082	Endoscopy Surgery Center
9 OhioHealth Urgent Care 895 West 3rd Avenue Columbus, OH 43212	Urgent Care Facility
10 OhioHealth Urgent Care 4343 All Seasons Drive Suite 160 Hilliard, OH 43026	Urgent Care Facility
11 OhioHealth Sleep Services 1131 Chestnut Street Nelsonville, OH 45764	Sleep Diagnostic Center
12 OhioHealth Sleep Services 75 Hospital Drive Suite 200 Athens, OH 45701	Sleep Diagnostic Center
13 OhioHealth Urgent Care 5610 North Hamilton Road Columbus, OH 43230	Urgent Care Facility
14 OhioHealth Urgent Care 24 Hidden Ravines Drive Powell, OH 43065	Urgent Care Facility

Schedule I (Form 990)

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

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization OhioHealth Corporation

Employer identification number

31-4394942

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
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, (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Row 1 contains 'See Additional Data Table'.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. 27
3 Enter total number of other organizations listed in the line 1 table. 0

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22
 Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) Scholarships	10	10,000			

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: 15000238
Software Version: 2015v3.0
EIN: 31-4394942
Name: OhioHealth Corporation

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALS ASSOCIATION 1275 K Street NW Suite 250 Washington, DC 20005	13-3271855	501(c)(3)	10,000				Walk to Defeat ALS
ALZHEIMERS ASSN OF CENTRAL OHIO 1379 Dublin Road Columbus, OH 43215	31-0996236	501(c)(3)	39,382				2015 Alzheimer's Association Sponsorship
AMERICAN BRAIN TUMOR ASSOCIATION 8550 W Bryn Mawr Ave Chicago, IL 60631	23-7286648	501(c)(3)	24,316				Sponsor for the 2016 BT5K Columbus

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN CANCER SOCIETY 5555 Frantz Road Dublin, OH 43017	25-1798733	501(c)(3)	16,721				Annual Partnership
AMERICAN HEART ASSOCIATION 5455 N High St Columbus, OH 43214	13-5613797	501(c)(3)	61,365				Heart walk 2015, American Heart Go Red for Women Luncheon
AMERICAN RED CROSS 995 EAST BROAD STREET COLUMBUS, OH 43205	53-0196605	501(c)(3)	8,860				Red Cross Golf Classic Sponsorship, Humanitarian of the Year

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARTHRITIS FOUNDATION 3740 Ridge Mill Drive Hilliard, OH 43026	27-4014550	501(c)(3)	5,500				Crystal Ball Sponsorship, JBR Sponsor
MCCONNELL EDUCATION FOUNDATION 200 W NATIONWIDE BLVD COLUMBUS, OH 43215	31-1365344	501(c)(3)	18,977				Birdies for Buddies
CAPITAL UNIVERSITY 1 College Main Columbus, OH 43209	31-4379435	501(c)(3)	10,000				Capital University Nursing Program Sponsorship

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTRAL OHIO DIABETES ASSN 1100 Dennison Avenue Columbus, OH 43201	31-6054100	501(c)(3)	6,210				Len Immke Memorial Swing for Diabetes, Diabetes Detection Sponsor, Celebrities for Diabetes
CENTRAL OHIO HOSPITAL COUNCIL 155 EAST BROAD STREET Columbus, OH 43215	26-2795133	501(c)(3)	120,000				OBBO Operations
CENTRAL OHIO PARKINSON SOCIETY 2800 CORPORATE EXCHANGE Columbus, OH 43231	31-0986384	501(c)(3)	30,000				Chapter Events Sponsor

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHARITABLE PHARMACY OF CENTRAL OHIO INC 200 E Livingston Ave Columbus, OH 43215	27-0147099	501(c)(3)	27,000				2015 Grant Funding
COLUMBUS METROPOLITAN CLUB 100 E Broad St Ste 100 Columbus, OH 43215	31-0889324	501(c)(3)	18,967				Our Healthy Community Series,
COLUMBUS SYMPHONY ORCHESTRA 55 E State Street Columbus, OH 43215	31-6402408	501(c)(3)	12,000				Picnic with the Pops Sponsor

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLUMBUS URBAN LEAGUE 788 MOUNT VERNON AVE Columbus, OH 43203	31-4379453	501(c)(3)	6,760				League Empowerment day, Board Dues
COSI COLUMBUS 333 West Broad St Columbus, OH 43215	31-1351334	501(c)(3)	24,000				Catalyst Sponsorship, Blast Event Sponsor
FRANKLIN PARK CONSERVATORY 1777 E Broad Street Columbus, OH 43203	31-1191469	501(c)(3)	13,200				Field to table, Conservatory hat day Sponsor

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KOMEN COLUMBUS RACE FOR THE CURE 929 Eastwind Drive Suite 211 WESTERVILLE, OH 43081	75-2844651	501(c)(3)	35,250				Race for the cure, PLS Survivor Ceremony
MARCH OF DIMES 2831 2nd Street Columbus, OH 43219	13-1846366	501(c)(3)	5,800				Annual Ohio Nurse of the Year
MID-OHIO FOOD BANK 3960 Brookham Dr GROVE CITY, OH 43123	31-0865343	501(c)(3)	4,244				Golf Classic

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL MULTIPLE SCLEROSIS SOCIETY 6155 Rockside Road Suite 202 Independence, OH 44131	34-0801307	501(c)(3)	23,500				10th Annual Dinner of Champions
OHIO STATE UNIVERSITY FOUNDATION THE 2020 BLANKENSHIP HALL 901 WOODY HAYES DRIVE Columbus, OH 43210	31-1145986	501(c)(3)	15,000				Pelotonia 15,
PHYSICIANS CARECONNECTION 1390 Dublin Road Columbus, OH 43215	31-1373719	501(c)(3)	26,000				Dental CareConnection Clinic, Volunteer lunch

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STONEWALL COLUMBUS INC 1160 N High St Columbus, OH 43201	31-1189481	501(c)(3)	6,000				Pride 2016 Sponsorship
WEST OHIO CONFERENCE OF THE UNITED METHODIST CHURCH 32 Wesley Boulevard Worthington, OH 43085	13-5562279	501(c)(3)	12,000				Medical Missions Contribution
YWCA 65 S 4th St Columbus, OH 43215	31-4379597	501(c)(3)	18,250				Family center meals, Women of Achievement

**Schedule J
(Form 990)**

Compensation Information

OMB No 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.

2015
Open to Public Inspection

Department of the Treasury
 Internal Revenue Service

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

Name of the organization OhioHealth Corporation	Employer identification number 31-4394942
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Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>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>	1b									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2									
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p>	4a	Yes								
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b	Yes								
<p>c 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>	4c	No								
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p>										
<p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p>	5a	No								
<p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5b	No								
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p>	6a	No								
<p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6b	No								
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	7	Yes								
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>	8	No								
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

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

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

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

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

Part III Supplemental Information

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

Return Reference	Explanation
Schedule J, Part I, Line 4a Severance or change-of-control payment	THE FOLLOWING INDIVIDUALS LISTED IN FORM 990, PART VII RECEIVED SEVERANCE PAYMENTS MICHAEL BERNSTEIN \$130,442 34, MICHAEL SEAN HUFFMAN \$126,487 84
Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan	There were no individuals listed in Form 990, Part VII that received distributions from a supplemental non-qualified retirement plan. Eligible executives listed in the Form 990, Part VII participate in a supplemental non-qualified plan. These arrangements are an industry standard and are unfunded. Due to the substantial risk of forfeiture provision, there is no guarantee that these officers will ever receive these benefits. Amounts for these arrangements are included in the deferred compensation amount.
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: 15000238
Software Version: 2015v3.0
EIN: 31-4394942
Name: OhioHealth Corporation

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 Blom David P President/CEO/Board - OhioHealth	(i)	1,095,551	632,414	33,476	1,026,821	19,694	2,807,956	0
	(ii)	0	0	0	0	0	0	0
1 Millen Robert P FRM Executive VP & Chief Operating Officer OhioHlth (end 12/14)	(i)	22,492	155,000	849	0	10	178,352	0
	(ii)	0	0	0	0	0	0	0
2 Louge Michael W Executive VP & COO	(i)	872,827	395,000	18,601	691,906	25,826	2,004,159	0
	(ii)	0	0	0	0	0	0	0
3 Yates Vinson M Senior VP & CFO	(i)	550,919	229,000	27,236	215,503	26,326	1,048,984	0
	(ii)	0	0	0	0	0	0	0
4 Gallaher Connie L System VP Neurosciences	(i)	288,077	90,346	9,561	25,058	20,500	433,542	0
	(ii)	0	0	0	0	0	0	0
5 Herbert-Sinden Cheryl L Sr VP Regional Operations	(i)	418,601	174,240	27,454	198,792	20,533	839,620	0
	(ii)	0	0	0	0	0	0	0
6 Huffman Michael Sean President OHNC (end 3/15)	(i)	63,383	55,355	147,824	0	9,732	276,295	0
	(ii)	0	0	0	0	0	0	0
7 Jablonski Susan F Sr VP Chief Communications Officer	(i)	319,832	135,000	6,360	109,946	10,771	581,909	0
	(ii)	0	0	0	0	0	0	0
8 Kontner John G SR VP Managed Care	(i)	362,539	181,390	7,639	61,050	22,633	635,251	0
	(ii)	0	0	0	0	0	0	0
9 Lawson Michael S President GMC	(i)	418,498	165,528	5,021	57,655	9,631	656,333	0
	(ii)	0	0	0	0	0	0	0
10 Reichfield Michael L President DH	(i)	365,118	153,796	25,558	128,443	22,556	695,470	0
	(ii)	0	0	0	0	0	0	0
11 Tuchow Genevieve VP HR Strategy & Project Management	(i)	203,086	69,854	24,431	14,210	22,489	334,071	0
	(ii)	0	0	0	0	0	0	0
12 Barnes II Earl J Esq Senior VP & General Counsel	(i)	428,063	183,000	25,456	151,730	22,670	810,920	0
	(ii)	0	0	0	0	0	0	0
13 Beckel Johnni C Sr VP Chief HR Officer	(i)	412,615	210,000	24,764	154,061	26,326	827,766	0
	(ii)	0	0	0	0	0	0	0
14 Bernstein Michael S Sr VP & CSO (end 9/15)	(i)	375,619	175,000	155,221	5,300	19,165	730,306	0
	(ii)	0	0	0	0	0	0	0
15 Hanly Donna L Sr VP Chief Nursing Executive	(i)	301,131	132,000	32,090	66,855	18,434	550,510	0
	(ii)	0	0	0	0	0	0	0
16 Markovich Stephen E MD Sr VP Central Ohio Operations	(i)	627,827	265,000	26,715	280,703	26,326	1,226,570	0
	(ii)	0	0	0	0	0	0	0
17 Morrison Karen J Sr VP Ext Aff	(i)	457,555	182,000	27,063	170,789	24,576	861,982	0
	(ii)	0	0	0	0	0	0	0
18 Quinn Jessica L Sr VP Chief Compliance Officer	(i)	360,779	156,000	22,447	0	25,368	564,594	0
	(ii)	0	0	0	0	0	0	0
19 Vanderhoff Bruce MD Sr VP and Chief Medical Officer OhioHealth	(i)	646,430	290,000	25,327	235,633	23,826	1,221,216	0
	(ii)	0	0	0	0	0	0	0

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21 Caulin-Glaser Teresa L MD System VP Cardiovascular Services	(i)	526,171	180,100	34,764	31,877	17,742	790,653	0
	(ii)	0	0	0	0	0	0	0
1 Hagen Bruce P President MGH	(i)	514,910	204,872	31,660	144,089	17,473	913,004	0
	(ii)	0	0	0	0	0	0	0
2 Krouse Michael T SR VP Chief Information Officer	(i)	409,062	180,000	24,591	161,876	21,966	797,495	0
	(ii)	0	0	0	0	0	0	0
3 Thornhill Hugh A President OPG	(i)	405,747	171,935	26,451	151,770	26,326	782,229	0
	(ii)	0	0	0	0	0	0	0
4 VanLaningham Nathan B Sr VP of Finance	(i)	478,505	198,000	23,310	15,349	22,148	737,312	0
	(ii)	0	0	0	0	0	0	0

Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

2015

Open to Public Inspection

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

Attach to Form 990.

Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury

Internal Revenue Service

Name of the organization

OhioHealth Corporation

Employer identification number

31-4394942

Part I Bond Issues

Table with 10 columns: (a) Issuer name, (b) Issuer EIN, (c) CUSIP #, (d) Date issued, (e) Issue price, (f) Description of purpose, (g) Defeased (Yes/No), (h) On behalf of issuer (Yes/No), (i) Pool financing (Yes/No). Rows A-D: County of Franklin Ohio bonds.

Part II Proceeds

Table with 13 rows and 8 columns (A-D, Yes/No). Rows 1-13: Amount of bonds retired, legally defeased, total proceeds, reserve funds, interest, escrows, issuance costs, credit enhancement, working capital, capital expenditures, other spent/proceeds, year of completion. Rows 14-17: Questions about refunding issues and record keeping.

Part III Private Business Use

Table with 2 rows and 8 columns (A-D, Yes/No). Row 1: Was the organization a partner in a partnership... Row 2: Are there any lease arrangements...

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X		X				X	
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?		X		X				X
c Are there any research agreements that may result in private business use of bond-financed property?		X		X				X
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		0 %		0 8 %				0 1 %
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		0 %						0 %
6 Total of lines 4 and 5		0 %		0 8 %		0 %		0 1 %
7 Does the bond issue meet the private security or payment test?		X		X				X
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				X
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X				X	

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

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

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

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

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

Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

2015

Open to Public Inspection

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

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

Employer identification number 31-4394942

Part I Bond Issues

Table with columns: (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. Row 1: County of Franklin Ohio, 31-6400067, 353187CR6, 06-23-2015, 299,999,256, Acquisition, Construction, Installation and Equipping of certain hospital facilities.

Part II Proceeds

Table with columns: A, B, C, D. Rows 1-13 detailing bond proceeds: Amount of bonds retired (1,600,000), Total proceeds of issue (299,999,256), Capital expenditures from proceeds (299,999,256), Year of substantial completion (2015), and questions 14-17 regarding bond issuance and allocation.

Part III Private Business Use

Table with columns: A, B, C, D. Rows 1-2: Questions regarding private business use of bond-financed property.

Part III Private Business Use (Continued)

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

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

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) Mark Vanderhoff	Brother of Key Employee (Bruce Vanderhoff, M D)	71,692	Comp/Ben - Brother is employed at Grant Medical Center and receives compensation		No
(2) Dawn Vanderhoff	Sister-in-Law of Key Employee (Bruce Vanderhoff, M D)	19,074	Comp/Ben - Sister-in-Law is employed at Pickerington Surgery Center and receives compensation		No
(3) Ruth Holzapfel	Sister of Officer/Director (David P. Blom)	37,496	Comp/Ben - Sister is employed at Westerville Health Center and receives compensation		No
(4) Sarah Hanly	Daughter-in-Law of Key Employee (Donna Hanly)	16,997	Comp/Ben - Daughter-in-Law is employed at Riverside Methodist Hospital and receives compensation		No
(5) Gregory E Morrison MD	Spouse of Key Employee (Karen Morrison)	372,541	Comp/Ben - Spouse is employed at OhioHealth Corporation and receives compensation		No
(6) Jacob P Millen	Son of Former Officer (Robert P. Millen)	58,360	Comp/Ben - Son 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 Mark Vanderhoff (b) Relationship Between Interested Person and Organization Brother of Key Employee (Bruce Vanderhoff, M D) (d) Description of Transaction Comp/Ben - Brother is employed at Grant Medical Center and receives compensation (a) Name of Person Dawn Vanderhoff (b) Relationship Between Interested Person and Organization Sister-in-law of Key Employee (Bruce Vanderhoff, M D) (d) Description of Transaction Comp/Ben - Sister-in-law is employed at Pickerington Surgery Center 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 at 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 (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 at OhioHealth Corporation and receives compensation (a) Name of Person Jacob P. Millen (b) Relationship Between Interested Person and Organization Son of Officer (Robert P. Millen) (d) Description of Transaction Comp/Ben - Son is employed at Riverside Methodist Hospital and receives compensation

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

Department of the
Treasury
Internal Revenue
Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

2015

**Open to Public
Inspection**

Name of the organization
OhioHealth Corporation

Employer identification number

31-4394942

**Return
Reference**

Explanation

Doing Business
As

OhioHealth Riverside Methodist Hospital OhioHealth Grant Medical Center OhioHealth Doctors Hospital OhioHealth Dublin
Methodist Hospital OhioHealth Neighborhood Care OhioHealth Rehabilitation Hospital

Return Reference	Explanation
Form 990, Part VI, Line 2 Business Relationships	Persons listed in Part VII may have a "business relationship" with each other by virtue of sitting on related OhioHealth entity boards or by virtue of their employment with related OhioHealth entities. OhioHealth Corporation has an ownership interest in limited liability companies (LLCs) that provide healthcare or related services. As a member of such LLCs, OhioHealth Corporation has the right to appoint two individuals to the managing board of such LLCs. As a result, these individuals may be deemed to have a "business relationship" with each other. John P. McConnell, Vice Chair of OhioHealth Corporation, and Kerri B. Anderson, Treasurer of OhioHealth Corporation, have a business relationship.

Return Reference	Explanation
Form 990, Part VI, Line 6 Classes of members or stockholders	The West Ohio Conference of The United Methodist Church is the sole member of OhioHealth Corporation, and this membership is permissible under Ohio Revised Code Section 1702.13

Return Reference	Explanation
Form 990, Part VI, Line 7a Members or stockholders electing members of governing body	The West Ohio Conference of The United Methodist Church is the sole voting member of OhioHealth Corporation which in turn is the sole voting member of all subsidiary organizations This membership is permissible under Ohio Revised Code Section 1702.13

Return Reference

Explanation

Form 990, Part VI, Line 7b Decisions requiring approval by members or stockholders

Revisions of the Code of Regulations that affect the rights of the Member must be approved by the Member

Return Reference	Explanation
Form 990, Part VI, Line 11b Review of form 990 by governing body	Corporate Finance, using a public accounting tax firm, prepares the Form 990. Multiple levels of internal review occur, 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.

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	<p>The Conflict of Interest Policy has been reviewed by independent tax counsel to assure its compliance with the requirements of the Internal Revenue Service. The policy requires all officers, directors and key employees to complete an annual questionnaire pertaining to conflicts of interest. The questionnaire is administered by the General Counsel of OhioHealth. The responses are recorded and reported to the Board in the format approved by the Chair of the Board (a community member). In the interim between questionnaires, conflicts are to be reported to the General Counsel, who will advise the conflicted officer, director or key employee on the steps required to manage or clear the conflict. Failure to report a conflict, or failure to follow the steps advised to clear the conflict, constitutes grounds for disciplinary action. Members of the governing board with a transactional conflict are required to recuse themselves from any discussion and/or vote pertaining to the conflicted transaction, and this is reflected in the minutes of the organization. Legal counsel attends Board meetings and Board committee meetings with the instruction to assure the Conflict of Interest Policy is followed.</p>

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 2015 base salary and his 2015 total compensation which includes all incentive plans and benefits were estimated to approximate the 76th percentile of a peer group of comparable high performing health systems across the United States. In 2014, OhioHealth implemented an incentive plan to reward achievement of long-term strategic priorities for certain key senior executives. The payout reflects performance over a two year period. The organization's performance for FY 6/30/2014 was at the 85th percentile and for FY 6/30/2015 was at the 81st percentile as measured by the Balanced Scorecard using Quality, Customer Service, Culture, and Finance indicators. The 990 reporting of Compensation Committee approved CEO compensation for 2015 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>

Return Reference	Explanation
Form 990, Part VI, Line 15b Process to establish compensation of other employees	With respect to non-disqualified positions, compensation for related organization employment is determined in the same manner as set forth above, however it is not reviewed by the Executive Compensation Committee and is instead determined by management

Return Reference**Explanation**

Form 990, Part VI, Line 19 Required documents available to the public

Information is made available as required

Return Reference	Explanation
Form 990, Part VIII, Line 11d Other Miscellaneous Revenue	All Other Revenue - Total Revenue 66622880, Related or Exempt Function Revenue , Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 66622880,

Return Reference	Explanation
Form 990, Part IX, Line 11g Other Fees	Intercompany Purchased Services - Total Expense 74360492, Program Service Expense 59785836, Management and General Expenses 14574656, Fundraising Expenses , Medical Services - Total Expense 66469363, Program Service Expense 66469363, Management and General Expenses , Fundraising Expenses , Physician Fees - Total Expense 42832547, Program Service Expense 42832547, Management and General Expenses , Fundraising Expenses , Lab Fees - Total Expense 13677356, Program Service Expense 13677356, Management and General Expenses , Fundraising Expenses , Consulting Fees - Total Expense 10784463, Program Service Expense 8670708, Management and General Expenses 2113755, Fundraising Expenses , Other - Total Expense 18544600, Program Service Expense 14909858, Management and General Expenses 3634742, Fundraising Expenses ,

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	Intercompany Fund Balance Transfers - -144019535, Pension Related Charges - 2975269, Change in Fair Value of Interest Rate Swap - -18483075, Other - 1763914, Transfers to Related Organizations - 1295866,

Return Reference	Explanation
Form 990, Part XII, Line 3b A-133 Audit	OhioHealth Corporation was required to undergo an A-133 audit due to federal awards received by OhioHealth Corporation and several of its wholly owned subsidiaries

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

2015

**Open to Public
Inspection**

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

▶ **Attach to Form 990.**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
OhioHealth Corporation

Employer identification number

31-4394942

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(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
See Additional Data Table					

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
See Additional Data Table							

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.

(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	
See Additional Data Table												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) OhioHealth Star Corporation 180 East Broad Street Columbus, OH 432153707 31-1119936	Administrative Services	OH	OhioHealth Corporation	C Corporation	522,088	6,174,192	0 %		No
(2) HardinCare Inc 921 East Franklin Street Kenton, OH 43326 34-1492617	Property Management	OH	NA	C Corporation					No
Intel Health Svcs Ins Co (3) (SPC) Ltd PO Box 1051 Governors Square Grand Cayman 11102 CJ 98-1288216	Insurance/Reinsurance	CJ	OhioHealth Corporation	C Corporation	1,779,401	44,236,360	0 %		No

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)

- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)

- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses

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

	Yes	No
1a		No
1b		No
1c	Yes	
1d		No
1e		No
1f	Yes	
1g		No
1h		No
1i		No
1j		No
1k	Yes	
1l		No
1m	Yes	
1n		No
1o		No
1p	Yes	
1q	Yes	
1r	Yes	
1s	Yes	

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

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

Part VII **Supplemental Information**

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

Return Reference	Explanation
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Additional Data

Software ID: 15000238
Software Version: 2015v3.0
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 180 East Broad Street Columbus, OH 432153707 31-1686358	Holding Company	OH	0	0	OhioHealth Corporation
(1) CG Broad Norton LLC 180 East Broad Street Columbus, OH 432153707 26-1564783	Real Estate Holding Company	OH	0	243,155	OhioHealth Corporation
(2) OhioHealth Medical Specialty Foundation LLC 180 East Broad Street Columbus, OH 432153707 26-1210223	Holding Company	OH	0	0	OhioHealth Corporation
(3) OhioHealth Hospital Management Services 180 East Broad Street Columbus, OH 432153707 30-0632745	Hospital Management Services	OH	0	0	OhioHealth Corporation
(4) Grove City Land Company LLC 180 East Broad Street Columbus, OH 432153707 45-2651557	Real Estate Holding Company	OH	-121,490	3,612,607	OhioHealth Corporation
(5) OhioHealth Urgent Care LLC 180 East Broad Street Columbus, OH 432153707 27-3371022	Urgent Care Services	OH	-124,991	6,363,694	OhioHealth Corporation
(6) Marion Practices LLC 180 East Broad Street Columbus, OH 432153707 45-5500349	Holding Company	OH	0	0	OhioHealth Corporation
(7) Marion Area Physicians LLC 180 East Broad Street Columbus, OH 432153707 80-0835324	Physician Practices	OH	0	8,156,625	OhioHealth Corporation
(8) OhioHealth Innovation Development Fund 180 East Broad Street Columbus, OH 432153707	Research and Development	OH	0	500,000	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
Marion General Hospital 1000 McKinley Park Drive Marion, OH 43302 31-1070877	Health Care	OH	501(c)(3)	3	OhioHealth Corporation	Yes	
Grady Memorial Hospital 561 West Central Avenue Delaware, OH 43015 31-4379436	Health Care	OH	501(c)(3)	3	OhioHealth Corporation	Yes	
Hardin Memorial Hospital 921 East Franklin Street Kenton, OH 43326 34-4440479	Health Care	OH	501(c)(3)	3	OhioHealth Corporation	Yes	
Hardin Physician Foundation Inc 921 East Franklin Street Kenton, OH 43326 31-1414276	Foundation	OH	501(c)(3)	9	Hardin Memorial Hospital	Yes	
Hardin Memorial Hospital Foundation 921 East Franklin Street Kenton, OH 43326 34-1521537	Foundation	OH	501(c)(3)		Hardin Memorial Hospital	Yes	
OhioHealth Physicians Group Inc 180 East Broad Street Columbus, OH 432153707 31-1351965	Health Care	OH	501(c)(3)	9	OhioHealth Corporation	Yes	
OhioHealth Foundation 180 East Broad Street Columbus, OH 432153707 23-7446919	Foundation	OH	501(c)(3)		OhioHealth Corporation	Yes	
HomeReach 180 East Broad Street Columbus, OH 432153707 31-1372702	Health Care	OH	501(c)(3)	9	OhioHealth Corporation	Yes	
HomeReach HomeCare 180 East Broad Street Columbus, OH 432153707 31-1417595	Health Care	OH	501(c)(3)	9	HomeReach	Yes	
OhioHealth Research Institute 180 East Broad Street Columbus, OH 432153707 31-6059784	Research	OH	501(c)(3)		OhioHealth Corporation	Yes	
Hospital Properties Inc 180 East Broad Street Columbus, OH 432153707 31-1206071	Property Management	OH	501(c)(2)		OhioHealth Corporation	Yes	
Sheltering Arms Hospital Foundation 55 Hospital Drive Athens, OH 45701 31-4446959	Patient Care	OH	501(c)(3)	3	OhioHealth Corporation	Yes	
MedCentral Health System 335 Glessner Avenue Mansfield, OH 44906 34-0714456	Health Care	OH	501(c)(3)	3	OhioHealth Corporation	Yes	
Appalachian Community Visiting Nurses 30 Herrold Avenue Athens, OH 45701 31-1045101	Hospice and Health Services	OH	501(c)(3)	9	Sheltering Arms Foundation	Yes	

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership												
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
OhioHealth Sleep Services LLC 6185 Huntley Road Ste B Columbus, OH 43229 20-1547399	Physician Practice	OH	OhioHealth Corporation	Related	2,569,231	4,403,106		No			No	
Polaris Surgery Center LLC 6200 Cleveland Avenue Columbus, OH 43231 20-8074623	Medical Services	OH	OhioHealth Corporation	Related	6,164,292	9,022,011		No		Yes		54 %
ESWL Real Estate & Equipment Ltd Partnership 100 W Third Ave Columbus, OH 43201 31-1138732	Equipment Rental	OH	NA	N/A	0	0						
Grant Scope Center LLC 180 East Broad Street Columbus, OH 43215 26-0765486	Endoscopy Services	OH	OhioHealth Corporation	Related	1,826,670	1,059,128		No			No	50.5 %
O'Bleness Memorial Pain Management LLC 55 Hospital Drive Athens, OH 45701 45-4587317	Medical Services	OH	NA	N/A	0	0						
Athens Surgery Center 75 Hospital Drive Athens, OH 45701 55-0840856	Medical Services	OH	NA	N/A	0	0						
OhioHealth Rehabilitation Hospital LLC 4714 Gettysburg Road Mechanicsburg, PA 17055 46-2458436	Medical Services	PA	OhioHealth Corporation	Related	2,230,885	5,352,112		No			No	51 %
Westerville Endoscopy Center LLC 700 East Broad Street Columbus, OH 43214 46-2755661	Endoscopy Services	OH	OhioHealth Corporation	Related	1,626,913	1,220,695		No		Yes		50 %
OhioHealth Group Ltd 155 East Broad Street Columbus, OH 43215 31-1446804	Managed Health Care	OH	OhioHealth Corporation	Related	-2,236	962,622		No			No	95 %
Upper Arlington Medical Limited Partnership 180 East Broad Street Columbus, OH 43215 31-1472667	Medical Services	OH	OhioHealth Corporation	Related	113,569	960,286		No			No	47.82 %

Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	OhioHealth Star Corporation	M	130,580	Actual Amount Paid
(1)	OhioHealth Star Corporation	P	3,267,671	Actual Amount Paid
(2)	OhioHealth Sleep Services LLC	F	3,085,816	Actual Amount Paid
(3)	Polaris Surgery Center LLC	F	5,142,224	Actual Amount Paid
(4)	OhioHealth Rehabilitation Hospital LLC	F	3,380,263	Actual Amount Paid
(5)	Upper Arlington Medical Limited Partnership	F	100,996	Actual Amount Paid
(6)	OhioHealth Sleep Services LLC	Q	129,859	Actual Amount Paid
(7)	OhioHealth Star Corporation	Q	56,935	Actual Amount Paid
(8)	OHIOHEALTH FOUNDATION	C	608,347	ACTUAL AMOUNT PAID
(9)	Hospital Properties Inc	K	6,466,514	Actual Amount Paid
(10)	Hospital Properties Inc	Q	1,481,071	Actual Amount Paid
(11)	Hospital Properties Inc	P	322,605	Actual Amount Paid
(12)	Hospital Properties Inc	S	4,451,816	Actual Amount Paid
(13)	Hospital Properties Inc	R	3,784,955	Actual Amount Paid
(14)	OhioHealth Sleep Services LLC	S	3,031,566	Actual Amount Paid
(15)	OhioHealth Foundation	S	522,456	Actual Amount Paid
(16)	Grady Memorial Hospital	R	313,743	Actual Amount Paid
(17)	Hardin Memorial Hospital	S	435,820	Actual Amount Paid
(18)	HomeReach HomeCare	R	257,708	Actual Amount Paid
(19)	Marion General Hospital	S	34,489,045	Actual Amount Paid
(20)	MedCentral Health System	S	100,502,232	Actual Amount Paid
(21)	Appalachian Community Visiting Nurse Association	S	257,708	Actual Amount Paid
(22)	Sheltering Arms Hospital Foundation	R	5,262,853	Actual Amount Paid
(23)	Intel Health Services Insurance Co (SPC) Ltd	R	149,501	Actual Amount Paid
(24)	Intel Health Services Insurance Co (SPC) Ltd	P	1,862,778	Actual Amount Paid