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Form

990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2009

Open to Public Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization
THE CHRIST HOSPITAL

Doing Business As

Number and street (or P O box if mail is not delivered to street address)
2139 AUBURN AVENUE

Room/suite

City or town, state or country, and ZIP + 4
CINCINNATI, OH 45219

D Employer identification number
31-0538525

E Telephone number
(513) 585-2000

G Gross receipts \$ 552,163,417

F Name and address of principal officer
SUSAN CROUSHORE
2139 AUBURN AVE
CINCINNATI,OH 45219

H(a) Is this a group return for affiliates?
☐ Yes ☒ No

H(b) Are all affiliates included?
☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number

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

J Website: WWW.THECHRISTHOSPITAL.COM

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

L Year of formation 1891

M State of legal domicile OH

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
TO PROVIDE THE FINEST PATIENT EXPERIENCE AND IMPROVE THE HEALTH OF OUR COMMUNITY

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

3 Number of voting members of the governing body (Part VI, line 1a) 3 1

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

5 Total number of employees (Part V, line 2a) 5 4,76

6 Total number of volunteers (estimate if necessary) 6 25

7a Total gross unrelated business revenue from Part VIII, column (C), line 12 7a 598,51

7b Net unrelated business taxable income from Form 990-T, line 34 7b

Revenue

8 Contributions and grants (Part VIII, line 1h) 8 4,354,532

9 Program service revenue (Part VIII, line 2g) 9 515,692,198

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 341,542

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 5,254,009

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 525,642,281

Current Year

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 13 1,098,926

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

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 15 237,981,448

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

b Total fundraising expenses (Part IX, column (D), line 25) ▶⁰ b

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f) 17 329,317,470

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 18 568,397,844

19 Revenue less expenses Subtract line 18 from line 12 19 -42,755,563

End of Year

Net Assets or Fund Balances

20 Total assets (Part X, line 16) 20 615,056,136

21 Total liabilities (Part X, line 26) 21 259,546,456

22 Net assets or fund balances Subtract line 21 from line 20 22 355,509,680

Beginning of Current Year

Part II Signature Block

Sign Here

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

Signature of officer ***** Date 2011-05-15

Type or print name and title CHRIS BERGMAN CFO

Paid Preparer's Use Only

Preparer's signature Aaron Hershberger Date

Check if self-employed ☐

Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4 BKD LLP 312 WALNUT STREET SUITE 3000 CINCINNATI, OH 45202

EIN (13) 621-8300











Phone no (513) 621-8300

1 Briefly describe the organization's mission

TO PROVIDE THE FINEST PATIENT EXPERIENCE AND IMPROVE THE HEALTH OF OUR COMMUNITY

Form **990** (2009)

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1	Yes
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 	3	No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 	4	Yes
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	No
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.	11	Yes
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.		
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.		
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.		
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.		
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		
	◆ 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? If "Yes," complete Schedule D, Part X.		
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12	No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes	No
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A	Yes
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Part II	15	No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16	No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H 	20	Yes

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States 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 and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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 questions 24b–24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) 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	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <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 a grant selection committee member, or to a person related to such an individual? <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	Yes	
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 of the organization (or a family member) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes	
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, Parts II, III, IV, and V, line 1</i>	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35	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		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <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 11 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

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a	490	
		1b	0	
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			1c	Yes
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?				
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a	4,762	
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?			3a	Yes
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b	Yes
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a	Yes
b If "Yes," enter the name of the foreign country ▶ CJ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts				
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .			5a	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b	No
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?			5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?			6a	No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b	
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			7a	No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c	No
d If "Yes," indicate the number of Forms 8282 filed during the year			7d	
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e	No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .			7f	No
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . .			7g	
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			7h	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8	
9 Sponsoring organizations maintaining donor advised funds.				
a Did the organization make any taxable distributions under section 4966?			9a	
b Did the organization make a distribution to a donor, donor advisor, or related person?			9b	
10 Section 501(c)(7) organizations. Enter				
a Initiation fees and capital contributions included on Part VIII, line 12			10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			10b	
11 Section 501(c)(12) organizations. Enter				
a Gross income from members or shareholders			11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year			12b	

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.

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body . . .	1a	14	
b	Enter the number of voting members that are independent . . .	1b	11	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . . .	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . .	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

Section B. Policies

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ JAMIE PHILLIPS CONTROLLER 2139 AUBURN AVENUE CINCINNATI, OH 45219 (513) 585-2000

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

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

☐ Check this box if the organization did not compensate any current or former officer, director, trustee or key employee

[illegible]

1b Total	8,051,461	0	488,015
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2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **207**

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3 Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4 Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
Caretech Solutions Inc POST OFFICE 67471 DETROIT, MI 48267	IT SUPPORT	8,089,528
Masterplan 9582 TOPANGA CANYON BLVD CHATSWORHT, CA 91311	BUILDING SUPPORT	5,572,346
DANIS BUILDING CONSTRUCTION 3233 NEWARK DRIVE MIAMISBURG, OH 45342	CONSTRUCTION	7,545,501
Perot Systems Corporation 12020 COLLECTIONS CTR DR CHICAGO, IL 60693	FINANCIAL SERVICES	7,024,042
HEALTH ALLIANCE OF GTR CINTI PO BOX 634723 CINCINNATI, OH 45263	PHYSICIAN RESIDENT	3,255,098

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **32**

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	444,204				
	g	Noncash contributions included in lines 1a-1f \$ _____						
	h	Total. Add lines 1a-1f			444,204			
Program Service Revenue			Business Code					
	2a	Net Patient Revenue	621,990	538,938,307	538,938,307			
	b	Rental Income Related to Exempt Purpose	531,120	4,744,353	4,744,353			
	c	Pharmacy	446,110	3,094,675	3,094,675			
	d	Gain/(Loss) from Joint Venture	900,003	-28,916	-627,429	598,513		
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			546,748,419			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)			1,459,482		1,459,482	
	4	Income from investment of tax-exempt bond proceeds . .			0			
	5	Royalties			0			
	6a	Gross Rents	(i) Real	(ii) Personal				
	b	Less rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss)						
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b	Less cost or other basis and sales expenses						
	c	Gain or (loss)						
	d	Net gain or (loss)			0			
	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 . .			0			
	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 . .			0				
10a	Gross sales of inventory, less returns and allowances							
		a						
		b	Less cost of goods sold	b				
c	Net income or (loss) from sales of inventory . .			0				
Miscellaneous Revenue		Business Code						
11a	Television	517,000	16,525			16,525		
b	Cafeteria	722,210	2,098,093			2,098,093		
c	Dues	900,099	87,332			87,332		
d	All other revenue		1,309,362			1,309,362		
e	Total. Add lines 11a-11d			3,511,312				
12	Total revenue. See Instructions			552,163,417	546,149,906	598,513	4,970,794	

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) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the U S See Part IV, line 21	687,749	687,749		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	4,042,181	3,233,745	808,436	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)	0			
7	Other salaries and wages	213,741,456	170,993,165	42,748,291	0
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	7,157,082	5,725,666	1,431,416	0
9	Other employee benefits	33,497,427	26,797,942	6,699,485	0
10	Payroll taxes	15,079,417	12,063,534	3,015,883	0
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	4,430,317	3,544,254	886,063	0
c	Accounting	3,763,317	3,010,654	752,663	0
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	59,297,490	47,437,992	11,859,498	0
12	Advertising and promotion	4,054,655	3,243,724	810,931	0
13	Office expenses	131,459,219	105,167,375	26,291,844	0
14	Information technology	0			
15	Royalties	0			
16	Occupancy	14,364,685	11,491,748	2,872,937	0
17	Travel	313,749	250,999	62,750	0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	725,842	580,674	145,168	0
20	Interest	1,389,935	1,111,948	277,987	0
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	54,895,514	43,916,411	10,979,103	0
23	Insurance	4,881,790	3,905,432	976,358	0
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	Collection Fees	7,909,374	6,327,499	1,581,875	0
b	Taxes	873	698	175	0
c	Dues & Subscriptions	6,457,128	5,165,702	1,291,426	0
d	Bad Debt	17,489,212	13,991,370	3,497,842	0
e	MISCELLANEOUS	641,758	513,406	128,352	0
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	586,280,170	469,161,688	117,118,482	0
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			92,260,344	1	20,836,464
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			136,414,116	3	136,105,833
	4	Accounts receivable, net			71,502,983	4	69,961,846
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use			6,758,673	8	7,940,345
	9	Prepaid expenses and deferred charges			6,265,243	9	6,048,406
	10a	Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D	10a	637,733,519			
	b	Less accumulated depreciation	10b	423,165,933	239,585,111	10c	214,567,586
	11	Investments—publicly traded securities			30,164,157	11	55,542,839
	12	Investments—other securities. See Part IV, line 11				12	
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets			7,687,689	14	29,657,812
	15	Other assets. See Part IV, line 11			24,417,820	15	4,183,364
	16	Total assets. Add lines 1 through 15 (must equal line 34)			615,056,136	16	544,844,495
Liabilities	17	Accounts payable and accrued expenses			54,121,098	17	70,343,937
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D				21	
	22	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			76,020,740	23	78,475,947
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities. Complete Part X of Schedule D			129,404,618	25	160,006,434
	26	Total liabilities. Add lines 17 through 25			259,546,456	26	308,826,318
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			326,660,471	27	236,018,177
	28	Temporarily restricted net assets			3,293,716	28	0
	29	Permanently restricted net assets			25,555,493	29	0
	Organizations that do not follow SFAS 117, 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			355,509,680	33	236,018,177
	34	Total liabilities and net assets/fund balances			615,056,136	34	544,844,495

Part XI Financial Statements and Reporting

	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? . . .		No
b Were the organization's financial statements audited by an independent accountant?	Yes	
c If "Yes," to 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	
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
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	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . . .	Yes	

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization
THE CHRIST HOSPITAL

Employer identification number
31-0538525

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 **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☒

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**
- 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 described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other
- e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?
- h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in IRC 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
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 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14	Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	
15	Public Support Percentage for 2008 Schedule A, Part II, line 14	15	

16a

33 1/3% support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

b

33 1/3% support test—2008. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a

10%-facts-and-circumstances test—2009. 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

b

10%-facts-and-circumstances test—2008. 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

18

Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

Part IIISupport Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total. Add lines 1 through 5						
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts 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						
cAdd lines 7a and 7b						
8Public Support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13Total support (Add lines 9, 10c, 11 and 12.)						
14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

15Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	
16Public support percentage from 2008 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	
18Investment income percentage from 2008 Schedule A, Part III, line 17	18	
19a33 1/3% support tests—2009. 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		
b33 1/3% support tests—2008. 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		
20Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Additional Data

Software ID:
Software Version:
EIN: 31-0538525
Name: THE CHRIST HOSPITAL

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
R GLEN MAYFIELD CHAIRMAN	1 0	X						0	0	0
JAMES E BUSHMAN TREASURER	1 0	X						0	0	0
GEORGE H VINCENT SECRETARY	1 0	X						0	0	0
THOMAS M BRODERICK MD BOARD MEMBER	1 0	X						0	0	0
KERRY CLARK BOARD MEMBER	1 0	X						0	0	0
THEODORE H EMMERICH BOARD MEMBER	1 0	X						0	0	0
SCOTT D FARMER BOARD MEMBER	1 0	X						0	0	0
VICTORIA BUYNISKI GLUCKMAN BOARD MEMBER	1 0	X						0	0	0
ROGER L HOWE BOARD MEMBER	1 0	X						0	0	0
ALFRED KAHN III MD BOARD MEMBER	1 0	X						0	0	0
MICHAEL K KEATING BOARD MEMBER	1 0	X						0	0	0
PATRICK KIRK MD BOARD MEMBER	1 0	X						0	0	0
RAYMOND ROST JR MD BOARD MEMBER	1 0	X						0	0	0
THOMAS GERDES BOARD MEMBER	1 0	X						0	0	0
SUSAN CROUSHORE CEO & PRESIDENT	40 0			X				528,859	0	53,131
VICTOR DIPILLA VP & COO	40 0			X				341,108	0	119,722
HEATHER ADKINS VP & CHIEF MARKETING OFFICER	40 0			X				205,532	0	24,801
BERNARD GAWNE VP & CHIEF MEDICAL OFFICER	40 0			X				347,134	0	53,501
DEBORAH HAYES VP & CNO	40 0			X				335,910	0	90,305
CHESTER MAZE VP & CIO	40 0			X				250,535	0	20,214
RICK TOLSON VP & CHRO	40 0			X				228,635	0	29,404
CHRIS BERGMAN VP & CFO	40 0			X				206,248	0	12,024
MICHAEL JENNINGS MEDICAL DIRECTOR	40 0				X			451,899	0	35,078
JOHN SCHNEIDER PRESIDENT - TCHCVA	40 0				X			719,625	0	0
DEAN KEREIAKES PHYSICIAN	40 0					X		1,058,472	0	5,530

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
JOHN RUNYON PHYSICIAN	40 0					X		830,238	0	940
JOHN CORL PHYSICIAN	40 0					X		761,940	0	2,779
EDWARD SCHLOSS PHYSICIAN	40 0					X		749,473	0	5,030
JOSEPH CHOO PHYSICIAN	40 0					X		737,839	0	3,030
JOHN RENNER FORMER VP-FINANCE	40 0						X	298,014	0	32,526

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

<i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Collection Fees	7,909,374	6,327,499	1,581,875	0
Taxes	873	698	175	0
Dues & Subscriptions	6,457,128	5,165,702	1,291,426	0
Bad Debt	17,489,212	13,991,370	3,497,842	0
MISCELLANEOUS	641,758	513,406	128,352	0

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. ▶ See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

If the organization answered “Yes,” to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, 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,” to 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,” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

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

Name of the organization THE CHRIST HOSPITAL	Employer identification number 31-0538525
---	--

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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 funtion 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made 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-

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

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><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><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></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?		<input type="checkbox"/> Yes	<input type="checkbox"/> 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 instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable 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)).

		(a)		(b)	
		Yes	No	Amount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
	a Volunteers?				No
	b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				No
	c Media advertisements?				No
	d Mailings to members, legislators, or the public?		No		
	e Publications, or published or broadcast statements?		No		
	f Grants to other organizations for lobbying purposes?	Yes		25,824	
	g Direct contact with legislators, their staffs, government officials, or a legislative body?		No		
	h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No		
	i Other activities? If "Yes," describe in Part IV	Yes		7,500	
	j Total lines 1c through 1i			33,324	
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No		
b	If "Yes," enter the amount of any tax incurred under section 4912				
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			No	

Part III-A

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

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B

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

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

Part IV

Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
LOBBYING ACTIVITIES	PART II-B, LINE 1F	THE CHRIST HOSPITAL PAID MEMBERSHIP DUES TO THE OHIO HOSPITAL ASSOCIATION AND THE AMERICAN HOSPITAL ASSOCIATION. A PERCENTAGE OF THE DUES RELATED TO LOBBYING. TOTAL EXPENDITURES RELATED TO LOBBYING WERE THE FOLLOWING: - OHIO HOSPITAL ASSOCIATION \$ 6,997 - AMERICAN HOSPITAL ASSOCIATION \$18,827. TOTAL \$25,824.
LOBBYING ACTIVITIES	PART II-B, LINE 1I	THE CHRIST HOSPITAL PAID \$7,500 TO DINSMORE PUBLIC SECTOR ADVISORS, LLC FOR LOBBYING SERVICES.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
THE CHRIST HOSPITAL

Employer identification number
31-0538525

Part I

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate 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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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 <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

Part II

Conservation Easements. Complete if the organization answered "Yes" to 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 pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

Complete lines 2a–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
2a	
2b	
2c	
2d	

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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 and enforcing conservation easements during the year ▶ _____

7

Amount of expenses incurred in monitoring, inspecting, 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 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

In Part XIV, 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" to Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116, 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) Revenues included in 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 relating to these items

a Revenues included in Form 990, Part VIII, line 1▶ \$ _____

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

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2009

Part III

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

3

Using the organization's 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 XIV

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" to 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 XIV and complete the following table

	Amount
c Beginning balance	
d Additions during the year	
e Distributions during the year	
f Ending balance	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

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					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Term endowment ▶

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

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,439,076		1,439,076
b Buildings		292,080,420	189,576,372	102,504,048
c Leasehold improvements		3,527,677	818,400	2,709,277
d Equipment		251,422,695	179,186,353	72,236,342
e Other		89,263,652	53,584,809	35,678,843
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				214,567,586

Part XI

Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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 on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	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 XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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 XIV)	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 XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	

Part XIV

Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
FIN 48 DISCLOSURE	PART XIV	The Company completed an analysis of uncertain tax positions in accordance with applicable accounting guidance at June 30, 2010 and 2009, and determined no amounts were required to be recognized in the consolidated financial statements at June 30, 2010 and 2009.

SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, question 20.**
▶ **Attach to Form 990.**
▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
THE CHRIST HOSPITAL

Employer identification number
31-0538525

Part I

Charity Care and Certain Other Community Benefits at Cost

		Yes	No	
1a	Does the organization have a charity care policy? If "No," skip to question 6a	1a	Yes	
b	If "Yes," is it a written policy?	1b	Yes	
2	If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals <div><input type="checkbox"/> Applied uniformly to all hospitals</div> <div><input type="checkbox"/> Applied uniformly to most hospitals</div> <div><input type="checkbox"/> Generally tailored to individual hospitals</div>			
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients			
a	Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing <i>free</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care <div><input type="checkbox"/> 100%</div> <div><input checked="" type="checkbox"/> 150%</div> <div><input type="checkbox"/> 200%</div> <div><input type="checkbox"/> Other _____</div>	3a	Yes	
b	Does the organization use FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care <div><input checked="" type="checkbox"/> 200%</div> <div><input type="checkbox"/> 250%</div> <div><input type="checkbox"/> 300%</div> <div><input type="checkbox"/> 350%</div> <div><input type="checkbox"/> 400%</div> <div><input type="checkbox"/> Other _____</div>	3b	Yes	
c	If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care			
4	Does the organization's policy provide free or discounted care to the "medically indigent"?	4	Yes	
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy?	5a	Yes	
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b	Yes	
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		No
6a	Does the organization prepare an annual community benefit report?	6a		No
6b	If "Yes," does the organization make it available to the public?	6b		
Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H				

7 Charity Care and Certain Other Community Benefits at Cost						
Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheets 1 and 2)			15,520,875	-282,987	15,803,862	2 780 %
b Unreimbursed Medicaid (from Worksheet 3, column a)			37,803,099	31,488,288	6,314,811	1 110 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)			2,376,130	1,703,120	673,010	0 120 %
d Total Charity Care and Means-Tested Government Programs			55,700,104	32,908,421	22,791,683	4 010 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			337,976		337,976	0 060 %
f Health professions education (from Worksheet 5)			18,396,061	5,749,398	12,646,663	2 220 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)			5,363,123	2,486,079	2,877,044	0 510 %
i Cash and in-kind contributions to community groups (from Worksheet 8)			143,211	500	142,711	0 030 %
j Total Other Benefits			24,240,371	8,235,977	16,004,394	2 820 %
k Total. Add lines 7d and 7j			79,940,475	41,144,398	38,796,077	6 830 %

Part IICommunity Building Activities

Complete this table if the organization conducted any community building activities.

	(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					
2	Economic development		9,820		9,830	
3	Community support					
4	Environmental improvements		31,625		31,625	0 010 %
5	Leadership development and training for community members					
6	Coalition building		971,767		971,767	0 170 %
7	Community health improvement advocacy		40,345		40,345	0 010 %
8	Workforce development					
9	Other					
10	Total		1,053,557		1,053,567	0 190 %

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1	Does the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No. 15?	1	No
2	Enter the amount of the organization's bad debt expense (at cost)	2	5,248,631
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3	628,786
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit.		

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	134,271,862
6	Enter Medicare allowable costs of care relating to payments on line 5	6	141,661,468
7	Subtract line 6 from line 5. This is the surplus or (shortfall).	7	-7,389,606
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	Does the organization have a written debt collection policy?	9a	Yes
9b	If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI.	9b	No

Part IVManagement Companies and Joint Ventures

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

Part V Facility Information

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

Part VI

Supplemental Information

Complete this part to provide the following information

- 1 Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions

See additional data

- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves

See additional data

- 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 charity care policy

See additional data

- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

See additional data

- 5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves

THE CHRIST HOSPITAL ("TCH") PROVIDES COMMUNITY SUPPORT BY ASSISTING IN DISASTER PREPAREDNESS PREPARING FOR DISASTER IS AN IMPORTANT ROLE FOR THE HOSPITAL TO ASSURE THE SAFETY AND HEALTH OF COMMUNITY RESIDENTS IN THE EVENT OF A NATURAL DISASTER, INDUSTRIAL ACCIDENT, OR OTHER LARGE SCALE EMERGENCY IN ADDITION, TCH HAS ON ONGOING COMMITMENT TO THE MT AUBURN COMMUNITY THROUGH SERVICE WORK AND DONATIONS, AS WELL AS A COMMUNITY TO SERVICE OF THE POOR AND UNDERSERVED OF THE CINCINNATI AND REGIONAL COMMUNITIES

- 6 Provide any other information important to describing how the organization's hospitals 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)

See additional data

- 7 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

- 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Additional Data

Software ID:

Software Version:

EIN: 31-0538525

Name: THE CHRIST HOSPITAL

Form 990 Schedule H, Part V - Facility Information

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
THE CHRIST HOSPITAL 2139 AUBURN AVENUE CINCINNATI, OH 45219	X	X		X			X		
THE CHRIST HOSPITAL MEDICAL ASSOCIATES 2139 AUBURN AVENUE SUITE 331 CINCINNATI, OH 45219									PHYSICIAN OFFICE
THE CHRIST HOSPITAL MEDICAL ASSOCIATES 2139 AUBURN AVENUE SUITE 334 CINCINNATI, OH 45219									PHYSICIAN OFFICE
THE CHRIST HOSPITAL MEDICAL ASSOCIATES 2139 AUBURN AVENUE SUITE 440 CINCINNATI, OH 45219									PHYSICIAN OFFICE
THE CHRIST HOSPITAL MEDICAL ASSOCIATES 2139 AUBURN AVENUE SUITE 520 CINCINNATI, OH 45219									PHYSICIAN OFFICE
THE CHRIST HOSPITAL MEDICAL ASSOCIATES 2727 MADISON RD SUITE 208 CINCINNATI, OH 45209									PHYSICIAN OFFICE
THE CHRIST HOSPITAL MEDICAL ASSOCIATES 5310 RAPID RUN PIKE CINCINNATI, OH 45238									PHYSICIAN OFFICE
THE CHRIST HOSPITAL MEDICAL ASSOCIATES 4010 NORTH BEND RD SUITE 200 CINCINNATI, OH 45211									PHYSICIAN OFFICE
THE CHRIST HOSPITAL MEDICAL ASSOCIATES 5535 MONTGOMERY ROAD CINCINNATI, OH 45212									PHYSICIAN OFFICE
THE CHRIST HOSPITAL MEDICAL ASSOCIATES 2139 AUBURN AVENUE CINCINNATI, OH 45219									PHYSICIAN OFFICE
THE CHRIST HOSPITAL MEDICAL ASSOCIATES 2567 ERIE AVENUE CINCINNATI, OH 45208									PHYSICIAN OFFICE
THE CHRIST HOSPITAL MEDICAL ASSOCIATES 4460 RED BANK EXPRESSWAY CINCINNATI, OH 45227									PHYSICIAN OFFICE
THE CHRIST HOSPITAL MEDICAL ASSOCIATES 105 W 4TH STREET CINCINNATI, OH 45202									PHYSICIAN OFFICE
THE CHRIST HOSPITAL MEDICAL ASSOCIATES 4871 PROSPERITY PLACE CINCINNATI, OH 45328									PHYSICIAN OFFICE
THE CHRIST HOSPITAL MEDICAL ASSOCIATES 5680 BRIDGETOWN ROAD CINCINNATI, OH 45248									PHYSICIAN OFFICE
THE CHRIST HOSPITAL MEDICAL ASSOCIATES 24 COMPTON ROAD CINCINNATI, OH 45216									PHYSICIAN OFFICE
THE CHRIST HOSPITAL MEDICAL ASSOCIATES 4411 MONTGOMERY ROAD SUITE 201 CINCINNATI, OH 45212									PHYSICIAN OFFICE
THE CHRIST HOSPITAL MEDICAL ASSOCIATES 2752 ERIE AVENUE SUITE 5 CINCINNATI, OH 45208									PHYSICIAN OFFICE
THE CHRIST HOSPITAL MEDICAL ASSOCIATES 7809 LAUREL AVENUE SUITE 11 CINCINNATI, OH 45243									PHYSICIAN OFFICE
THE CHRIST HOSPITAL MEDICAL ASSOCIATES 7432 JAGER COURT CINCINNATI, OH 45230									PHYSICIAN OFFICE
THE CHRIST HOSPITAL CARDIOVASCULAR ASSOC 3000 HOSPITAL DRIVE BATAVIA, OH 45013									PHYSICIAN OFFICE
THE CHRIST HOSPITAL CARDIOVASCULAR ASSOC 321 MITCHELL AVENUE BATESVILLE, OH 47006									PHYSICIAN OFFICE
THE CHRIST HOSPITAL CARDIOVASCULAR ASSOC 8000 FIVE MILE ROAD SUITE 310 CINCINNATI, OH 45230									PHYSICIAN OFFICE
THE CHRIST HOSPITAL CARDIOVASCULAR ASSOC 4750 E GALBRAITH ROAD SUITE 103 CINCINNATI, OH 45236									PHYSICIAN OFFICE
THE CHRIST HOSPITAL CARDIOVASCULAR ASSOC 2454 KIPLING AVE SUITE G20 CINCINNATI, OH 45239									PHYSICIAN OFFICE
THE CHRIST HOSPITAL CARDIOVASCULAR ASSOC 10506 MONTGOMERY RD SUITE 504 CINCINNATI, OH 45242									PHYSICIAN OFFICE
THE CHRIST HOSPITAL CARDIOVASCULAR ASSOC 10506 MONTGOMERY RD SUITE 501 CINCINNATI, OH 45242									PHYSICIAN OFFICE
THE CHRIST HOSPITAL CARDIOVASCULAR ASSOC 2123 AUBURN AVENUE SUITE 100 CINCINNATI, OH 45219									PHYSICIAN OFFICE
THE CHRIST HOSPITAL CARDIOVASCULAR ASSOC 2123 AUBURN AVENUE SUITE 136 CINCINNATI, OH 45219									PHYSICIAN OFFICE
THE CHRIST HOSPITAL CARDIOVASCULAR ASSOC 2123 AUBURN AVENUE SUITE 144 CINCINNATI, OH 45219									PHYSICIAN OFFICE
THE CHRIST HOSPITAL CARDIOVASCULAR ASSOC 2123 AUBURN AVENUE SUITE 139 CINCINNATI, OH 45219									PHYSICIAN OFFICE
THE CHRIST HOSPITAL CARDIOVASCULAR ASSOC 2123 AUBURN AVENUE SUITE 238 CINCINNATI, OH 45219									PHYSICIAN OFFICE
THE CHRIST HOSPITAL CARDIOVASCULAR ASSOC 2841 BOUDINOT AVE SUITE 200 CINCINNATI, OH 45238									PHYSICIAN OFFICE
THE CHRIST HOSPITAL CARDIOVASCULAR ASSOC 4460 RED BANK RD SUITE 100 CINCINNATI, OH 45227									PHYSICIAN OFFICE
THE CHRIST HOSPITAL CARDIOVASCULAR ASSOC 4380 MALSBARY ROAD SUITE 200 CINCINNATI, OH 45242									PHYSICIAN OFFICE
THE CHRIST HOSPITAL CARDIOVASCULAR ASSOC 435 PARK AVENUE HAMILTON, OH 45013									PHYSICIAN OFFICE
THE CHRIST HOSPITAL CARDIOVASCULAR ASSOC 10450 NEW HAVEN ROAD 3 HARRISON, OH 45030									PHYSICIAN OFFICE
THE CHRIST HOSPITAL CARDIOVASCULAR ASSOC 1275 NORTH HIGH STREET HILLSBORO, OH 45133									PHYSICIAN OFFICE
THE CHRIST HOSPITAL CARDIOVASCULAR ASSOC 98 ELM STREET LAWRENCEBURG, IN 47025									PHYSICIAN OFFICE
THE CHRIST HOSPITAL CARDIOVASCULAR ASSOC 608 READING ROAD SUITE B MASON, OH 45040									PHYSICIAN OFFICE
THE CHRIST HOSPITAL CARDIOVASCULAR ASSOC 231 N BREIEL BLVD MIDDLETOWN, OH 45042									PHYSICIAN OFFICE
THE CHRIST HOSPITAL CARDIOVASCULAR ASSOC 230 MEDICAL CENTER DRIVE SEAMAN, OH 45679									PHYSICIAN OFFICE
THE CHRIST HOSPITAL CARDIOVASCULAR ASSOC 630 MAIN ST SUITE 101 WILMINGTON, OH 45177									PHYSICIAN OFFICE
THE CHRIST HOSPITAL IMAGING CENTER 4400 REDBANK EXPRESSWAY SUITE 100 CINCINNATI, OH 45013									IMAGING CENTER

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

COST OF CHARITY CARE WAS CALCULATED WITH A COST TO CHARGE RATIO USING WORKSHEET 2

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

BAD DEBTS INCLUDED IN PART IX, LINE 25 TOTALED \$17,489,212 THIS AMOUNT HAS BEEN REMOVED FROM THE TOTAL EXPENSES IN ORDER TO CALCULATE THE PERCENTAGE REPORTED IN COLUMN F ON SCHEDULE H, PART I AND PART II

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

NET PATIENT ACCOUNTS RECEIVABLE AND NET PATIENT SERVICE REVENUE ARE RECORDED AT ESTIMATED AMOUNTS EXPECTED TO BE COLLECTED. THESE ESTIMATED AMOUNTS ARE SUBJECT TO FURTHER ADJUSTMENTS UPON REVIEW BY THIRD-PARTY PAYORS. THE PROVISION FOR BAD DEBTS IS BASED UPON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS CONSIDERING HISTORICAL BUSINESS AND ECONOMIC CONDITIONS, TRENDS IN HEALTH CARE COVERAGE AND OTHER COLLECTION INDICATORS. PERIODICALLY THROUGHOUT THE YEAR, MANAGEMENT ASSESSES THE ADEQUACY OF THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS BASED UPON HISTORICAL WRITE-OFF EXPERIENCE BY PAYOR CATEGORY, INCLUDING THOSE AMOUNTS NOT COVERED BY INSURANCE. THE RESULTS OF THIS REVIEW ARE THEN USED TO MAKE ANY MODIFICATIONS TO THE PROVISION FOR BAD DEBTS TO ESTABLISH AN APPROPRIATE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS. AN AGGREGATE COST TO CHARGE RATIO WAS USED TO PROVIDE BAD DEBT AT COST FOR PART III, LINE 2. THE ESTIMATED AMOUNT OF THE HOSPITAL'S BAD DEBT EXPENSE (AT COST) ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE HOSPITAL'S CHARITY CARE POLICY REPORTED ON PART III, LINE 3 WAS DETERMINED USING MANAGEMENT'S BEST ESTIMATE.

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

COSTS REPORTED ON LINE 6 ARE OBTAINED FROM THE MEDICARE COST REPORT WHICH IS BASED ON A COST TO CHARGE RATIO

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

PATIENTS KNOWN TO QUALIFY FOR CHARITY CARE AND FINANCIAL ASSISTANCE ARE NOT SENT TO COLLECTIONS UNLESS A DETERMINATION HAS BEEN MADE THAT THE PATIENT HAS THE FINANCIAL RESOURCES TO PAY SOME PORTION OF THEIR BILL BUT REFUSE TO DO SO

Form 990 Schedule H, Part VI - Supplemental Information, Line 2

THE CHRIST HOSPITAL ("TCH") USES EXISTING COMMUNITY HEALTH NEEDS ASSESSMENT REPORTS SUCH AS THE 2008 UNITED WAY OF GREATER CINCINNATI REPORT (THE STATE OF THE COMMUNITY - A REPORT ON THE SOCIO-ECONOMIC HEALTH OF THE GREATER CINCINNATI REGION) AND THE HEALTH IMPROVEMENT COLLABORATIVE OF GREATER CINCINNATI REPORT (INDICATORS OF HEALTHY COMMUNITIES 2006) TCH ALSO UTILIZES HOSPITAL PERSONNEL AND PHYSICIANS WHO HAVE IDENTIFIED COMMUNITY NEEDS BASED ON ADMISSION/DISCHARGE AND OTHER HOSPITAL DATA BASED ON THIS DATA AND INFORMATION, TCH ASSESSES AND CONTINUALLY RESPONDS TO CHANGING COMMUNITY NEEDS THROUGH THE SERVICES OFFERED TCH RECOGNIZES THE HEALTH OF THE COMMUNITY IS INFLUENCED BY SOCIAL, ECONOMIC, AND ENVIRONMENTAL FACTORS, NOT JUST BY DISEASE AND ILLNESS OUR COMMUNITY BENEFIT INCLUDES BOTH QUALITATIVE AND QUANTITATIVE DATA, DEMOGRAPHICS INCLUDING RACE, AGE, AND ETHNICITY, SOCIOECONOMIC DATA INCLUDING INCOME, EDUCATION, AND HEALTH INSURANCE RATES, PRIMARY CARE AND CHRONIC DISEASE NEEDS OF UNINSURED PERSONS, AND DATA ON HEALTH DISPARITIES IN HEALTH OUTCOMES AMONG MINORITY GROUPS TCH INCORPORATES PLANNING FOR COMMUNITY BENEFITS AS PART OF ITS ANNUAL BUSINESS MARKET RESEARCH AND THE ANALYSIS OF HEALTH CARE UTILIZATION DATA BASES IN ADDITION, SERVICE USE IS FORECAST UTILIZING LICENSED POPULATION BASED SOFTWARE TCH HAS DEDICATED STAFF TO ASSIST IN THE COMMUNITY BENEFIT PLANNING, REPORTING, MONITORING AND IMPLEMENTATION OF COMMUNITY BENEFIT PROGRAMS AND SERVICES COMMUNITY BENEFIT ACTIVITIES AND PROGRAM EFFECTIVENESS ARE REPORTED TO APPROPRIATE EXECUTIVES AND ANALYZED TO ENSURE EFFECTIVENESS

Form 990 Schedule H, Part VI - Supplemental Information, Line 3

THE CHRIST HOSPITAL ("TCH") POSTS ITS CHARITY CARE POLICY AND FINANCIAL ASSISTANCE CONTACT INFORMATION IN ADMISSIONS AREAS, EMERGENCY DEPARTMENT, AND OTHER AREAS OF THE ORGANIZATION'S FACILITIES IN WHICH ELIGIBLE PATIENTS ARE LIKELY TO BE PRESENT. TCH PROVIDES A COPY OF THE POLICY, OR SUMMARY THEREOF, AND FINANCIAL ASSISTANCE CONTACT INFORMATION TO PATIENTS AS PART OF THE INTAKE PROCESS AND WITH DISCHARGE MATERIALS. ADDITIONALLY, A COPY OF THE POLICY OR A SUMMARY ALONG WITH FINANCIAL ASSISTANCE CONTACT INFORMATION IS INCLUDED IN PATIENT BILLS. TCH DISCUSSES WITH THE PATIENT THE AVAILABILITY OF VARIOUS GOVERNMENT BENEFITS, SUCH AS MEDICAID OR STATE PROGRAMS, AND ASSISTS THE PATIENT WITH QUALIFICATION FOR SUCH PROGRAMS, WHERE APPLICABLE. ADDITIONALLY, TCH ASSISTS PATIENTS IN OBTAINING MEDICAL BENEFITS THROUGH FEDERAL, STATE, AND HOSPITAL PROGRAMS. TCH REPRESENTATIVES WILL PROVIDE THE FOLLOWING SERVICES AT NO COST TO THE PATIENT:

- o EXPLORE ELIGIBILITY,
- o FILE APPLICATIONS ON PATIENT'S BEHALF,
- o SCHEDULE AND ATTEND APPOINTMENTS,
- o PROVIDE TRANSPORTATION WHEN NECESSARY,
- o PROVIDE MEDICAL DOCUMENTATION TO SOCIAL SECURITY ADMINISTRATION FOR DISABILITY CLAIMS.

THROUGHOUT THE REGISTRATION AND DISCHARGE PROCESSES, PATIENTS AND THEIR COUNSELORS LOOK AT WHAT OPTIONS ARE AVAILABLE. TCH UNDERSTANDS THAT NOT EVERYONE CAN PAY FOR HEALTHCARE SERVICES. TCH REPRESENTATIVES ARE AVAILABLE TO OFFER OPTIONS AND ASSISTANCE FOR THOSE WHO ARE UNINSURED OR UNDERINSURED.

Form 990 Schedule H, Part VI - Supplemental Information, Line 4

KEY CUSTOMER GROUPS FOR THE CHRIST HOSPITAL ("TCH") ARE THE COMMUNITY WE SERVE, PATIENTS, AND THEIR FAMILY MEMBERS. THE COMMUNITY IS SEGMENTED INTO A PRIMARY SERVICE AREA (PSA) AND SECONDARY SERVICE AREA (SSA). TCH'S PSA - OR WHERE 80% OF THE HOSPITAL'S ADMISSIONS COME FROM - ENCOMPASSES 10 COUNTIES IN THE GREATER CINCINNATI AREA: HAMILTON, BROWN, BUTLER, WARREN, CLERMONT, AND ADAMS IN OHIO; CAMPBELL, KENTON, BOONE IN KENTUCKY; AND DEARBORN COUNTY IN INDIANA. THE ORGANIZATION'S SSA - WHERE THE REMAINING 20% OF HOSPITAL ADMISSIONS COME FROM - ENCOMPASSES AN ADDITIONAL FIVE COUNTIES: CLINTON AND HIGHLAND IN OHIO, AND FRANKLIN, OHIO AND RIPLEY COUNTIES IN INDIANA. THE MAIN SERVICE AREA TCH SERVES, CINCINNATI, HAS AN APPROXIMATE POPULATION OF 332,252 WITH 12.3% BEING OVER THE AGE OF 65. THE POPULATION INCLUDES 2.9% WHICH ARE UNINSURED AND 7.1% WHICH ARE MEDICAID RECIPIENTS. THE POPULATION INCLUDES 3.4% NON-ENGLISH SPEAKING PEOPLE AND 5.7% OF RESIDENTS ARE IN HOUSEHOLDS BELOW THE FEDERAL POVERTY GUIDELINES. THE LARGEST ETHNIC GROUP IN THE COMMUNITY SERVED BY THE HOSPITAL IS GERMAN. APPROXIMATELY 24% OF THE POPULATION IS OF GERMAN DESCENT. THE OCCUPATION CLASSIFICATION IN THE COMMUNITY CONSISTS OF 26% BLUE COLLAR, 60% WHITE COLLAR, AND 14% SERVICE AND FARM WORKERS.

Form 990 Schedule H, Part VI - Supplemental Information, Line 6

THE CHRIST HOSPITAL ("TCH") OPERATES AN EMERGENCY ROOM OPEN TO ALL PERSONS REGARDLESS OF ABILITY TO PAY IN ADDITION TO PROVIDING EMERGENCY SERVICES, A SYSTEMATIC APPROACH IS USED TO DETERMINE COMMUNITY HEALTH NEEDS WITH INPUT FROM ORGANIZATIONS SUCH AS THE CENTER FOR CLOSING THE HEALTH GAP, THE TCH FAMILY ADVISORY COUNCIL, AND THE GATHERING OF COMMUNITY HEALTH STATISTICS BY THE KSI CLINICAL SERVICES PORTFOLIO TEAM AND BY THE MARKETING DEPARTMENT INFORMATION GATHERED THROUGH THESE SOURCES HAS LED TO THE DEPLOYMENT OF THE PALLIATIVE CARE PROGRAM, A CENTER FOR HEALTH AND AGING TO ADDRESS THE SPECIAL NEEDS OF GERIATRIC PATIENTS AND A NEWLY REMODELED BEHAVIORAL HEALTH UNIT AT A TIME WHEN OTHER HEALTHCARE PROVIDERS IN THE COMMUNITY WERE DISCONTINUING THAT SERVICE THE HOSPITAL ALSO SUPPORTS THE COMMUNITY IN NUMEROUS FUND DRIVES SUCH AS UNITED WAY, AMERICAN HEART ASSOCIATION, DIABETES WALK, CANCER WALK AND FINE ARTS FUND AT THE BEGINNING OF EACH SCHOOL YEAR AND AT CHRISTMAS, TCH STAFF ALSO DONATES SCHOOL SUPPLIES AND GIFTS TO THE STUDENTS AT TAFT ELEMENTARY SCHOOL LOCATED IN MT AUBURN IN ADDITION, THE STAFF PROVIDES MENTORING OPPORTUNITIES TO UNDERGRADUATE AND GRADUATE STUDENT INTERNS INTERESTED IN HEALTHCARE CAREERS AND ALSO TO EXPLORER SCOUTS

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization
THE CHRIST HOSPITAL

Employer identification number
31-0538525

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

Yes

No

2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States
- Part III

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶
- | (a) Name and address of organization or government | (b) EIN | (c) IRC Code 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 |
|---|-----------|------------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| YWCA898 WALNUT STREET CINCINNATI,OH 45202 | 310537518 | 501(c)(3) | 5,050 | | | | COMMUNITY SERVICE |
| CINCINNATI BUSINESS COURRIER13821 COLLECTIONS CENTER DR CHICAGO,IL 60693 | 134085084 | | 8,750 | | | | COMMUNITY SERVICE |
| LIFECENTER615 ELSINORE PLACE CINCINNATI,OH 452021459 | 311040508 | 501(c)(3) | 10,000 | | | | COMMUNITY SERVICE |
| AMERICAN DIABETES ASSOCIATION1701 NORTH BEAUREGARD STREET ALEXANDRIA,VA 22311 | 131623888 | 501(c)(3) | 10,000 | | | | COMMUNITY SERVICE |
| THANKSGIVING DAY RACE 3243 LINWOOD ROAD CINCINNATI,OH 45226 | | | 10,000 | | | | COMMUNITY SERVICE |
| ARTHRITIS FOUNDATION 7124 MIAMI AVENUE CINCINNATI,OH 45243 | 316043937 | 501(c)(3) | 65,000 | | | | COMMUNITY SERVICE |
| CENTER FOR RESPITE CAREPO BOX 141301 CINCINNATI,OH 45250 | 202544994 | 501(c)(3) | 100,000 | | | | COMMUNITY SERVICE |
| AMERICAN HEART ASSOCIATION5211 MADISON ROAD CINCINNATI,OH 452271411 | 135613797 | 501(c)(3) | 190,500 | | | | COMMUNITY SERVICE |
| CENTER FOR CLOSING THE HEALTH GAP3120 BURNET AVE CINCINNATI,OH 45229 | 200902286 | 501(c)(3) | 210,000 | | | | COMMUNITY SERVICE |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
- 2

Enter total number of section 501(c)(3) and government organizations

7

3

Enter total number of other organizations

2
- For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 50055P

Schedule I (Form 990) 2009

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization
THE CHRIST HOSPITAL

Employer identification number
31-0538525

Part I

Questions Regarding Compensation

	Yes	No
<div><div>1a</div><div>Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items</div><div><div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div></div>		
<div><div>1b</div><div>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 the expenses described above? If "No," complete Part III to explain</div></div>		
<div><div>2</div><div>Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?</div></div>		
<div><div>3</div><div>Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply</div><div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div></div>		
<div><div>4</div><div>During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization</div></div>		
<div><div>4a</div><div>Receive a severance payment or change-of-control payment?</div></div>	Yes	
<div><div>4b</div><div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div></div>		No
<div><div>4c</div><div>Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</div>		No
<div><div></div><div>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</div></div>		
<div><div>5</div><div>For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</div></div>		
<div><div>a</div><div>The organization?</div></div>	Yes	
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 5a or 5b, describe in Part III</div>		No
<div><div>6</div><div>For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</div></div>		
<div><div>a</div><div>The organization?</div></div>		No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 6a or 6b, describe in Part III</div>		No
<div><div>7</div><div>For persons listed in 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</div></div>		No
<div><div>8</div><div>Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III</div></div>		No
<div><div>9</div><div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?</div></div>		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in 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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(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 reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
SUSAN CROUSHORE	(i)	482,698	0	46,161	49,341	3,790	581,990	
	(ii)	0	0	0	0	0	0	
VICTOR DIPILLA	(i)	316,613	0	24,495	115,651	4,071	460,830	
	(ii)	0	0	0	0	0	0	
HEATHER ADKINS	(i)	191,684	0	13,848	21,771	3,030	230,333	
	(ii)	0	0	0	0	0	0	
BERNARD GAWNE	(i)	301,136	0	45,998	52,051	1,450	400,635	
	(ii)	0	0	0	0	0	0	
DEBORAH HAYES	(i)	311,633	0	24,277	87,526	2,779	426,215	
	(ii)	0	0	0	0	0	0	
CHESTER MAZE	(i)	242,927	0	7,608	17,435	2,779	270,749	
	(ii)	0	0	0	0	0	0	
RICK TOLSON	(i)	196,808	0	31,827	22,535	6,869	258,039	
	(ii)	0	0	0	0	0	0	
CHRIS BERGMAN	(i)	154,421	48,583	3,244	10,626	1,398	218,272	
	(ii)	0	0	0	0	0	0	
JOHN RENNER	(i)	47,438	0	250,576	30,381	2,145	330,540	
	(ii)	0	0	0	0	0	0	
MICHAEL JENNINGS	(i)	390,449	19,813	41,637	32,299	2,779	486,977	
	(ii)	0	0	0	0	0	0	
JOHN SCHNEIDER	(i)	676,119	0	43,506	0	0	719,625	
	(ii)	0	0	0	0	0	0	
DEAN KEREIAKES	(i)	1,016,051	0	42,421	0	5,530	1,064,002	
	(ii)	0	0	0	0	0	0	
JOHN RUNYON	(i)	788,265	0	41,973	0	940	831,178	
	(ii)	0	0	0	0	0	0	
JOHN CORL	(i)	727,485	0	34,455	0	2,779	764,719	
	(ii)	0	0	0	0	0	0	
EDWARD SCHLOSS	(i)	714,208	0	35,265	0	5,030	754,503	
	(ii)	0	0	0	0	0	0	
JOSEPH CHOO	(i)	703,384	0	34,455	0	3,030	740,869	
	(ii)	0	0	0	0	0	0	

Part III

Supplemental Information

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

Identifier	Return Reference	Explanation
QUESTIONS REGARDING COMPENSATION	PART I, LINE 5A	PHYSICIANS ARE PAID A BI-WEEKLY SALARY OR "DRAW" AT THE END OF EACH QUARTER, THEIR YTD COMPENSATION IS COMPARED TO WHAT THEIR ACTUAL YTD PRODUCTION WAS. EACH CHARGE GENERATED HAS A WORK RELATIVE VALUE UNIT (RVU) ASSIGNED TO IT. THE TOTAL NUMBER OF WORK RVU'S GENERATED ARE THEN COMPARED TO A GRID THAT TCHMA DEVELOPED. BASED ON WHERE THE PHYSICIAN HITS IN ANNUALIZED WORK RVU PRODUCTION, THE PHYSICIAN IS CREDITED WITH A PERCENTAGE FOR CHARGES GENERATED. IF THIS NUMBER IS GREATER THAN WHAT THE PHYSICIAN WAS PAID BI-WEEKLY (PLUS ANY OTHER BONUS PAYMENT MADE WITHIN THE FISCAL YEAR), THE PHYSICIAN GETS THE DIFFERENCE. IF AT THE END OF THE FISCAL YEAR, THE PHYSICIAN IS IN A POSITION WHERE THE COMPENSATION PAID IS MORE THAN WHAT IS COMPUTED, THEY OWE THAT MONEY BACK TO TCHMA.
SEVERANCE PAYMENT	PART I, LINE 4A	JOHN RENNER, FORMER VICE PRESIDENT OF FINANCE, ENDED HIS EMPLOYMENT WITH THE CHRIST HOSPITAL DURING THE FISCAL YEAR ENDED JUNE 30, 2009. MR. RENNER RECEIVED \$234,749 IN SEVERANCE PAYMENTS DURING THE CALENDAR YEAR ENDED DECEMBER 31, 2009.

Software ID:
Software Version:
EIN: 31-0538525
Name: THE CHRIST HOSPITAL

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
SUSAN CROUSHORE	(i) (ii)	482,698 0	0 0	46,161 0	49,341 0	3,790 0	581,990 0	
VICTOR DIPILLA	(i) (ii)	316,613 0	0 0	24,495 0	115,651 0	4,071 0	460,830 0	
HEATHER ADKINS	(i) (ii)	191,684 0	0 0	13,848 0	21,771 0	3,030 0	230,333 0	
BERNARD GAWNE	(i) (ii)	301,136 0	0 0	45,998 0	52,051 0	1,450 0	400,635 0	
DEBORAH HAYES	(i) (ii)	311,633 0	0 0	24,277 0	87,526 0	2,779 0	426,215 0	
CHESTER MAZE	(i) (ii)	242,927 0	0 0	7,608 0	17,435 0	2,779 0	270,749 0	
RICK TOLSON	(i) (ii)	196,808 0	0 0	31,827 0	22,535 0	6,869 0	258,039 0	
CHRIS BERGMAN	(i) (ii)	154,421 0	48,583 0	3,244 0	10,626 0	1,398 0	218,272 0	
JOHN RENNER	(i) (ii)	47,438 0	0 0	250,576 0	30,381 0	2,145 0	330,540 0	
MICHAEL JENNINGS	(i) (ii)	390,449 0	19,813 0	41,637 0	32,299 0	2,779 0	486,977 0	
JOHN SCHNEIDER	(i) (ii)	676,119 0	0 0	43,506 0	0 0	0 0	719,625 0	
DEAN KEREIAKES	(i) (ii)	1,016,051 0	0 0	42,421 0	0 0	5,530 0	1,064,002 0	
JOHN RUNYON	(i) (ii)	788,265 0	0 0	41,973 0	0 0	940 0	831,178 0	
JOHN CORL	(i) (ii)	727,485 0	0 0	34,455 0	0 0	2,779 0	764,719 0	
EDWARD SCHLOSS	(i) (ii)	714,208 0	0 0	35,265 0	0 0	5,030 0	754,503 0	
JOSEPH CHOO	(i) (ii)	703,384 0	0 0	34,455 0	0 0	3,030 0	740,869 0	

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered**
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V lines 38a or 40b.
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization THE CHRIST HOSPITAL	Employer identification number 31-0538525
--	---

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

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

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

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

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total ▶ \$ _____										

Part III Grants or Assistance Benefitting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
DEBORAH GERDES	DAUGHTER OF BOARD MEMBER	212,108	SEE SCH O		No
SCOTT FARMER	BOARD MEMBER	474,408	SEE SCH O		No
MICHAEL KEATING	BOARD MEMBER	80,835	SEE SCH O		No

Additional Data

Software ID:
Software Version:
EIN: 31-0538525
Name: THE CHRIST HOSPITAL

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493136059851

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
THE CHRIST HOSPITAL

Employer identification number
31-0538525

Identifier	Return Reference	Explanation
GOVERNING BODY AND MANAGEMENT	PART VI, SECTION A, LINE 6	THE SOLE MEMBER OF THE CHRIST HOSPITAL (TCH) IS THE CHRIST HOSPITAL, INC (TCHI) TCHI HAS THE FOLLOWING AUTHORITY WITH RESPECT TCH 1) TO APPOINT MEMBERS TO THE GOVERNING BOARD OF TCH, 2) TO RECEIVE THE NET ASSETS OF TCH UPON DISSOLUTION, AND 3) TO APPROVE SIGNIFICANT DECISIONS OF THE GOVERNING BOARD OF TCH

Identifier	Return Reference	Explanation
GOVERNING BODY AND MANAGEMENT	PART VI, SECTION A, LINES 7A & 7B	THE SOLE MEMBER OF THE CHRIST HOSPITAL (TCH) IS THE CHRIST HOSPITAL, INC (TCHI) TCHI HAS THE AUTHORITY TO APPOINT MEMBERS TO THE GOVERNING BOARD OF TCH AS THE SOLE MEMBER OF TCH, HAS THE AUTHORITY TO APPROVE SIGNIFICANT DECISIONS OF THE GOVERNING BOARD OF TCH

Identifier	Return Reference	Explanation
PROCESS TO REVIEW THE FORM 990	FORM 990, PART VI, QUESTION 11B	THE FORM 990 IS PREPARED AND REVIEWED BY AN OUTSIDE ACCOUNTING FIRM THE FORM 990 IS THEN REVIEWED BY THE REPORTING AND AUDIT MANAGER, CONTROLLER, CFO, AND CEO THE FORM IS THEN PRESENTED TO THE FINANCE COMMITTEE AND BOARD FOR FINAL REVIEW

Identifier	Return Reference	Explanation
POLICIES	PART VI, SECTION B, LINE 12C	CONFLICT OF INTEREST (COI) DISCLOSURE FORMS ARE DISTRIBUTED ANNUALLY TO CERTAIN POTENTIALLY AFFECTED INDIVIDUALS INDIVIDUALS ARE UNDER A DUTY TO DISCLOSE ANY POTENTIAL CONFLICTS THAT MAY ARISE BETWEEN THE ANNUAL FILINGS OF THE DISCLOSURE FORM THE CHRIST HOSPITAL HAS ADOPTED TWO POLICIES, 1) FOR MEMBERS OF THE BOARD OF DIRECTORS, AND 2) FOR MEDICAL STAFF AND EMPLOYEES AT THE MANAGER LEVEL AND ABOVE THE DIRECTOR OF COMPLIANCE REVIEWS ANY POTENTIAL CONFLICTS THAT ARE REPORTED OR DISCLOSED AND RECOMMENDS APPROPRIATE ACTIONS TO THE EXECUTIVE TEAM IN MOST CASES, THE RESTRICTIONS ARE THAT THE INDIVIDUAL MAY NOT PARTICIPATE IN ANY DELIBERATIONS OR DECISIONS REGARDING THE PERSON OR MATTER THAT MAY BE THE SOURCE OF THE POTENTIAL CONFLICT

Identifier	Return Reference	Explanation
POLICIES	PART VI, SECTION B, LINES 15A & 15B	COMPENSATION OF THE ORGANIZATION'S CEO, OFFICERS, AND KEY EMPLOYEES IS REVIEWED ANNUALLY THE COMPENSATION COMMITTEE PERFORMS THE REVIEW WITH THE ASSISTANCE OF THE HAY GROUP

Identifier	Return Reference	Explanation
REVIEW OF CEO OR TOP MGMT OFFICIAL COMPENSATION	FORM 990, PART VI, QUESTION 15A & 15B	COMPENSATION REVIEW IS COMPLETED ANNUALLY BY THE COMPENSATION COMMITTEE WITH THE ASSISTANCE OF THE HAY GROUP

Identifier	Return Reference	Explanation
DISCLOSURE	PART VI, LINE 19	THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON A REASONABLE REQUEST

Identifier	Return Reference	Explanation
BUSINESS TRANSACTIONS W/ INTERESTED PERSONS	SCHEDULE L, PART IV	DEBORAH GERDES, DAUGHTER OF THOMAS GERDES (BOARD MEMBER OF THE CHRIST HOSPITAL), IS EMPLOYED AS A PHYSICIAN BY THE CHRIST HOSPITAL MEDICAL ASSOCIATES (TCHMA) MS GERDES RECEIVED COMPENSATION OF \$212,108 DURING THE CALENDAR YEAR ENDED DECEMBER 31, 2009 TCHMA IS A DISREGARDED ENTITY FOR TAX PURPOSES THE SOLE MEMBER OF TCHMA IS THE CHRIST HOSPITAL SCOTT D FARMER IS A BOARD MEMBER OF THE CHRIST HOSPITAL MR FARMER SERVES AS PRESIDENT AND CHIEF EXECUTIVE OFFICE OF THE CINTAS CORPORATION THE CHRIST HOSPITAL CONTRACTED WITH THE CINTAS CORPORATION TO PERFORM SERVICES FOR THE HOSPITAL THE CHRIST HOSPITAL PAID CINTAS CORPORATION \$474,408 DURING THE FISCAL YEAR ENDED JUNE 30, 2010 MICHAEL K KEATING IS A BOARD MEMBER OF THE CHRIST HOSPITAL MR KEATING HAS A REPORTABLE OWNERSHIP PERCENTAGE IN CENTRAL BUSINESS GROUP DURING THE FISCAL YEAR ENDED JUNE 30, 2010, THE CHRIST HOSPITAL PAID CENTRAL BUSINESS GROUP \$80,835 FOR SERVICES SUBSEQUENT TO JUNE 30, 2010, MR KEATING COMPLETELY DIVESTED HIS OWNERSHIP INTEREST IN CENTRAL BUSINESS GROUP

Identifier	Return Reference	Explanation
FORM 990, PART VII, COLUMN (B)	AVERAGE HOURS PER WEEK	OFFICERS, DIRECTORS, TRUSTEES, KEY EMPLOYEES AND HIGHEST PAID EMPLOYEES DEVOTE SIGNIFICANT TIME AND EFFORT TO THE OPERATIONS AND OVERSIGHT OF THE CHRIST HOSPITAL FROM TIME TO TIME, AS SITUATIONS DICTATE, THESE INDIVIDUALS MAY DEVOTE SIGNIFICANTLY MORE TIME TO THE OPERATIONS AND OVERSIGHT OF THE ORGANIZATION THAN IS REPORTED ON FORM 990, PART VII, COLUMN (B) ("AVERAGE HOURS PER WEEK")

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

THE CHRIST HOSPITAL

Employer identification number

31-0538525

Part I

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

(a) Name, address, and EIN 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
THE CHRIST HOSPITAL INC 2139 AUBURN AVENUE CINCINNATI, OH 45219 31-1080885	SUPPORT TCH	OH	501(C)(3)	11A	NA
CHRIST HOSP EDU & CLINICAL RESEARCH FUND 2139 AUBURN AVENUE CINCINNATI, OH 45219 31-1126561	SUPPORT TCH	OH	501(C)(3)	11A	NA
ELIZABETH GAMBLE DEACONESS HOME ASSOC 2139 AUBURN AVENUE CINCINNATI, OH 45219 31-1082756	SUPPORT TCH	OH	501(C)(3)	11A	NA
THE CHRIST HOSPITAL COLLEGE OF NURSING 2139 AUBURN AVENUE CINCINNATI, OH 45219 20-3823825	SUPPORT TCH	OH	501(C)(3)	2	NA
THE CHRIST HOSPITAL AUXILLIARY 2139 AUBURN AVENUE CINCINNATI, OH 45219 20-1245159	SUPPORT TCH	OH	501(C)(3)	11C	NA
THE CHRIST HOSPITAL FOUNDATION 2139 AUBURN AVENUE CINCINNATI, OH 45219 26-4165492	SUPPORT TCH	OH	501(C)(3)	11A	NA

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) Disproporionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	No
MASON PROP CO 2139 AUBURN AVENUE CINCINNATI, OH45219 31-1384679	SUPPORT TCH	OH	TCH	RELATED				No			
TCHUSP SURGERY CNR 15305 DALLAS PARKWAY 1600 ADDISON, TX75001 27-2818625	MEDICAL PRACTICE	OH	TCH	RELATED				No			

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
MIDWEST ULTRASOUND 8250 KENWOOD CROSSING WAY SUITE 22 CINCINNATI, OH45236 31-1073540	MEDICAL LAB	OH	TCH	S-CORPORATION	7,923,599	1,705,977	100 000 %
PROFESSIONAL READERS GROUP 8250 KENWOOD CROSSING WAY SUITE 22 CINCINNATI, OH45236 31-1335218	MEDICAL PRACTICE	OH	TCH	S-CORPORATION	1,159,790	258,655	100 000 %
CHRIST HOSPITAL HEALTH SERVICES CORP 2139 AUBURN AVENUE CINICNNATI, OH45219 31-1066981	OTHER MEDICAL	OH	TCH INC	C-CORPORATION			100 000 %

Part V

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

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

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 (iv) rent from a controlled entity

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

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

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

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

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

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

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

Yes

No

1a Yes

1b No

1c No

1d Yes

1e Yes

1f No

1g No

1h No

1i Yes

1j Yes

1k No

1l No

1m Yes

1n Yes

1o No

1p Yes

1q No

1r 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 other organization	(b) Transaction type(a-r)	(c) Amount involved
(1) TCH COLLEGE OF NURSING	i	1,375,135
(2) TCH COLLEGE OF NURSING	n	4,490,307
(3) TCH COLLEGE OF NURSING	p	565,226
(4)		
(5)		
(6)		

Schedule R (Form 990) 2009

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

[illegible]

Software ID:

Software Version:

EIN: 31-0538525

Name: THE CHRIST HOSPITAL

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

(a) Name, address, and EIN 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
THE CHRIST HOSPITAL MEDICAL ASSOCIATES 2139 AUBURN AVENUE CINCINNATI, OH 45219 26-1332866	MEDICAL PRACT	OH			NA
THE CHRIST HOSPITAL CARDIOVASCULAR ASSOC 2139 AUBURN AVENUE CINCINNATI, OH 45219 26-3070266	MEDICAL PRACT	OH			NA
LINDNER CENTER FOR RESEARCH 2139 AUBURN AVENUE CINCINNATI, OH 45219 26-3885165	MED RESEARCH	OH	2,789,479	7,325,486	NA
THE CHRIST HOSPITAL PHYSICIANS LLC 2139 AUBURN AVENUE CINCINNATI, OH 45219 27-3841691	MEDICAL PRACT	OH			NA
THE CHRIST HOSP ORTHOPEDIC ASSOCIATES 2139 AUBURN AVENUE CINCINNATI, OH 45219 27-2352575	MEDICAL PRACT	OH			NA
THE CHRIST HOSP ORTHOPEDIC ASSOCIATES II 2139 AUBURN AVENUE CINCINNATI, OH 45219 27-3088756	MEDICAL PRACT	OH			NA
THE CHRIST HOSP ORTHOPEDIC ASSOC III 2139 AUBURN AVENUE CINCINNATI, OH 45219 27-3088817	MEDICAL PRACT	OH			NA
THE CHRIST HOSP SPINE SURGERY CENTER LLC 4020 SMITH ROAD CINCINNATI, OH 45209 27-1482322	MEDICAL PRACT	OH			NA
THE CHRIST HOSP MEDICAL SPECIALISTS LLC 2139 AUBURN AVENUE CINCINNATI, OH 45219 27-0577733	MEDICAL PRACT	OH			NA

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 501(c)(3))	(f) Direct Controlling Entity
THE CHRIST HOSPITAL INC 2139 AUBURN AVENUE CINCINNATI, OH45219 31-1080885	SUPPORT TCH	OH	501(C)(3)	11A	NA
CHRIST HOSP EDU & CLINICAL RESEARCH FUND 2139 AUBURN AVENUE CINCINNATI, OH45219 31-1126561	SUPPORT TCH	OH	501(C)(3)	11A	NA
ELIZABETH GAMBLE DEACONESS HOME ASSOC 2139 AUBURN AVENUE CINCINNATI, OH45219 31-1082756	SUPPORT TCH	OH	501(C)(3)	11A	NA
THE CHRIST HOSPITAL COLLEGE OF NURSING 2139 AUBURN AVENUE CINCINNATI, OH45219 20-3823825	SUPPORT TCH	OH	501(C)(3)	2	NA
THE CHRIST HOSPITAL AUXILLIARY 2139 AUBURN AVENUE CINCINNATI, OH45219 20-1245159	SUPPORT TCH	OH	501(C)(3)	11C	NA
THE CHRIST HOSPITAL FOUNDATION 2139 AUBURN AVENUE CINCINNATI, OH45219 26-4165492	SUPPORT TCH	OH	501(C)(3)	11A	NA

**TY 2009 Earnings and Profits Other
Adjustments Statement**

Name: THE CHRIST HOSPITAL

EIN: 31-0538525

Description	Amount
Movement in Loss Reserves	1,941,705

**TY 2009 Earnings and Profits Other
Adjustments Statement**

Name: THE CHRIST HOSPITAL

EIN: 31-0538525

Description	Amount
Related Party Premiums	3,624,948

TY 2009 Itemized Other Current Liabilities Schedule

Name: THE CHRIST HOSPITAL

EIN: 31-0538525

Corporation Name	Corporation EIN	Description	Beginning Amount	Ending Amount
		Loss Reserves	2,286,238	6,439,125
		Losses Payable	2,750	0
		Retrospective Premium Adjustments	56,923	201,331
		Reinsurance Premium Swing Plan Paya	0	196,018
		Reinsurance Premiums Payable	0	190,945
		Return Premiums Payable	0	127,017

**TY 2009 Itemized Other Current Assets
Schedule****Name:** THE CHRIST HOSPITAL**EIN:** 31-0538525

Corporation Name	Corporation EIN	Other Current Assets Description	Beginning Amount	Ending Amount
		Prepaid Assets	5,726	7,030
		Reinsurance Recoverable	0	1,512,748

TY 2009 Other Deductions Schedule**Name:** THE CHRIST HOSPITAL**EIN:** 31-0538525

Description	Foreign Amount (should only be used when attached to 5471 Schedule C Line 16)	Amount
Losses and LAE		2,084,351
Professional Fees		173,315
Management Fees		64,500
Government Fees		12,118
Loss on Novation Agreement		224,089
Miscellaneous		11,359

TY 2009 Itemized Other Investments Schedule

Name: THE CHRIST HOSPITAL

EIN: 31-0538525

Corporation Name	Corporation EIN	Other Investments Description	Beginning Amount	Ending Amount
		Other Investments	0	5,002,259

TY 2009 Paid-In or Capital Surplus Reconciliation Statement

Name: THE CHRIST HOSPITAL

EIN: 31-0538525

Description	Beginning Amount	Ending Amount
Additional Paid-In Capital	119,999	119,999