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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011

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

C Name of organization
THE GOOD SAMARITAN HOSPITAL OF CINCINNATI OHIO

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
619 OAK STREET - ACCOUNTING 3 WEST

City or town, state or country, and ZIP + 4
CINCINNATI, OH 45206

D Employer identification number
31-0537486

E Telephone number
(513) 569-6575

G Gross receipts $ 519,094,931

F Name and address of principal officer
JOHN PROUT
619 OAK STREET - ACCOUNTING 3 WEST
CINCINNATI, OH 45206

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 ▶ 0928

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

J Website: ▶ WWW TRIHEALTH COM

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1852 | **M** State of legal domicile OH

Part I Summary

1 Briefly describe the organization's mission or most significant activities
THE ORGANIZATION'S MISSION IS TO IMPROVE THE HEALTH STATUS OF THE COMMUNITY IT SERVES

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**	11
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	7
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	**5**	3,893
6	Total number of volunteers (estimate if necessary)	**6**	1,093
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	599,620
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-356,418

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	2,011,657	1,819,755
	9 Program service revenue (Part VIII, line 2g)	452,506,006	477,423,089
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	17,517,998	26,589,936
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,757,833	12,262,151
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	479,793,494	518,094,931
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	565,970	571,927
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	209,583,482	221,197,407
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	225,744,205	238,726,565
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	435,893,657	460,495,899
	19 Revenue less expenses Subtract line 18 from line 12	43,899,837	57,599,032

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	587,586,475	696,050,814
	21 Total liabilities (Part X, line 26)	236,475,946	233,617,196
	22 Net assets or fund balances Subtract line 21 from line 20	351,110,529	462,433,618

Part II Signature Block

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

Sign Here

Signature of officer — Date: 2012-05-10

MICHAEL CROFTON VP-FINANCE
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶☐	PTIN
Firm's name ▶ BKD LLP				Firm's EIN ▶
Firm's address ▶ 312 WALNUT STREET SUITE 3000 CINCINNATI, OH 45202				Phone no ▶ (513) 621-8300

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

1 Briefly describe the organization's mission

SEE SCHEDULE O

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 393,386,491 including grants of $ 571,927) (Revenue $ 486,942,795)

SEE SCHEDULE H

4b (Code) (Expenses $ including grants of $) (Revenue $)

4c (Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses** ▶ $ 393,386,491

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts 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	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		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
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	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? *If "Yes," complete Schedule I, Parts I and II*	**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? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
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? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b–24d and complete Schedule K. If "No," go to line 25*	**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? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	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? *If "Yes," complete Schedule L, Part II*	**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? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	**35**	Yes	
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* ☐ Yes ☑ No			
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 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

Check if Schedule O contains a response to any question in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	274		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	3,893		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			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	No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for 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?			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 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	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			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			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O			13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*			14b	

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

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	11		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	7		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .		3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .		5		No
6	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		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	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 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
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		

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

☐ Own website ☐ Another's website ☑ 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 ▶

MICHAEL CROFTON
619 OAK STREET - ACCOUNTING 3 WEST
CINCINNATI, OH 45206
(513) 569-5677

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

Check if Schedule O contains a response to any question in this Part VII . . . . . .☐

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(1) ROBERT WALKER CHAIRPERSON (START 3/2011)	1 00	X		X				0	0	0
(2) JAMES SCHWAB CHAIRPERSON (END 2/2011)	1 00	X		X				0	0	0
(3) STEPHEN SCHRANTZ VICE CHAIRPERSON	1 00	X		X				0	0	0
(4) MICHAEL MCGRAW SECRETARY/TREASURER	1 00	X		X				0	0	0
(5) PAUL EDGETT III TRUSTEE	1 00	X						0	596,461	78,607
(6) MICHAEL HAVERKAMP TRUSTEE	1 00	X						0	0	0
(7) THOMAS FINN TRUSTEE	1 00	X						0	0	0
(8) MYRTIS POWELL TRUSTEE	1 00	X						0	0	0
(9) SR MARY ELLEN MURPHY TRUSTEE	1 00	X						0	0	0
(10) EDWARD HARNESS JR TRUSTEE (END 3/11)	1 00	X						0	0	0
(11) SILVANIA NG MD TRUSTEE (MED STAFF PRES)	1 00	X						0	45,000	0
(12) MARC ALEXANDER MD TRUSTEE (MED STAFF PRES)	1 00	X						45,000	0	0
(13) JOHN PROUT PRESIDENT/CEO (SCH O)	1 00	X		X				0	1,216,064	299,811
(14) DONNA NIENABER ESQ ASSISTANT SECRETARY (SCH O)	1 00			X				0	480,976	138,646
(15) CRAIG RUCKER ASSISTANT TREASURER (SCH O)	1 00			X				0	492,908	115,752
(16) DAVE DORNHEGGEN CHIEF OPERATING OFFICER-GSH	60 00				X			0	347,377	109,208

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(17) WILLIAM GRONEMAN EXECUTIVE VP (SCH O)	1 00				X			0	511,263	166,581
(18) GERALD OLIPHANT EXEC VP & COO (SCH O)	1 00				X			0	547,879	117,654
(19) GEORGES FEGHALI MD CHIEF MEDICAL OFFICER (SCH O)	1 00				X			0	493,357	137,101
(20) ROBERT ROHS MD PHYSICIAN	40 00					X		341,719	0	40,185
(21) MICHAEL HOLBERT MD PHYSICIAN	40 00					X		265,559	0	22,576
(22) MICHAEL MARCOTTE MD PHYSICIAN	40 00					X		200,367	0	42,394
(23) HELEN KOSELKA MD PHYSICIAN	40 00					X		200,630	0	47,826
(24) SAMATHA MAST MD PHYSICIAN	40 00					X		155,921	0	23,245
(25) MICHAEL CROFTON FORMER OFFICER (SCH O)	0 00						X	0	261,091	67,993
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								1,209,196	4,992,376	1,407,579

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 ▶ 59

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**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? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**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
TRI-STATE HEALTHCARE LAUNDRY INC 551 S LOOP ROAD EDGEWOOD, KY 41017	LAUNDRY	1,610,272
AMERICAN NURSING CARE INC 1700 EDISON DRIVE SUITE 300 MILFORD, OH 45150	NURSING	1,244,326
PHYSICIANS ANESTHESIA SERVICES INC 20 MEDICAL VILLAGE DRIVE EDGEWOOD, KY 41017	ANESTHESIA	970,250
MORRISON MANAGEMENT SPECIALISTS PO BOX 102289 ATLANTA, GA 30368	FOOD SERVICE	763,142
ESKRIBE INC 6770 COMMERCE COURT BLACKLICK, OH 43004	MEDICAL TRANSCRIPTION	655,719

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 ▶ 43

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	1,818,228				
	e Government grants (contributions) 1e					
	f All other contributions, gifts, grants, and similar amounts not included above 1f	1,527				
	g Noncash contributions included in lines 1a-1f $					
	h **Total.** Add lines 1a-1f		1,819,755			
Program Service Revenue		Business Code				
	2a PATIENT SERVICES	621990	475,555,556	475,030,106	525,450	
	b JOA REVENUE	990009	7,810,951	7,810,951		
	c AFFILIATED ORG RENTAL	532000	1,331,214	1,331,214		
	d EQUITY CHANGE IN ORGS	990009	-7,274,632	-7,274,632		
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f		477,423,089			
	3 Investment income (including dividends, interest and other similar amounts)		9,875,083		22,635	9,852,448
	4 Income from investment of tax-exempt bond proceeds . .					
	5 Royalties					

		(i) Real	(ii) Personal				
	6a Gross Rents	906,290					
	b Less rental expenses						
	c Rental income or (loss)	906,290					
	d Net rental income or (loss)			906,290			906,290

		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory	16,671,903	1,042,950				
	b Less cost or other basis and sales expenses		1,000,000				
	c Gain or (loss)	16,671,903	42,950				
	d Net gain or (loss)			16,714,853			16,714,853
Other Revenue	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . a						
	b Less direct expenses . . . b						
	c Net income or (loss) from fundraising events . .						
	9a Gross income from gaming activities See Part IV, line 19 . a						
	b Less direct expenses . . . . . b						
	c Net income or (loss) from gaming activities . . .						
	10a Gross sales of inventory, less returns and allowances . a						
	b Less cost of goods sold . . b						
	c Net income or (loss) from sales of inventory . .						

	Miscellaneous Revenue	Business Code				
11a	CAFETERIA	722100	2,184,090			2,184,090
b	PHARMACY	446110	1,836,155			1,836,155
c	RESEARCH	900099	1,204,201	1,204,201		
d	All other revenue		6,131,415	6,079,880	51,535	
e	**Total.** Add lines 11a–11d		11,355,861			
12	**Total revenue.** See Instructions . . .		518,094,931	484,181,720	599,620	31,493,836

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	565,806	565,806		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	6,121	6,121		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	171,569,260	145,152,760	26,416,500	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	11,149,602	8,749,035	2,400,567	
9	Other employee benefits	25,809,528	19,911,744	5,897,784	
10	Payroll taxes	12,669,017	10,953,863	1,715,154	
a	Fees for services (non-employees) Management	1,453,717	1,389,819	63,898	
b	Legal	2,410,753		2,410,753	
c	Accounting	212,408		212,408	
d	Lobbying				
e	Professional fundraising services *See Part IV, line 17*				
f	Investment management fees	1,207,057		1,207,057	
g	Other	17,343,631	14,620,535	2,723,096	
12	Advertising and promotion	2,151,799	305,613	1,846,186	
13	Office expenses	6,771,462	4,602,206	2,169,256	
14	Information technology	7,749,403	648,223	7,101,180	
15	Royalties				
16	Occupancy	8,688,500	7,428,785	1,259,715	
17	Travel	627,767	270,614	357,153	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	6,789,964	6,789,964		
21	Payments to affiliates	5,885,160		5,885,160	
22	Depreciation, depletion, and amortization	21,089,197	17,546,156	3,543,041	
23	Insurance	4,392,315	4,238,662	153,653	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	MEDICAL/DIETARY SUPPLIE	101,032,584	100,735,403	297,181	
b	BAD DEBTS	36,897,918	36,897,918		
c	REPAIRS AND MAINTENANCE	6,610,824	6,177,489	433,335	
d	OHIO HOSPITAL FEE	3,810,209	3,810,209		
e	O&M COST TRACK FEES	678,411	678,411		
f	All other expenses	2,923,486	1,907,155	1,016,331	
25	**Total functional expenses.** Add lines 1 through 24f	460,495,899	393,386,491	67,109,408	0
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) 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) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing			1	
	2	Savings and temporary cash investments		18,384,195	2	24,981,720
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		28,099,105	4	49,421,712
	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)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L			6	
	7	Notes and loans receivable, net		298,360	7	99,690
	8	Inventories for sale or use		1,449,355	8	3,005,214
	9	Prepaid expenses and deferred charges		177,600	9	167,400
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 519,461,641			
	b	Less accumulated depreciation	10b 335,646,159	173,571,630	10c	183,815,482
	11	Investments—publicly traded securities		44,927,953	11	41,516,113
	12	Investments—other securities See Part IV, line 11		309,592,250	12	366,526,724
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		11,086,027	15	26,516,759
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		587,586,475	16	696,050,814
Liabilities	17	Accounts payable and accrued expenses		44,394,290	17	52,467,167
	18	Grants payable			18	
	19	Deferred revenue		47,034	19	91,310
	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			23	
	24	Unsecured notes and loans payable to unrelated third parties		134,295,401	24	147,851,989
	25	Other liabilities Complete Part X of Schedule D		57,739,221	25	33,206,730
	26	**Total liabilities.** Add lines 17 through 25		236,475,946	26	233,617,196
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		345,900,651	27	457,130,498
	28	Temporarily restricted net assets		5,209,878	28	5,303,120
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ 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		351,110,529	33	462,433,618
	34	Total liabilities and net assets/fund balances		587,586,475	34	696,050,814

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	518,094,931
2	Total expenses (must equal Part IX, column (A), line 25)	2	460,495,899
3	Revenue less expenses Subtract line 2 from line 1	3	57,599,032
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	351,110,529
5	Other changes in net assets or fund balances (explain in Schedule O)	5	53,724,057
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	462,433,618

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☑

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . .	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	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	2c	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 separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ 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?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . .	3b	Yes	

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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

2010

Open to Public Inspection

Name of the organization
THE GOOD SAMARITAN HOSPITAL OF CINCINNATI OHIO

Employer identification number
31-0537486

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (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 331/3% 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 331/3% 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?

	Yes	No
(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? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the supported organization(s)

(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? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support
Total									

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
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 2010 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2009 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2010.** 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—2009.** 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—2010.** 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—2009.** 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 III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15
16	Public support percentage from 2009 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f))	17
18	Investment income percentage from **2009** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support tests—2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

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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

2010

Open to Public Inspection

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

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

If the organization answered "Yes," 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, Part V, line 35a (Proxy Tax), then

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

Name of the organization	Employer identification number
THE GOOD SAMARITAN HOSPITAL OF CINCINNATI OHIO	31-0537486

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

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

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

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

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt 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? ☐ Yes ☐ No

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

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

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		
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-		

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

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(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) Yes	(a) No	(b) 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		91,955
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		8,555
j	Total lines 1c through 1i			100,510
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to 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
EXPLANATION OF OTHER LOBBYING ACTIVITIES	PART II-B, LINE 1I	DURING THE TAX YEAR, THE GOOD SAMARITAN HOSPITAL OF CINCINNATI, OHIO ("HOSPITAL") PAID ANNUAL MEMBERSHIP DUES TO VARIOUS NATIONAL, STATE AND LOCAL ORGANIZATIONS, A PORTION ($1,762) OF WHICH RELATED TO LOBBYING ACTIVITIES IN ADDITION, TRIHEALTH, INC , A RELATED ORGANIZATION OF HOSPITAL, WHICH PROVIDES ADMINISTRATIVE SUPPORT SERVICES TO HOSPITAL, PAID ANNUAL MEMBERSHIP DUES TO VARIOUS NATIONAL, STATE AND LOCAL ORGANIZATIONS A PORTION OF WHICH RELATED TO LOBBYING ACTIVITIES A PORTION OF THE AFOREMENTIONED ADMINISTRATIVE SUPPORT SERVICES ARE ALLOCATED TO HOSPITAL AND $3,430 OF THE AMOUNT SHOWN ON LINE 1I REPRESENTS HOSPITAL'S SHARE OF THESE LOBBYING EXPENSES FINALLY, HOSPITAL'S CONTROLLING ORGANIZATION, CATHOLIC HEALTH INITIATIVES, PAYS ANNUAL DUES TO THE AMERICAN HOSPITAL ASSOCIATION ("AHA") AND CATHOLIC HOSPITAL ASSOCIATION ("CHA"), A PORTION OF WHICH IS ALLOCATED TO LOBBYING ACTIVITIES FOR THE TAX YEAR, THE AMOUNT SHOWN ON LINE 1I ABOVE REPRESENTS HOSPITAL'S SHARE OF ALLOCATED LOBBYING EXPENSES AHA $839, CHA $2,524
PART IV, SUPPLEMENTAL INFORMATION		PART II-B, LINE 1(F), GRANTS TO OTHER ORGANIZATIONS FOR LOBBYING TRIHEALTH, INC , A RELATED ORGANIZATION OF HOSPITAL, WHICH PROVIDES ADMINISTRATIVE SUPPORT SERVICES TO HOSPITAL, PAID FEES TO CASSIDY AND ASSOCIATES, A LEADER IN THE GOVERNMENT RELATIONS INDUSTRY FOR OVER THIRTY YEARS, FOR PROFESSIONAL SERVICES A PORTION OF THE AFOREMENTIONED ADMINISTRATIVE SUPPORT SERVICES ARE ALLOCATED TO HOSPITAL AND THE AMOUNT SHOWN ON LINE 1F REPRESENTS HOSPITAL'S SHARE OF THESE EXPENSES

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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

2010

Open to Public Inspection

Name of the organization
THE GOOD SAMARITAN HOSPITAL OF CINCINNATI OHIO

Employer identification number
31-0537486

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? ☐ Yes ☐ No

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 ☐ Yes ☐ No

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
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	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 ▶ $ _____

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	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ 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	12,221,795	12,018,000	11,923,322		
b Contributions	66,487	203,795	94,678		
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	12,288,282	12,221,795	12,018,000		

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶ 100 000 %
- 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)		No
(ii) related organizations	3a(ii)	Yes	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	Yes	

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		10,489,392		10,489,392
b Buildings		297,768,906	183,848,022	113,920,884
c Leasehold improvements		7,698,256	3,882,026	3,816,230
d Equipment		187,094,074	147,916,111	39,177,963
e Other		16,411,013		16,411,013
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				183,815,482

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) CHI OPERATING INVESTMENT PROGRAM	366,526,724	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	366,526,724	

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
RETIREMENT PLAN LIABILITY	22,799,269
LEASE PAYMENT LIABILITY	8,357,447
ENVIRONMENTAL REMEDIATION LIABILITY	1,502,422
UNCLAIMED PROPERTY	547,592
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	33,206,730

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

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	518,094,931
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	460,495,899
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	57,599,032
4	Net unrealized gains (losses) on investments	4	33,042,181
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	20,681,876
9	Total adjustments (net) Add lines 4 - 8	9	53,724,057
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	111,323,089

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
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE FINANCIAL STATEMENTS OF THE GOOD SAMARITAN HOSPITAL OF CINCINNATI, OHIO ("HOSPITAL") ARE AUDITED WITH ITS SUBSIDIARIES FOLLOWING IS THE TEXT OF THE FOOTNOTE TO HOSPITAL'S AUDITED FINANCIAL STATEMENTS THAT REPORTS ITS AND ITS SUBSIDIARY'S LIABILITY, IF APPLICABLE, FOR UNCERTAIN TAX POSITIONS UNDER ASC 740-10-25 THE COMPANY COMPLETED AN ANALYSIS OF UNCERTAIN TAX POSITIONS IN ACCORDANCE WITH APPLICABLE ACCOUNTING GUIDANCE AT JUNE 30, 2011 AND 2010, AND DETERMINED NO AMOUNTS WERE REQUIRED TO BE RECOGNIZED IN THE CONSOLIDATED FINANCIAL STATEMENTS AT JUNE 30, 2011 AND 2010 IN ADDITION, HOSPITAL'S FINANCIAL INFORMATION IS INCLUDED IN THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS OF CATHOLIC HEALTH INITIATIVES ("CHI"), A RELATED ORGANIZATION CHI IS A TAX-EXEMPT COLORADO CORPORATION AND HAS BEEN GRANTED AN EXEMPTION FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE CHI OWNS CERTAIN TAXABLE SUBSIDIARIES AND ENGAGES IN CERTAIN ACTIVITIES THAT ARE UNRELATED TO ITS EXEMPT PURPOSE AND THEREFORE SUBJECT TO INCOME TAX AS OF JUNE 30, 2011, CHI HAS NET DEFERRED TAX ASSETS OF $2 1 MILLION AND A NONCURRENT NET DEFERRED TAX LIABILITY OF $5 4 MILLION RELATED TO THESE TAXABLE ACTIVITIES MANAGEMENT ANNUALLY REVIEWS ITS POSITIONS AND HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION IN THE CONSOLIDATED FINANCIAL STATEMENTS
PART XI, LINE 8 - OTHER ADJUSTMENTS		CHANGE PENSION PLAN/SERP FUNDED STATUS 24,738,916 TRANSFER TO CHI CAPITAL RESOURCE POOL -4,024,236 MISCELLANEOUS ADJUSTMENT -32,804

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
THE GOOD SAMARITAN HOSPITAL OF CINCINNATI OHIO

Employer identification number
31-0537486

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

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of 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 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States

3 Activites per Region (Use Part V if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
3a Sub-total	0	0			0
b Total from continuation sheets to Part I	0	0			0
c **Totals** (add lines 3a and 3b)	0	0			0

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Check this box if no one recipient received more than $5,000 . . . . . ▶ ☐
Use Part V if additional space is needed.

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

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

3 Enter total number of other organizations or entities . . . . . ▶

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

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

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)*	☑ Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? *If " Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*	☐ Yes	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*	☑ Yes	☐ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*	☐ Yes	☑ No

Additional Data

Software ID:

Software Version:

EIN: 31-0537486

Name: THE GOOD SAMARITAN HOSPITAL OF CINCINNATI OHIO

Part V **Supplemental Information**

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

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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

2010

Open to Public Inspection

Name of the organization
THE GOOD SAMARITAN HOSPITAL OF CINCINNATI OHIO

Employer identification number
31-0537486

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," is it a written policy?	1b	Yes	
2	If the organization has multiple hospitals, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year ☑ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals ☐ Generally tailored to individual hospitals			
3	Answer the following based on the the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care to low income individuals? If "Yes," indicate which of the following is the FPG family income limit for eligibility for free care ☑ 100% ☐ 150% ☐ 200% ☐ Other _____ %	3a	Yes	
b	Does the organization use FPG to determine eligibility for providing *discounted* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☑ 400% ☐ Other _____ %	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	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		
6a	Does the organization prepare a community benefit report during the tax year?	6a	Yes	
6b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheets 1 and 2)			19,548,484	6,414,967	13,133,517	3 100 %
b Unreimbursed Medicaid (from Worksheet 3, column a)			71,710,690	54,792,091	16,918,599	3 990 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			91,259,174	61,207,058	30,052,116	7 090 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)			1,530,924	37,149	1,493,775	0 350 %
f Health professions education (from Worksheet 5)			21,016,731	10,034,128	10,982,603	2 590 %
g Subsidized health services (from Worksheet 6)			5,101,366	4,080,746	1,020,620	0 240 %
h Research (from Worksheet 7)			2,565,642		2,565,642	0 610 %
i Cash and in-kind contributions to community groups (from Worksheet 8)			112,285		112,285	0 030 %
j **Total** Other Benefits			30,326,948	14,152,023	16,174,925	3 820 %
k **Total.** Add lines 7d and 7j			121,586,122	75,359,081	46,227,041	10 910 %

Part II Community Building Activities during the tax year, and describe in Part VI how its community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing						
2	Economic development			356,750		356,750	0 080 %
3	Community support						
4	Environmental improvements						
5	Leadership development and training for community members						
6	Coalition building						
7	Community health improvement advocacy						
8	Workforce development			2,136		2,136	0 %
9	Other						
10	**Total**			358,886		358,886	0 080 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		1	Yes	
2	Enter the amount of the organization's bad debt expense (at cost)	2	9,250,997		
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's financial assistance policy	3			
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 a portion of bad debt amounts as community benefit				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	96,578,589
6	Enter Medicare allowable costs of care relating to payments on line 5	6	96,576,469
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	2,120
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		

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Does the organization have a written debt collection policy?		9a	Yes	
b	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	Yes	

Part IV Management 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					

Part V Facility Information

Section A. Hospital Facilities

(list in order of size, measured by total revenue per facility, from largest to smallest)

How many hospital facilities did the organization operate during the tax year? 1

	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)
1	GOOD SAMARITAN HOSPITAL 375 DIXMYTH AVENUE CINCINNATI, OH 45220	X	X		X		X	X		

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

Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, measured by total revenue per facility, from largest to smallest)

How many non-hospital facilities did the organization operate during the tax year? **5**

	Name and address	Type of Facility (Describe)
1	GOOD SAMARITAN MEDICAL CENTER 6949 GOOD SAMARITAN DRIVE CINCINNATI, OH 45247	EMERGENCY DEPARTMENT/OUTPATIENT SERVICES
2	GOOD SAMARITAN MEDICAL CENTER 6949 GOOD SAMARITAN DRIVE CINCINNATI, OH 45247	EMERGENCY DEPARTMENT/OUTPATIENT SERVICES
3	GOOD SAMARITAN MEDICAL CENTER 6949 GOOD SAMARITAN DRIVE CINCINNATI, OH 45247	EMERGENCY DEPARTMENT/OUTPATIENT SERVICES
4	GOOD SAMARITAN MEDICAL CENTER 6949 GOOD SAMARITAN DRIVE CINCINNATI, OH 45247	EMERGENCY DEPARTMENT/OUTPATIENT SERVICES
5	GOOD SAMARITAN MEDICAL CENTER 6949 GOOD SAMARITAN DRIVE CINCINNATI, OH 45247	EMERGENCY DEPARTMENT/OUTPATIENT SERVICES
6		
7		
8		
9		
10		

Part VI Supplemental Information

Complete this part to provide the following information

1 **Required descriptions.** Provide the description required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy

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

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Identifier	ReturnReference	Explanation
		PART I, LINE 3C THE GOOD SAMARITAN HOSPITAL OF CINCINNATI, OHIO UTILIZES THE FEDERAL POVERTY GUIDELINES ("FPG") IN DETERMINING CHARITY CARE ELIGIBILITY SEE THE RESPONSES TO PART I, LINE 3A AND 3B AN INDIVIDUAL'S INCOME UNDER FPG IS A SIGNIFICANT FACTOR IN DETERMINING ELIGIBILITY FOR CHARITY CARE HOWEVER, IN DETERMINING WHETHER TO EXTEND DISCOUNTED OR FREE CARE TO A PATIENT, THE PATIENT'S ASSETS MAY ALSO BE TAKEN INTO CONSIDERATION FOR EXAMPLE, A PATIENT SUFFERING A CATASTROPHIC ILLNESS MAY HAVE A REASONABLE LEVEL OF INCOME, BUT A LOW LEVEL OF LIQUID ASSETS SUCH THAT A PAYMENT OF MEDICAL BILLS WOULD BE SERIOUSLY DETRIMENTAL TO THE PATIENT'S FINANCIAL (AND ULTIMATELY PHYSICAL) WELL-BEING AND SURVIVAL SUCH A PATIENT MAY BE EXTENDED DISCOUNTED OR FREE CARE BASED UPON THE FACTS AND CIRCUMSTANCES

Identifier	ReturnReference	Explanation
		PART I, LINE 6A IN 1995, THE GOOD SAMARITAN HOSPITAL OF CINCINNATI, OHIO AND BETHESDA HOSPITAL, INC FORMED A PARTNERSHIP CALLED TRIHEALTH, INC TO CREATE AN INTEGRATED HEALTH DELIVERY SYSTEM WHOSE MISSION IS TO IMPROVE THE HEALTH OF THE PEOPLE THEY SERVE, WITH AN EMPHASIS ON PREVENTION, WELLNESS AND EDUCATION THE COMMUNITY BENEFIT PROVIDED BY THE GOOD SAMARITAN HOSPITAL OF CINCINNATI, OHIO IS TRACKED ON A STANDALONE BASIS, HOWEVER ITS COMMUNITY BENEFIT IS REPORTED IN COMBINATION WITH BETHESDA HOSPITAL, INC 'S COMMUNITY BENEFIT IN A REPORT PREPARED BY TRIHEALTH, INC

Identifier	ReturnReference	Explanation
		PART I, LINE 7 FOR THE AMOUNTS REPORTED AT COST IN PART I, LINE 7, THE GOOD SAMARITAN HOSPITAL OF CINCINNATI, OHIO UTILIZED WORKSHEET 2 - RATIO OF PATIENT CARE COST-TO-CHARGES, WHICH WAS PROVIDED IN THE INSTRUCTIONS TO SCHEDULE H, TO CALCULATE THE COST-TO-CHARGE RATIO

Identifier	ReturnReference	Explanation
		PART I, LINE 7G THE SUBSIDIZED HEALTH SERVICES COMMUNITY BENEFIT AMOUNT REPORTED IN PART I, LINE 7(G) DOES NOT INCLUDE COSTS ATTRIBUTABLE TO PHYSICIAN CLINICS

Identifier	ReturnReference	Explanation
		PART I, L7 COL(F) $36,897,918 OF BAD DEBT EXPENSES THAT WAS INCLUDED IN FORM 990, PART IX, LINE 25, COLUMN (A) HAS BEEN REMOVED FOR PURPOSES OF CALCULATING THE PERCENTAGE OF TOTAL EXPENSES IN SCHEDULE H, PART I, LINE 7, COLUMN (F)

Identifier	ReturnReference	Explanation
		PART II THE UPTOWN CONSORTIUM ("CONSORTIUM") IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS EXEMPT FROM INCOME TAX UNDER INTERNAL REVENUE CODE SECTION 501(A) AS AN ORGANIZATION DESCRIBED IN INTERNAL REVENUE CODE SECTION 501 (C)(3) IT IS MADE UP OF THE FIVE LARGEST EMPLOYERS OF CINCINNATI'S "UPTOWN" INCLUDING THE GOOD SAMARITAN HOSPITAL OF CINCINNATI, OHIO "UPTOWN" GENERALLY INCLUDES THE NEIGHBORHOODS OF AVONDALE, CLIFTON, CLIFTON HEIGHTS, CORRYVILLE, FAIRVIEW, MT AUBURN AND UNIVERSITY HEIGHTS THE CONSORTIUM IS DEDICATED TO BUILDING THE HUMAN, SOCIAL AND PHYSICAL IMPROVEMENT OF UPTOWN CINCINNATI IT WILL UNDERTAKE A VARIETY OF INVESTMENT AND PROGRAM ACTIVITIES IN UPTOWN TO HELP PROVIDE HOUSING, HEALTH CARE AND JOB OPPORTUNITIES IN ADDITION, THE GOOD SAMARITAN HOSPITAL OF CINCINNATI, OHIO ASSISTS, THROUGH VOLUNTEERING, VARIOUS ORGANIZATIONS INCLUDING THE WORK RESOURCE CENTER OF CINCINNATI WHICH PROVIDES SKILLS TRAINING FOR INDIVIDUALS WITH DISABILITIES AND DISADVANTAGES TO INCREASE THEIR INDEPENDENCE THROUGH EMPLOYMENT

Identifier	ReturnReference	Explanation
		PART III, LINE 4 NET PATIENT ACCOUNTS RECEIVABLE (PART OF FOOTNOTE A)NET PATIENT ACCOUNTS RECEIVABLE AND NET PATIENT SERVICE REVENUE HAVE BEEN ADJUSTED TO THE 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 MANAGEMENT PERIODICALLY ASSESSES THE ADEQUACY OF THE ALLOWANCES FOR UNCOLLECTIBLE ACCOUNTS BASED UPON HISTORICAL WRITE-OFF EXPERIENCE THE RESULTS OF THESE REVIEWS ARE USED TO MODIFY AS NECESSARY THE PROVISIONS FOR BAD DEBTS AND TO ESTABLISH APPROPRIATE ALLOWANCES FOR UNCOLLECTIBLE NET PATIENT ACCOUNTS RECEIVABLE AFTER SATISFACTION OF AMOUNTS DUE FROM INSURANCE, THE COMPANY FOLLOWS ESTABLISHED GUIDELINES FOR PLACING CERTAIN PATIENT BALANCES WITH COLLECTION AGENCIES, SUBJECT TO THE TERMS OF CERTAIN RESTRICTIONS ON COLLECTION EFFORTS AS DETERMINED BY EACH THE COMPANY FINANCIAL INSTRUMENTS THAT POTENTIALLY SUBJECT THE COMPANY TO CONCENTRATIONS OF CREDIT RISK CONSIST PRIMARILY OF NON-GOVERNMENTAL PATIENT ACCOUNTS RECEIVABLE THE COMPANY GRANTS CREDIT WITHOUT COLLATERAL TO ITS PATIENTS, MOST OF WHOM ARE INSURED UNDER THIRD-PARTY PAYOR AGREEMENTS THE PERCENTAGES OF GROSS PATIENT ACCOUNTS RECEIVABLE FROM PATIENTS AND THIRD-PARTY PAYORS AT JUNE 30 APPROXIMATED THE FOLLOWING 2011 - MEDICARE 18%, MEDICAID 3%, MANAGED CARE 21%, SELF PAY 22%, COMMERCIAL AND OTHER 36%2010 - MEDICARE 18%, MEDICAID 4%, MANAGED CARE 19%, SELF PAY 23%, COMMERCIAL AND OTHER 36%AS FOR THE AMOUNT OF BAD DEBT THAT REASONABLY COULD BE ATTRIBUTABLE TO PATIENTS WHO LIKELY WOULD QUALIFY FOR FINANCIAL ASSISTANCE UNDER THE ORGANIZATION'S CHARITY CARE POLICY, THE GOOD SAMARITAN HOSPITAL OF CINCINNATI, OHIO DOES NOT REPORT ACTUAL BAD DEBT EXPENSE AS COMMUNITY BENEFIT IF UPON FURTHER RESEARCH, IT IS ULTIMATELY DETERMINED THAT A PORTION OF BAD DEBT EXPENSE IS ATTRIBUTABLE TO PATIENTS WHO WOULD LIKELY QUALIFY FOR FINANCIAL ASSISTANCE UNDER TRIHEALTH'S CHARITY CARE POLICY, THOSE COSTS WOULD BE RECLASSIFIED, AS APPROPRIATE, TO COMMUNITY BENEFIT AT THAT TIME

Identifier	ReturnReference	Explanation
		PART III, LINE 8 THE GOOD SAMARITAN HOSPITAL OF CINCINNATI, OHIO USES THE "STEPDOWN METHODOLOGY" IN DETERMINING THE MEDICARE ALLOWABLE COSTS REPORTED ON THE MEDICARE COST REPORT THIS METHOD OF COST FINDING PROVIDES FOR THE ALLOCATION OF THE COST OF SERVICES RENDERED BY EACH GENERAL SERVICE COST CENTER TO OTHER COST CENTERS WHICH UTILIZE SUCH SERVICES ONCE THE COSTS OF A GENERAL SERVICE COST CENTER HAVE BEEN ALLOCATED, THAT COST CENTER IS CONSIDERED CLOSED ONCE CLOSED, IT DOES NOT RECEIVE ANY OF THE COSTS SUBSEQUENTLY ALLOCATED FROM THE REMAINING GENERAL SERVICE COST CENTERS THE GOOD SAMARITAN HOSPITAL OF CINCINNATI, OHIO DID NOT REPORT ANY MEDICARE SHORTFALL AS COMMUNITY BENEFIT IN PART III, LINE 7 OF THIS SCHEDULE

Identifier	ReturnReference	Explanation
		PART III, LINE 9B AS OF THE FILING OF THIS RETURN, THE GOOD SAMARITAN HOSPITAL OF CINCINNATI, OHIO, AS PART OF TRIHEALTH, INC , MAINTAINS A WRITTEN DEBT COLLECTION POLICY TRIHEALTH, INC , WHO PERFORMS THE BILLING SERVICES FOR ALL AFFILIATED HOSPITALS, WILL NOT INITIATE COLLECTION PRACTICES ON PATIENTS WHO ARE KNOWN TO QUALIFY FOR CHARITY CARE OR FINANCIAL ASSISTANCE BEFORE COLLECTION ACTIONS ARE TAKEN, TRIHEALTH, INC WILL MAKE REASONABLE EFFORTS, GENERALLY AS EARLIER IN THE BILLING PROCESS AS POSSIBLE, TO DETERMINE WHETHER A PATIENT IS ELIGIBLE FOR FINANCIAL ASSISTANCE AFTER SUCH EFFORTS HAVE BEEN MADE AND A BALANCE REMAINS THAT IS THE RESPONSIBILITY OF THE PATIENT OR GUARANTOR, TRIHEALTH, INC MAY PURSUE, IN ITS SOLE DISCRETION, WHATEVER ACTIONS IT MAY BE ENTITLED TO TAKE UNDER LAW

Identifier	ReturnReference	Explanation
		PART VI, LINE 2 IN 1852, THE SISTERS OF CHARITY ESTABLISHED GOOD SAMARITAN HOSPITAL OF CI NCINNATI, OHIO ("GSH") IN AN EFFORT TO ADDRESS THE NEEDS OF THE GROWING CITY OF CINCINNATI IN 1995, GSH & BETHESDA HOSPITAL, INC ("BETHESDA") FORMED A PARTNERSHIP TO CREATE A LOC AL HEALTH SYSTEM TRIHEALTH, INC ("TRIHEALTH") TRIHEALTH'S MISSION IS TO IMPROVE THE HEA LTH STATUS OF THE COMMUNITY THROUGH A FULL RANGE OF HEALTH RELATED SERVICES (E G PREVENTI ON, WELLNESS & EDUCATION)THE SERVICES DESCRIBED BELOW, & OTHERS NOT LISTED, PROMOTE A HEAL THY COMMUNITY PROGRAMS SEEK TO REDUCE THE BURDENS ON THE GOVERNMENT FOR EXAMPLE, IF GSH DID NOT ADDRESS THE ROOT CAUSES OF LOW BIRTH WEIGHT & PREMATURITY, THE BURDEN TO GOVERNMEN T MEDICAL PROGRAMS SUCH AS MEDICAID WOULD BE EVEN GREATER CURRENTLY, GSH, AS PART OF TRIHE ALTH, IS INVOLVED IN THE PLANNING & IMPLEMENTATION OF A COLLABORATIVE COMMUNITY HEALTH NEE DS ASSESSMENT WITH AN ANTICIPATED COMPLETION TIMELINE OF 2012 THE ASSESSMENT REPORT WILL ASSIST PARTNER HOSPITALS & AGENCIES IN ADDRESSING UNMET HEALTH NEEDS, WITH AN OVERALL AIM OF IMPROVING POPULATION HEALTH COMMUNITY HEALTH NEEDS, AS ASSESSED IN PRIOR YEARS BY INDE PENDENT GROUPS SUCH AS THE GREATER CINCINNATI UNITED WAY AS WELL AS THE HEALTH FOUNDATION OF GREATER CINCINNATI, HAVE SHOWN SIGNIFICANT HEALTH NEEDS FOR THE GREATER CINCINNATI AREA IN INFANT MORTALITY, OBESITY, DEPRESSION, HYPERTENSION & DIABETES TWO MAJOR STRATEGIES A RE IN PLACE TO ADDRESS INFANT MORTALITY & DIABETES THE REMAINING COMMUNITY HEALTH NEEDS R ECEIVE TRIHEALTH'S EXPERTISE & FOCUS THROUGH ONGOING HOSPITAL & PHYSICIAN PRACTICE INITIAT IVES FREE & DISCOUNTED SERVICES ARE PROVIDED FOR THOSE UNABLE TO PAY & MEETING ELIGIBILITY CRITERIA THROUGH THE HOSPITAL CARE ASSURANCE PROGRAM (HCAP), GSH SERVES PATIENTS MEETING CRITERIA SET FORTH BY THE STATE OF OHIO GSH POLICY IS TO PROVIDE CHARITY CARE ON A SLIDI NG SCALE DISCOUNTING WHEN THE FAMILY INCOME IS UP TO 400 % OF THE ANNUALLY ESTABLISHED FED ERAL POVERTY GUIDELINE IT OFFERS AN UNINSURED DISCOUNT FOR MEDICALLY NECESSARY SERVICES F OR THOSE WHO HAVE NO INSURANCE & WHO DO NOT QUALIFY FOR OTHER FINANCIAL ASSISTANCE OPTIONS FINANCIAL COUNSELORS ASSIST PATIENTS IN COMPLETING THE FINANCIAL ASSISTANCE APPLICATION WHICH IS AVAILABLE ON TRIHEALTHS WEBSITE & BROCHURES ABOUT FINANCIAL ASSISTANCE ARE VISIBL E & AVAILABLE IN HOSPITAL REGISTRATION & ADMITTING AREAS GSH PROVIDED $46 2 MILLION IN TOT AL COMMUNITY BENEFIT FOR FISCAL YEAR 2011 OF THAT TOTAL, $30 1 MILLION REPRESENTED UNCOMP ENSATED CARE THE UNPAID COST OF MEDICARE IS NOT INCLUDED IN COMMUNITY BENEFIT GSH FUNDS T HE PARISH NURSE MINISTRY & COMMUNITY HEALTH WORKER PROGRAMS THESE PROGRAMS PROVIDE, AT NO CHARGE, HOME VISITS TO LOW INCOME CLIENTS IN 9 NEIGHBORHOODS CLIENTS INCLUDE SENIORS & F RAIL ELDERLY IN THEIR HOMES OR IN CONGREGATE SUBSIDIZED HOUSING, THE MENTALLY & PHYSICALLY HANDICAPPED LIVING ALONE OR IN GROUP HOMES, & MOTHERS WHO ARE PREGNANT OR WHO HAVE RECENT LY DELIVERED A BABY REFERRALS COME FROM HOSPITAL CARE COORDINATORS, OTHER HOSPITALS & AGE NCIES THE TEAM PROVIDES HEALTH SCREENINGS, EDUCATION ON MANAGING CHRONIC ILLNESSES, & CON NECTIONS TO ASSISTANCE THE NEWLY DEVELOPED PURPLE (PREVENTING REPEAT PERINATAL LOSS) PROJ ECT CONNECTS MOTHERS WHO HAVE EXPERIENCED THE LOSS OF A PREGNANCY GREATER THAN 20 WEEKS GE STATION WITH A PARISH NURSE WHO PROVIDES EMOTIONAL & SPIRITUAL SUPPORT, NUTRITION INFORMAT ION & EDUCATION ON INTER-CONCEPTION HEALTH THE INPATIENT BEHAVIORAL HEALTH UNITS AT GSH AR E AMONG THE FEW SUCH UNITS IN THE GREATER CINCINNATI COMMUNITY THE ADULT BEHAVIORAL HEALT H INPATIENT UNIT IS A 19-BED COMPREHENSIVE PSYCHIATRIC UNIT FOR ADULT PATIENTS REQUIRING A CUTE INPATIENT CARE THE TEAM CONSISTS OF PSYCHIATRISTS, NURSING STAFF, SOCIAL WORKERS, OC CUPATIONAL THERAPISTS, THERAPEUTIC RECREATION SPECIALISTS, & ART THERAPISTS THE FULL SERV ICES OF THE HOSPITAL ARE AVAILABLE AS REQUIRED FOR THE PATIENT'S CARE TREATMENT FOCUSES O N SYMPTOM & MEDICATION MANAGEMENT & EDUCATION, & SAFE DISCHARGE DISPOSITION WITH A LINK TO COMMUNITY RESOURCES THE SENIOR BEHAVIORAL HEALTH INPATIENT UNIT IS A SPECIALTY BEHAVIORA L HEALTH INPATIENT UNIT ADDRESSING THE PSYCHOLOGICAL, MEDICAL, EMOTIONAL & SPIRITUAL NEEDS OF GREATER CINCINNATI'S OLDER ADULTS THE TEAM OF PSYCHIATRISTS, PSYCHIATRIC NURSES, SOCI AL WORKERS, & ACTIVITY & OCCUPATIONAL THERAPISTS PROVIDES INDIVIDUALIZED TREATMENT FOR OLD ER ADULTS WITH PHYSICAL & MENTAL HEALTH PROBLEMS HEALTHY WOMEN HEALTHY LIVES IS A PROGRAM BASED ON THE PREMISE THAT PREVENTION, EARLY DETECTION, TREATMENT & ACCESS TO HEALTH CARE S ERVICES IMPROVE INDIVIDUAL & COMMUNITY HEALTH OUTCOMES THE FOCUS IS ON HEALTH RISKS ASSOC IATED WITH THE ONSET OF MENOPAUSE WELL ORGANIZED SCREENING & EDUCATION EVENTS BRING THE S ERVICES TO AT RISK POPULATIONS OF AFRICAN AMERICAN, APPALACHIAN, HISPANIC, UNINSURED & UND ERINSURED WOMEN FORTY YEARS OF AGE OR OLDER SCREENING INCLUDES OSTEOPOROSIS, MAMMOGRAPHY, CHOLESTEROL, HYPERTENSION, & OBESITY EVERY WOMAN

Identifier	ReturnReference	Explanation
		RECEIVES A NURSE CONSULTATION, A COPY OF THEIR RESULTS & A WRITTEN PRIMARY CARE REFERRAL WOMEN WITH ABNORMAL RESULTS ARE CONTACTED & ASSISTED IN ACCESSING PRIMARY CARE IN FISCAL YEAR 2011 OVER 500 WOMEN WERE SERVED BY THIS PROGRAM HAMILTON COUNTY'S INFANT MORTALITY RATE OF 19%, THE HIGHEST IN OHIO HAS LED GSH TO FOCUS ON MATERNAL & INFANT HEALTH PROGRAMS STRATEGIES INCLUDE INVESTIGATING THE ROOT CAUSES OF PREMATURITY & LOW BIRTH WEIGHT GSH H AD 6385 DELIVERIES IN FISCAL YEAR 2011 OF THESE BIRTHS, THE PERCENTAGE OF MOTHERS WITH PR ETERM LABOR WAS 15% (A 2% INCREASE OVER FY10) THE PERCENTAGE OF BABIES BORN WEIGHING LESS THAN 2500 GRAMS WAS 14% (A SLIGHT DECREASE FROM FY10) THIS DECREASE MAY BE ATTRIBUTED IN PART TO GSH'S COLLABORATIVE EFFORTS TO REDUCE ELECTIVE DELIVERIES BEFORE THE 39TH WEEK A DDITIONALLY, THE CARE MANAGEMENT PROVIDED TO MOTHERS BY GSH PERINATAL SOCIAL WORKERS & CAR E COORDINATORS INCLUDES SPECIAL PROGRAMS IN CHEMICAL DEPENDENCY & OTHER PREGNANCY HIGH-RIS K ISSUES THE GSH PARISH NURSES & COMMUNITY HEALTH WORKERS VISIT REFERRED MOTHERS IN THEIR HOMES & WORK WITH THEM TO PROBLEM-SOLVE THE FREQUENT CHALLENGES FACED SUCH AS SAFE HOUSIN G & CARE OF CHILDREN, AS WELL AS HEALTHY MANAGEMENT OF THE PREGNANCY PERINATAL CARE COORDI NATION NURSES & SOCIAL WORKERS FROM GSH ASSIST MOTHERS IN THE GSH FACULTY MEDICAL CENTER THEY ALSO TRAVEL TO CLINICS IN ORDER TO REACH OUT & HELP UNINSURED & UNDERINSURED MOTHERS ACCESS PUBLIC PROGRAMS, REFERRALS, EDUCATION, ASSESSMENT & RESOURCES GSH CONTINUES A COMMI TMENT TO EDUCATING THE NEXT GENERATION OF HEALTH CARE PROVIDERS--PHYSICIANS & ALLIED HEALT H PROFESSIONALS GSH, AS PART OF TRIHEALTH, INC , SPONSORS MEDICAL RESIDENCIES THERE WERE 28 RESIDENTS IN INTERNAL MEDICINE & 23 GENERAL SURGERY RESIDENTS AT GSH IN FISCAL YEAR 20 11 2 FELLOWS IN VASCULAR SURGERY RECEIVED EXTENDED LEARNING & PREPARATION IN THEIR FELLOW SHIP AT GSH 32 TOTAL RESIDENTS IN OBSTETRICS & GYNECOLOGY LEARNED IN A JOINT RESIDENCY AT BOTH BETHESDA & GSH IN THE GSH FACULTY MEDICAL CENTER ("FMC"), A MULTI-SPECIALTY CENTER, MEDICAL RESIDENTS PROVIDE CARE TO PATIENTS UNDER THE GUIDANCE OF ATTENDING PHYSICIANS FMC SERVICES INCLUDE OBSTETRICS & GYNECOLOGY, INTERNAL MEDICINE, VASCULAR & GENERAL SURGERY, DYSPLASIA, HIGH-RISK PREGNANCY, URO-GYNECOLOGY & GASTRO-INTESTINAL THE FMC PHARMACIST HEL PS ELIGIBLE CLIENTS COMPLETE THE MEDICATION ASSISTANCE PROGRAMS APPLICATIONS THE GSH ON-S ITE PHARMACY PROVIDES PRESCRIPTIONS FOR THOSE IN NEED, AT REDUCED OR NO COST GSH COLLABORA TES WITH LOCAL & REGIONAL COLLEGES, UNIVERSITIES & TRAINING CENTERS TO PROVIDE MENTORING, INTERNSHIPS, CLERKSHIPS, SUPERVISED EDUCATION & CLINICAL ROTATIONS TO STUDENTS IN HEALTH F IELDS THESE PARTNERSHIPS HELP STUDENTS LEARN ABOUT & PREPARE FOR PROFESSIONS IN NURSE PRA CTITIONER, RESPIRATORY THERAPY, RADIOLOGY TECHNOLOGY, STERILE PROCESSING, PHLEBOTOMY, MEDI CAL LABORATORY, CLINICAL DIETETICS, PHARMACY, SPEECH, AUDIOLOGY, PHYSICAL THERAPY, OCCUPAT IONAL THERAPY, NURSE MIDWIFERY, & NEONATAL NURSE PRACTITIONER PASTORAL CARE OFFERS A CLIN ICAL PASTORAL EDUCATION PROGRAM EDUCATING CLERGY & OTHERS IN PASTORAL SKILLS TO MINISTER E FFECTIVELY TO THE SICK & THE DYING GSH'S RESEARCH PROGRAM MANAGES BASIC & APPLIED SCIENTIF IC STUDIES & SPONSORED CLINICAL TRIALS IT ALSO SUPPORTS THE EDUCATION ACTIVITIES OF STAFF PHYSICIANS & SURGEONS, TEACHING FACULTY, RESIDENTS, & ALLIED HEALTH PROFESSIONALS WHAT I S LEARNED THROUGH THE RESEARCH & EDUCATION PROGRAMS IS SHARED WITH THE LARGER COMMUNITY T HE RESEARCH PROGRAM HELPED RESEARCHERS GIVE 65 PROFESSIONAL PRESENTATIONS AT REGIONAL & NA TIONAL MEETINGS AN ESTIMATED 45 STUDIES & ARTICLES WERE PUBLISHED IN PEER-REVIEWED MEDICA L JOURNALS THROUGH THESE PROGRAMS, GSH CONTINUES ITS SPECIAL CONCERN FOR THE VULNERABLE E MPLOYEES, PHYSICIANS & LEADERS PROVIDING & GUIDING THESE PROGRAMS FOR COMMUNITY HEALTH ARE LIVING THE CORE VALUES OF STEWARDSHIP & RESPONSE TO COMMUNITY NEEDS

Identifier	ReturnReference	Explanation
		PART VI, LINE 3 TRIHEALTH, INC ("TRIHEALTH") PERFORMS THE BILLING SERVICES FOR ALL AFFILIATED HOSPITALS INCLUDING THE GOOD SAMARITAN HOSPITAL OF CINCINNATI, OHIO BROCHURES/APPLICATIONS, PROVIDED IN MULTIPLE LANGUAGES, ARE VISIBLE AND AVAILABLE IN THE REGISTRATION AND ADMITTING AREAS OF ALL TRIHEALTH AFFILIATED HOSPITALS IN ADDITION, THE APPLICATION IS PRINTED ON THE REVERSE SIDE OF A PATIENT'S BILL WITH INSTRUCTIONS ON HOW TO COMPLETE THE APPLICATION AS WELL AS HOW TO RETURN IT FINANCIAL COUNSELORS ASSIST PATIENTS IN COMPLETING THE FINANCIAL ASSISTANCE APPLICATION FINALLY, TRIHEALTH INC 'S WEBSITE CONTAINS INFORMATION REGARDING ITS CHARITY CARE AND FINANCIAL ASSISTANCE PROGRAMS WITH DIRECTIONS ON HOW TO CONTACT THE APPROPRIATE PERSONNEL TO INITIATE AN APPLICATION OR ASK QUESTIONS ABOUT THE PROCESS

Identifier	ReturnReference	Explanation
		PART VI, LINE 4 LOCATED IN CINCINNATI, OHIO, GOOD SAMARITAN HOSPITAL OF CINCINNATI, OHIO AND THE TRIHEALTH SYSTEM SERVE HAMILTON, BUTLER, WARREN AND CLERMONT COUNTIES, AS WELL AS PERSONS FROM INDIANA AND KENTUCKY OHIO'S THIRD LARGEST CITY, CINCINNATI HAS AN ESTIMATED POPULATION OF 296,943 THE POPULATION WITHIN THE FOUR OHIO COUNTIES SERVED BY TRIHEALTH IS ESTIMATED TO BE 1,580,560 AND 12% PERCENT OF THIS POPULATION IS UNINSURED THE GEOGRAPHIC AREA SERVED BY THE GOOD SAMARITAN HOSPITAL OF CINCINNATI, OHIO IS PREDOMINANTLY URBAN WITH A LARGE SEGMENT OF ITS PATIENTS UNINSURED, UNDERINSURED OR MEDICAID RECIPIENTS

Identifier	ReturnReference	Explanation
		PART VI, LINE 6 THE ONGOING PURPOSE OF THE GOOD SAMARITAN HOSPITAL OF CINCINNATI, OHIO ("GSH") IS TO PROVIDE CARE WITH COMPASSION ITS MISSION IS TO IMPROVE THE HEALTH STATUS OF THE COMMUNITY THROUGH HEALTH RELATED SERVICES--PREVENTION, WELLNESS AND EDUCATION ITS BOARD OF DIRECTORS IS COMPRISED OF INDEPENDENT COMMUNITY REPRESENTATIVES GSH IS AN ACUTE TERTIARY TEACHING HOSPITAL AS PART OF TRIHEALTH A SYSTEM OF SERVICES SPANNING ACUTE CARE TO HOME CARE, BABIES TO SENIORS IT PROVIDES A 24-HOUR EMERGENCY ROOM, FOUR INTENSIVE CARE UNITS FOR NEONATES AND ADULTS, ADULT AND GERIATRIC INPATIENT PSYCHIATRIC CARE, AND AN ACCREDITED REHABILITATION MEDICINE PROGRAM SERVICES ARE OPEN TO ALL INDIVIDUALS REGARDLESS OF ABILITY TO PAY GSH HAS AN OPEN MEDICAL STAFF AND A HISTORY OF TRAINING AND EDUCATING MEDICAL RESIDENTS AND HEALTH CARE PROFESSIONALS ITS MEDICAL AND SCIENTIFIC RESEARCH PROGRAMS INCLUDE STUDIES THAT ARE NOT COMMERCIALLY SPONSORED GSH PARTICIPATES IN MEDICARE AND MEDICAID AND OTHER GOVERNMENT-SPONSORED HEALTH CARE PROGRAMS, AND HAS AN ACTIVE CHARITY CARE PROGRAM SEE RESPONSE TO PART VI, LINE 2 FOR ADDITIONAL INFORMATION

Identifier	ReturnReference	Explanation
		PART VI, LINE 7 IN 1995, THE GOOD SAMARITAN HOSPITAL OF CINCINNATI, OHIO AND BETHESDA HOSPITAL, INC FORMED A PARTNERSHIP CALLED TRIHEALTH, INC TO CREATE AN INTEGRATED HEALTH DELIVERY SYSTEM WHOSE MISSION IS TO IMPROVE THE HEALTH OF THE PEOPLE THEY SERVE, WITH AN EMPHASIS ON PREVENTION, WELLNESS AND EDUCATION TRIHEALTH, INC 'S SITES INCLUDE TWO HOSPITAL LOCATIONS AND VARIOUS PHYSICIAN OFFICE BUILDINGS THROUGHOUT THE GREATER CINCINNATI AREA IN ADDITION TO FITNESS, REHABILITATION, OCCUPATIONAL HEALTH, PALLIATIVE CARE SERVICES AND OUTPATIENT CENTERS IT ALSO PROVIDES SERVICES IN HOMES AND WORKPLACES AND DELIVERS CARE AND EDUCATION COOPERATIVELY THROUGH COMMUNITY-BASED ORGANIZATIONS, SUCH AS CHURCHES, SCHOOLS, CLINICS AND SOCIAL AGENCIES

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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

2010

Open to Public Inspection

Name of the organization
THE GOOD SAMARITAN HOSPITAL OF CINCINNATI OHIO

Employer identification number
31-0537486

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to 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. Part II can be duplicated if additional space is needed. . . . . ▶ ☐

1 (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
(1) HEALTHY BEGINNINGS INC47 E HOLLISTER STE 201 CINCINNATI,OH 45219	31-1380939	501(C)(3)	70,000				RESIDENCY SUPPORT
(2) HEALTHY MOM AND BABIES INC2270 BANNING ROAD CINCINNATI,OH 45239	31-1155292	501(C)(3)	103,500				CHARITY CARE
(3) HARMONY GARDEN 1776 MENTOR AVE BOX 221 CINCINNATI,OH 45212	20-5461244	501(C)(3)	10,000				VIOLENCE PREVENTION GRANT
(4) UPTOWN CONSORTIUM INC629 OAK STREET SUITE 306 CINCINNATI,OH 45206	20-0688727	501(C)(3)	147,900				GENERAL PURPOSE
(5) VOLUNTEERS IN MEDICAL MISSIONSPO BOX 756 SENECA,SC 29679	62-1361564	501(C)(3)	6,250				MEDICAL SERVICE TRIP
(6) THE CENTER FOR CLOSING THE HEALTH GAP IN GREATER CINCINNATI 3120 BURNET AVENUE SUITE 201 CINCINNATI,OH 45229	20-0902286	501(C)(3)	107,865				GENERAL PURPOSE
(7) BETHESDA FOUNDATION619 OAK STREET CINCINNATI,OH 45206	23-7374129	501(C)(3)	34,300				GENERAL PURPOSE
(8) CENTER FOR RESPITE CARE INCPO BOX 141301 CINCINNATI,OH 45229	20-2544994	501(C)(3)	25,500				GENERAL PURPOSE
(9) GOOD SAMARITAN HOSPITAL FOUNDATION OF CINCINNATI INC619 OAK STREET CINCINNATI,OH 45206	31-1206047	501(C)(3)	6,120				GENERAL PURPOSE
(10) HEALTH IMPROVEMENT COLLABORATIVE OF GREATER CINCINNATI INC 2100 SHERMAN AVE NO 100 CINCINNATI,OH 45212	31-1449807	501(C)(3)	23,945				GENERAL PURPOSE
(11) COLLEGE OF MOUNT SAINT JOSEPH5701 DELHI ROAD CINCINNATI,OH 45233	23-7179567	501(C)(3)	10,200				GENERAL PURPOSE

2 Enter total number of section 501(c)(3) and government organizations . . . . . ▶ 11

3 Enter total number of other organizations . . . . . ▶

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) EDUCATIONAL ASSISTANCE (I E TUITION PAYMENT, INTERPRETER SERVICES, ETC)	1	6,121			

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 THE GOOD SAMARITAN HOSPITAL OF CINCINNATI, OHIO ("HOSPITAL") PROVIDES GRANTS TO OTHER ORGANIZATIONS AND INDIVIDUALS ON A VERY LIMITED BASIS IN THOSE INSTANCES, THE DEPARTMENT GRANTING THE FUNDS IS RESPONSIBLE FOR OBTAINING AND STORING ALL NECESSARY INFORMATION FROM THE OTHER ORGANIZATION AND INDIVIDUALS RELATIVE TO HOW THE FUNDS WILL BE SPENT GENERALLY, GRANTS ARE PROVIDED, ON BEHALF OF HOSPITAL THOUGH TRIHEALTH, INC ("TRIHEALTH"), A SUPPORTING ORGANIZATION OF HOSPITAL, WHICH PROVIDES ADMINISTRATIVE SUPPORT SERVICES TO HOSPITAL AS SUCH, TRIHEALTH IS RESPONSIBLE FOR MONITORING THE USE OF HOW THE FUNDS WILL BE SPENT

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
THE GOOD SAMARITAN HOSPITAL OF CINCINNATI OHIO

Employer identification number
31-0537486

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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 ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	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 ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment from the organization or a related organization?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	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			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	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			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	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	**7**	Yes	
8	Were any amounts reported in Form 990, Part VII, paid or accured 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	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

For each individual whose compensation must be reported 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				
(1) PAUL EDGETT III	(i)	0	0	0	0	0	0	0
	(ii)	384,470	112,138	99,853	59,749	18,858	675,068	77,989
(2) JOHN PROUT	(i)	0	0	0	0	0	0	0
	(ii)	826,309	325,512	64,243	290,415	9,396	1,515,875	0
(3) DONNA NIENABER ESQ	(i)	0	0	0	0	0	0	0
	(ii)	285,693	112,845	82,438	122,081	16,565	619,622	0
(4) CRAIG RUCKER	(i)	0	0	0	0	0	0	0
	(ii)	356,895	119,103	16,910	108,173	7,579	608,660	0
(5) DAVE DORNHEGGEN	(i)	0	0	0	0	0	0	0
	(ii)	255,360	71,524	20,493	95,545	13,663	456,585	0
(6) WILLIAM GRONEMAN	(i)	0	0	0	0	0	0	0
	(ii)	340,571	112,569	58,123	143,853	22,728	677,844	15,009
(7) GERALD OLIPHANT	(i)	0	0	0	0	0	0	0
	(ii)	394,187	128,877	24,815	96,037	21,617	665,533	0
(8) GEORGES FEGHALI MD	(i)	0	0	0	0	0	0	0
	(ii)	345,269	124,696	23,392	114,648	22,453	630,458	0
(9) ROBERT ROHS MD	(i)	338,496	0	3,223	39,472	713	381,904	0
	(ii)	0	0	0	0	0	0	0
(10) MICHAEL HOLBERT MD	(i)	265,102	0	457	22,012	564	288,135	0
	(ii)	0	0	0	0	0	0	0
(11) MICHAEL MARCOTTE MD	(i)	200,367	0	0	23,063	19,331	242,761	0
	(ii)	0	0	0	0	0	0	0
(12) HELEN KOSELKA MD	(i)	199,148	870	612	40,963	6,863	248,456	0
	(ii)	0	0	0	0	0	0	0
(13) SAMATHA MAST MD	(i)	155,681	0	240	11,108	12,137	179,166	0
	(ii)	0	0	0	0	0	0	0
(14) MICHAEL CROFTON	(i)	0	0	0	0	0	0	0
	(ii)	191,909	48,549	20,633	45,715	22,278	329,084	0
(15)								
(16)								

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
	PART I, LINE 4B	PART I, LINE 4B - NON-QUALIFIED DEFERRED COMPENSATION PLAN ELIGIBLE EXECUTIVES (GENERALLY VICE PRESIDENTS AND ABOVE) PARTICIPATE IN A PROGRAM THAT PROVIDES FOR SUPPLEMENTAL RETIREMENT BENEFITS THE PAYMENT OF BENEFITS UNDER THE PROGRAM, IF ANY, IS ENTIRELY DEPENDENT UPON THE FACTS AND CIRCUMSTANCES UNDER WHICH THE EXECUTIVE TERMINATES EMPLOYMENT WITH THE ORGANIZATION BENEFITS UNDER THE PROGRAM ARE UNFUNDED AND NON-VESTED DUE TO THE SUBSTANTIAL RISK OF FORFEITURE PROVISION, THERE IS NO GUARANTEE THAT THESE EXECUTIVES WILL EVER RECEIVE ANY BENEFIT UNDER THE PROGRAM ANY AMOUNT ULTIMATELY PAID UNDER THE PROGRAM TO THE EXECUTIVE IS REPORTED AS COMPENSATION ON FORM 990, SCHEDULE J, PART II, COLUMN B IN THE YEAR PAID TRIHEALTH, INC , THE RELATED ORGANIZATION THAT PAID THE SALARIES OF THE FOLLOWING INDIVIDUALS LISTED IN SCHEDULE J, PART II, CONTRIBUTED, ON BEHALF OF THE FOLLOWING INDIVIDUALS, TO A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN IN THE AMOUNTS AS NOTED JOHN PROUT - $240,770 DONNA NIENABER, ESQ - $67,368 CRAIG RUCKER - $63,874 MICHAEL CROFTON - $14,108 GERALD OLIPHANT - $73,468 DAVE DORNHEGGEN - $39,203 WILLIAM GRONEMAN - $75,052 GEORGES FEGHALI, MD - $72,079 IN ADDITION, THE FOLLOWING INDIVIDUALS LISTED IN SCHEDULE J, PART II, RECEIVED A PAYMENT FROM A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN WHICH WAS TREATED AS TAXABLE COMPENSATION BY THEIR RESPECTIVE EMPLOYERS WILLIAM GRONEMAN - $15,009 (TRIHEALTH, INC) PAUL EDGETT III - $77,989 (CATHOLIC HEALTH INITIATIVES)
	PART I, LINE 7	PART I, LINE 7 A PHYSICIAN HAS A BASE SALARY BUT IS ALSO ELIGIBLE FOR A BONUS THE BONUS IS CONTINGENT ON THE PROFITABILITY OF HIS OR HER PRACTICE ESSENTIALLY, THE PROFITABILITY OF HIS OR HER PRACTICE GETS PAID TO THE PHYSICIAN AS A BONUS UP TO A MAXIMUM OF $100,000
SUPPLEMENTAL INFORMATION	PART III	PART I, LINE 3 - METHODS USED TO ESTABLISH CEO COMPENSATION TRIHEALTH, INC , A RELATED ORGANIZATION OF THE GOOD SAMARITAN HOSPITAL OF CINCINNATI, OHIO, WHO PAID THE INDIVIDUAL, USES THE FOLLOWING TO ESTABLISH THE COMPENSATION OF THE FILING ORGANIZATION'S CEO/EXECUTIVE DIRECTOR * COMPENSATION COMMITTEE, * INDEPENDENT COMPENSATION CONSULTANT, * COMPENSATION SURVEY OR STUDY, AND * APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE PART I, LINE 4A - SEVERANCE PAYMENTS THE REPORTABLE INDIVIDUALS OF THE GOOD SAMARITAN HOSPITAL OF CINCINNATI, OHIO ARE PAID BY TRIHEALTH, INC , A RELATED ORGANIZATION, RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS EXEMPT FROM FEDERAL INCOME TAX UNDER INTERNAL REVENUE CODE SECTION 501(A) AS AN ORGANIZATION DESCRIBED IN INTERNAL REVENUE CODE SECTION 501(C)(3) THESE INDIVIDUALS DO NOT HAVE EMPLOYMENT AGREEMENTS SO NO SPECIAL ARRANGEMENTS EXIST BEYOND TRIHEALTH, INC 'S STANDARD EMPLOYEE SEVERANCE PACKAGE SEVERANCE PAY IS BASED ON LENGTH OF SERVICE THE AMOUNT OF NOTICE PAY WILL BE DETERMINED BY HUMAN RESOURCES IN ACCORDANCE WITH TRIHEALTH, INC POLICY PAYMENTS OF SEVERANCE ARE CONDITIONED UPON SIGNING A SEPARATION AND RELEASE AGREEMENT NO REPORTABLE INDIVIDUALS RECEIVED SEVERANCE PAYMENTS FROM TRIHEALTH, INC DURING THE 2010 CALENDAR YEAR

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
THE GOOD SAMARITAN HOSPITAL OF CINCINNATI OHIO

Employer identification number
31-0537486

Identifier	Return Reference	Explanation
DESCRIPTION OF THE ORGANIZATION'S MISSION	FORM 990, PART III, LINE 1	THE ORGANIZATION'S MISSION IS TO NURTURE THE HEALING MINISTRY OF THE CHURCH BY BRINGING IT NEW LIFE, ENERGY AND VIABILITY IN THE 21ST CENTURY FIDELITY TO THE GOSPEL URGES US TO EMPHASIZE HUMAN DIGNITY AND SOCIAL JUSTICE AS WE MOVE TOWARD THE CREATION OF HEALTHIER COMMUNITIES

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2		THE OFFICERS, DIRECTORS AND TRUSTEES OF THE GOOD SAMARITAN HOSPITAL OF CINCINNATI, OHIO LISTED IN PART VII, SECTION A HAVE A "BUSINESS RELATIONSHIP" WITH EACH OTHER BY VIRTUE OF SITTING ON THE BOARDS OF BETHESDA HOSPITAL, INC AND TRIHEALTH, INC , BOTH AFFILIATED ENTITIES OF TRIHEALTH, INC SYLVANIA NG, MD, EDWARD HARNESS, ROBERT L WALKER, MICHAEL HAVERKAMP, AND MYRTIS POWELL HAVE A "BUSINESS RELATIONSHIP" WITH EACH OTHER BY VIRTUE OF SITTING ON THE BOARD OF BETHESDA, INC , THE SINGLE CORPORATE MEMBER OF BETHESDA HOSPITAL, INC JOHN PROUT, DONNA NIENABER, ESQ , CRAIG RUCKER, WILLIAM GRONEMAN, GERALD OLIPHANT, GEORGES FEGHALI, MD AND DAVE DORNHEGGEN HAVE A "BUSINESS RELATIONSHIP" WITH EACH OTHER BY VIRTUE OF SITTING ON RELATED ENTITY BOARDS OF TRIHEALTH, INC AND ITS SUBSIDIARIES AND AFFILIATES AS WELL AS BEING EMPLOYED BY TRIHEALTH, INC OR ITS AFFILIATES/SUBSIDIARIES

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6		THE GOOD SAMARITAN HOSPITAL OF CINCINNATI, OHIO HAS TWO (2) CORPORATE MEMBERS CATHOLIC HEALTH INITIATIVES, A COLORADO NON-PROFIT CORPORATION, IS THE SOLE VOTING MEMBER AND TRIHEALTH, INC , AN OHIO NON-PROFIT CORPORATION, IS THE SOLE NON-VOTING MEMBER

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A		IN ACCORDANCE WITH THE CORPORATE BYLAWS OF THE GOOD SAMARITAN HOSPITAL OF CINCINNATI, OHIO ("HOSPITAL"), THE TRUSTEES OF THE HOSPITAL (OTHER THAN THE CHIEF EXECUTIVE OFFICER AND THE PRESIDENTS OF THE MEDICAL STAFFS OF GOOD SAMARITAN HOSPITAL AND BETHESDA NORTH HOSPITAL WHO SERVE BY VIRTUE OF THEIR OFFICES) SHALL BE NOMINATED AND ELECTED BY THE VOTING MEMBER NO LATER THAN JUNE 30 OF EACH YEAR IN THE MANNER PROVIDED IN THE NETWORK AFFILIATION AGREEMENT

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B		CATHOLIC HEALTH INITIATIVES ("CHI") IS THE SOLE CORPORATE VOTING MEMBER OF THE GOOD SAMARITAN HOSPITAL OF CINCINNATI, OHIO ("HOSPITAL") PURSUANT TO SECTION 5 4 2 OF THE HOSPITAL'S BYLAWS AND THE NETWORK AFFILIATION AGREEMENT, THE VOTING MEMBER SHALL HAVE THE SPECIFIC RIGHTS SET FORTH IN THE GOVERANCE MATRIX PURSUANT TO THE GOVERNANCE MATRIX, THE FOLLOWING RIGHTS ARE RESERVED TO THE CHI BOARD DIRECTLY OR THROUGH POWERS DELEGATED TO THE CHI CHIEF EXECUTIVE OFFICER * SUBSTANTIAL CHANGE IN THE MISSION OR PHILOSOPHY OF THE HOSPITAL, * AMENDMENT OF THE CORPORATE DOCUMENTS OF THE HOSPITAL, * APPROVAL OF MEMBERS OF THE HOSPITAL'S BOARD, * REMOVAL OF A MEMBER OF THE GOVERNING BODY OF THE HOSPITAL, * APPROVAL OF ISSUANCE OF DEBT BY THE HOSPITAL, * APPROVAL OF PARTICIPATION OF THE HOSPITAL IN A JOINT VENTURE, * APPROVAL OF FORMATION OF A NEW CORPORATION BY THE HOSPITAL, * APPROVAL OF A MERGER INVOLVING THE HOSPITAL, * APPROVAL OF THE SALE OF ALL OR SUBSTANTIALLY ALL OF THE ASSETS OF THE HOSPITAL, * AUTHORITY TO REQUIRE THE TRANSFER OF ASSETS BY THE HOSPITAL TO CHI TO ACCOMPLISH CHI'S GOALS AND OBJECTIVES, AND TO SATISFY CHI DEBTS, AND * ADOPTION OF LONG RANGE AND STRATEGIC PLANS FOR THE HOSPITAL PURSUANT TO SECTION 5 5 2 OF THE HOSPITAL'S BYLAWS AND THE NETWORK AFFILATION AGREEMENT, CHI MAY, IN EXERCISE OF ITS APPROVAL POWERS, GRANT OR WITHHOLD APPROVAL IN WHOLE OR IN PART, OR MAY, IN ITS COMPLETE DISCRETION, AFTER CONSULTATION WITH THE BOARD AND THE PRESIDENT AND CHIEF EXECUTIVE OFFICER OF THE HOSPITAL, RECOMMEND SUCH OTHER OR DIFFERENT ACTIONS AS IT DEEMS APPROPRIATE

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		MEMBERS OF THE BOARD ARE PROVIDED AN ELECTRONIC COPY OF THIS FORM 990 PRIOR TO FILING HOWEVER, FOR THE PROTECTION OF DONOR PRIVACY, SCHEDULE B - SCHEDULE OF CONTRIBUTORS WAS REMOVED FROM THE COPY PROVIDED TO THE BOARD SUBSEQUENT TO PRESENTATION TO THE BOARD, THE ORGANIZATION FILES THE RETURN MAKING ANY NON-SUBSTANTIVE CHANGES NECESSARY TO EFFECT E-FILING ANY SUCH CHANGES ARE NOT RE-SUBMITTED TO THE BOARD

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	ALL BOARD MEMBERS ARE REQUIRED TO ANNUALLY DISCLOSE CERTAIN FINANCIAL INTERESTS AND FIDUCIARY RELATIONSHIPS THE EXECUTIVE COMMITTEE AND CORPORATE COUNSEL REVIEW RESPONSES, CONDUCT FURTHER INVESTIGATION, IF NECESSARY, AND DETERMINE WHEN A CONFLICT EXISTS WITH RESPECT TO A CERTAIN TRANSACTION IF A CONFLICT EXISTS, THE TRANSACTION IS NOT TO BE ENTERED INTO UNLESS ALTERNATIVES ARE FULLY INVESTIGATED AND, IN THEIR ABSENCE, THE BOARD, WITHOUT PARTICIPATION OF THE INTERESTED MEMBER(S), DETERMINES THAT THE TRANSACTION IS IN THE BEST INTEREST OF THE ORGANIZATION PLANS TO MANAGE THE CONFLICT DURING THE RELATIONSHIP ARE IMPLEMENTED ALL DISCUSSIONS ARE APPROPRIATELY DOCUMENTED

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	IN DETERMINING COMPENSATION OF THE GOOD SAMARITAN HOSPITAL OF CINCINNATI, OHIO'S OFFICERS AND DIRECTORS, THE ANNUAL PROCESS PERFORMED BY TRIHEALTH, INC (A RELATED ORGANIZATION WHO PAID THE INDIVIDUALS) INCLUDED * COMPENSATION COMMITTEE, * INDEPENDENT COMPENSATION CONSULTANT, * COMPENSATION SURVEY OR STUDY, AND * APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE ADDITIONALLY, ALL DISCUSSIONS AND DECISIONS ARE CONTEMPORANEOUSLY DOCUMENTED

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE GOOD SAMARITAN HOSPITAL OF CINCINNATI, OHIO'S GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST IN ADDITION, THE GOOD SAMARITAN HOSPITAL OF CINCINNATI, OHIO'S FINANCIAL STATEMENTS ARE INCLUDED IN THE CATHOLIC HEALTH INITIATIVES' CONSOLIDATED AUDITED FINANCIAL STATEMENTS THAT ARE AVAILABLE AT WWW CATHOLICHEALTHINT ORG OR AT HTTP //WWW DACBOND COM

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 33,042,181 CHANGE PENSION PLAN/SERP FUNDED STATUS 24,738,916 TRANSFER TO CHI CAPITAL RESOURCE POOL -4,024,236 MISCELLANEOUS ADJUSTMENT -32,804 TOTAL TO FORM 990, PART XI, LINE 5 53,724,057

Identifier	Return Reference	Explanation
VOLUNTEER INFORMATION	FORM 990, PART I, LINE 6	DURING THE TAX YEAR, THE GOOD SAMARITAN HOSPITAL OF CINCINNATI, OHIO WAS ASSISTED BY 1,093 VOLUNTEERS WHO DONATED 100,605 HOURS

Identifier	Return Reference	Explanation
EXECUTIVE COMMUNITY COMPOSITION AND AUTHORITY	FORM 990, PART VI, LINE 1	PURSUANT TO ARTICLE SECTION 8 1 1 OF THE BYLAWS OF THE GOOD SAMARITAN HOSPITAL OF CINCINNATI, OHIO ("HOSPITAL"), THE BOARD OF TRUSTEES MAY ESTABLISH AN THE EXECUTIVE COMMITTEE WHICH MAY EXERCISE SUCH POWER AND AUTHORITY OF THE BOARD OF TRUSTEES IN INTERVALS BETWEEN MEETINGS OF THE BOARD AS AUTHORIZED BY THE BOARD THE EXECUTIVE COMMITTEE IS COMPOSED OF THE BOARD CHAIR, THE BOARD VICE CHAIR, THE PRESIDENT AND THE CHIEF EXECUTIVE OFFICER, THE SECRETARY AND TWO OTHER BOARD MEMBERS IN ACCORDANCE WITH THE NETWORK AFFILIATION AGREEMENT PURSUANT TO SECTION 8 1 5 OF THE HOSPITAL'S BYLAWS, COMMITTEES, SUCH AS THE EXECUTIVE COMMITTEE, THAT ARE GRANTED THE AUTHORITY TO ACT ON BEHALF OF THE BOARD OF DIRECTORS SHALL CONSIST OF AT LEAST THREE MEMBERS OF THE BOARD OF TRUSTEES FURTHER, PURSUANT TO SECTION 8 1 1 OF THE HOSPITAL'S BYLAWS, FOUR MEMBERS OF THE EXECUTIVE COMMITTEE SHALL CONSTITUTE A QUORUM FOR THE TRANSACTIONS OF BUSINESS AND THE ACT OF THE FOUR OF THEM SHALL CONSTITUTE THE ACT OF THE COMMITTEE

Identifier	Return Reference	Explanation
ESTIMATE OF HOURS DEVOTED TO RELATED ORGANIZATIONS	FORM 990, PART VII, SECTION A	OFFICERS AND DIRECTORS (AS NOTED WITH A "SCH O" REFERENCE) FOR THE GOOD SAMARITAN HOSPITAL OF CINCINNATI, OHIO PROVIDE SERVICES TO TRIHEALTH, INC (A RELATED ORGANIZATION WHO THE INDIVIDUALS) AND ITS SUBSIDIARIES/AFFILIATES ("TRIHEALTH") HOURS WORKED ARE NOT TRACKED ON AN ENTITY BY ENTITY BASIS THE COMPENSATION REPORTED ON THE FORM 990, PART VII, SECTION A WAS PAID TO THESE INDIVIDUALS IN FULFILLMENT OF THEIR DUTIES AS FULL-TIME, 60 HOURS-PER-WEEK EMPLOYEES OF TRIHEALTH

Identifier	Return Reference	Explanation
CHANGE IN PROCESS OF AUDIT OVERSIGHT OR SELECTION OF INDEPENDENT AUDITOR	FORM 990, PART XI, LINE 2C	THE FINANCIAL STATEMENTS OF THE GOOD SAMARITAN HOSPITAL OF CINCINNATI, OHIO ("HOSPITAL") ARE AUDITED WITH ITS SUBSIDIARIES HOSPITAL HAS A COMMITTEE THAT ASSUMES THE RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF BOTH ITS AND ITS SUBSIDIARIES FINANCIAL STATEMENTS AS WELL AS THE SELECTION OF THE INDEPENDENT AUDITOR DURING THE TAX YEAR, THERE WAS NOT A CHANGE IN THE PROCESS OF AUDIT OVERSIGHT AND/OR SELECTION OF AN INDEPENDENT AUDITOR BY HOSPITAL

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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

2010

Open to Public Inspection

Name of the organization
THE GOOD SAMARITAN HOSPITAL OF CINCINNATI OHIO

Employer identification number
31-0537486

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
(1) DIXMYTH PROPERTIES LLC 619 OAK STREET CINCINNATI, OH 45206	REAL ESTATE HOLDING	OH	0	0	N/A

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
See Additional Data Table												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
See Additional Data Table							

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

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

		Yes	No
1 During the tax year, did the orgranization 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	1a		No
b Gift, grant, or capital contribution to other organization(s)	1b	Yes	
c Gift, grant, or capital contribution from other organization(s)	1c	Yes	
d Loans or loan guarantees to or for other organization(s)	1d		No
e Loans or loan guarantees by other organization(s)	1e		No
f Sale of assets to other organization(s)	1f		No
g Purchase of assets from other organization(s)	1g		No
h Exchange of assets	1h		No
i Lease of facilities, equipment, or other assets to other organization(s)	1i	Yes	
j Lease of facilities, equipment, or other assets from other organization(s)	1j		No
k Performance of services or membership or fundraising solicitations for other organization(s)	1k		No
l Performance of services or membership or fundraising solicitations by other organization(s)	1l	Yes	
m Sharing of facilities, equipment, mailing lists, or other assets	1m		No
n Sharing of paid employees	1n	Yes	
o Reimbursement paid to other organization for expenses	1o	Yes	
p Reimbursement paid by other organization for expenses	1p		No
q Other transfer of cash or property to other organization(s)	1q	Yes	
r Other transfer of cash or property from other organization(s)	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	(d) Method of determining amount involved
(1) See Additional Data Table			
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation

Additional Data Return to Form

Software ID:
Software Version:
EIN: 31-0537486
Name: THE GOOD SAMARITAN HOSPITAL OF CINCINNATI OHIO

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
CATHOLIC HEALTH INITIATIVES 198 INVERNESS DRIVE WEST ENGLEWOOD, CO80112 47-0617373	HEALTHCARE	CO	501(C)(3)	9	CHI	Yes	
BORNEMANN HEALTHCARE CORPORATION 2500 BERNVILLE ROAD PO BOX 316 READING, PA19603 23-2187242	HEALTHCARE	PA	501(C)(3)	11A	CHI	Yes	
CHI INSTITUTE FOR RESEARCH AND INNOVATION 198 INVERNESS DRIVE WEST ENGLEWOOD, CO80112 27-1050565	HEALTHCARE	CO	501(C)(3)	11A	CHI	Yes	
CHI NATIONAL FOUNDATION 198 INVERNESS DRIVE WEST ENGLEWOOD, CO80112 27-0930004	FUNDRAISING	CO	501(C)(3)	11A	CHI	Yes	
CHI NATIONAL SERVICES 198 INVERNESS DRIVE WEST ENGLEWOOD, CO80112 45-2532084	HEALTHCARE	CO	501(C)(3)	9	CHI	Yes	
CHI NATIONAL HOME CARE 198 INVERNESS DRIVE WEST ENGLEWOOD, CO80112 45-1261716	HEALTHCARE	CO	501(C)(3)	11A	CHI	Yes	
GLOBAL HEALTH INITIATIVES 198 INVERNESS DRIVE WEST ENGLEWOOD, CO80112 20-1536108	MINISTRIES	CO	501(C)(3)	11A	CHI	Yes	
ST JOSEPH PHYSICIAN ENTERPRISES 7601 OSLER DRIVE TOWSON, MD21204 52-1311775	PHYSICIANS	MD	501(C)(3)	11A	CHI	Yes	
ST VINCENT INFIRMARY MEDICAL CENTER 2 ST VINCENT CIRCLE LITTLE ROCK, AR72205 71-0236917	HEALTHCARE	AR	501(C)(3)	3	CHI	Yes	
ST ANTHONY'S HOSPITAL ASSOCIATION 4 HOSPITAL DRIVE MORRILTON, AR72110 71-0245507	HEALTHCARE	AR	501(C)(3)	3	SVIMC	Yes	
ST VINCENT FOUNDATION TWO ST VINCENT CIRCLE LITTLE ROCK, AR72205 51-0169537	FUNDRAISING	AR	501(C)(3)	11A	SVIMC	Yes	
ST VINCENT MEDICAL GROUP 2 ST VINCENT CIRCLE LITTLE ROCK, AR72205 71-0830696	HEALTHCARE	AR	501(C)(3)	9	SVIMC	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled organization	
						Yes	No
CHI COLORADO 188 INVERNESS DRIVE WEST ENGLEWOOD, CO80112 84-0405257	HEALTHCARE	CO	501(C)(3)	3	CHI	Yes	
MERCY REGIONAL MEDICAL CENTER OF DURANGO 1010 THREE SPRINGS BLVD DURANGO, CO81301 84-0405515	HEALTHCARE	CO	501(C)(3)	3	CHI	Yes	
CATHOLIC HEALTH INITIATIVES COLORADO FOUNDATION 961 EAST COLORADO AVENUE COLORADO SPRINGS, CO80903 84-0902211	FUNDRAISING	CO	501(C)(3)	7	CHI COLORADO	Yes	
HEALTH SET 4200 WEST CONEJOS PLACE 436 DENVER, CO80204 84-1102943	LOW INC CARE	CO	501(C)(3)	7	CHI COLORADO	Yes	
PUEBLO STEPUP 1925 EAST ORMAN AVENUE SUITE G52 PUEBLO, CO81004 84-1234295	COMMUNITY	CO	501(C)(3)	7	CHI	Yes	
SET OF COLORADO SPRINGS INC 825 E PIKES PEAK AVENUE BLDG 29 COLORADO SPRINGS, CO80903 84-1183335	LTERM CARE	CO	501(C)(3)	7	CHI COLORADO	Yes	
TOTAL HEALTHCARE PO BOX 7021 COLORADO SPRINGS, CO80933 84-0927232	HEALTHCARE	CO	501(C)(3)	3	CHI COLORADO	Yes	
CHI-IOWA CORP 1111 6TH AVENUE DES MOINES, IA50314 42-0680448	HEALTHCARE	IA	501(C)(3)	3	MHN	Yes	
BISHOP DRUMM RETIREMENT CENTER 1111 6TH AVENUE DES MOINES, IA50314 42-0725196	LTERM CARE	IA	501(C)(3)	9	CHI-IA CORP	Yes	
HOUSE OF MERCY 1111 6TH AVENUE DES MOINES, IA50314 42-1323808	SHELTER	IA	501(C)(3)	7	CHI-IA CORP	Yes	
MERCY CLINICS INC 1111 6TH AVENUE DES MOINES, IA50314 42-1193699	PHYSICIAN	IA	501(C)(3)	9	CHI-IA CORP	Yes	
MERCY COLLEGE OF HEALTH SCIENCES 1111 6TH AVENUE DES MOINES, IA50314 42-1511682	EDUCATION	IA	501(C)(3)	2	CHI-IA CORP	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
MERCY FOUNDATION OF DES MOINES IA 1111 6TH AVENUE DES MOINES, IA50314 23-7358794	FUNDRAISING	IA	501(C)(3)	7	CHI-IA CORP	Yes	
MERCY AUXILIARY OF CENTRAL IOWA 1111 6TH AVENUE DES MOINES, IA50314 42-6076069	AUXILIARY	IA	501(C)(3)	11A	CHI-IA CORP	Yes	
MERCY PROFESSIONAL PRACTICE ASSOCIATES INC 1111 6TH AVENUE DES MOINES, IA50314 42-1470935	PHYSICIAN	IA	501(C)(3)	9	CHI-IA CORP	Yes	
MERCY MEDICAL CENTER - CENTERVILLE FKA ST JOSEPH'S MERCY HOSPITAL 1 ST JOSEPHS DRIVE CENTERVILLE, IA52544 42-0680308	HEALTHCARE	IA	501(C)(3)	3	CHI-IA CORP	Yes	
ST ROSE AMBULATORY AND SURGERY CENTER FKA CENTRAL KANSAS MEDICAL CENTER 3515 BROADWAY GREAT BEND, KS67530 48-0543724	SURGERY CNTR	KS	501(C)(3)	3	CHI	Yes	
ST CATHERINE HOSPITAL 401 EAST SPRUCE STREET GARDEN CITY, KS67846 48-0543721	HEALTHCARE	KS	501(C)(3)	3	CHI	Yes	
ST CATHERINE HOSPITAL DEVELOPMENT FOUNDATION 401 EAST SPRUCE STREET GARDEN CITY, KS67846 20-0598702	FUNDRAISING	KS	501(C)(3)	11A	SCH	Yes	
CHI KENTUCKY INC 3900 OLYMPIC BLVD SUITE 400 ERLANGER, KY41018 20-2741651	HEALTHCARE	KY	501(C)(3)	11A	CHI	Yes	
SAINT JOSEPH HEALTH SYSTEM INC 150 N EAGLE CREEK DR LEXINGTON, KY40509 61-1334601	HEALTHCARE	KY	501(C)(3)	3	CHI	Yes	
CONTINUING CARE HOSPITAL 150 NORTH EAGLE CREEK DRIVE LEXINGTON, KY40509 61-1400619	LTACH	KY	501(C)(3)	3	SJHS	Yes	
FLAGET HEALTHCARE DBA FLAGET MEMORIAL HOSPITAL 4305 NEW SHEPHERDSVILLE ROAD BARDSTOWN, KY40004 61-1345363	HEALTHCARE	KY	501(C)(3)	3	CHI	Yes	
FLAGET MEMORIAL HOSPITAL FOUNDATION INC 4305 NEW SHEPHERDSVILLE ROAD BARDSTOWN, KY40004 56-2351341	FUNDRAISING	KY	501(C)(3)	11A	FH	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
SAINT JOSEPH LONDON FOUNDATION INC 310 EAST NINTH STREET LONDON, KY40741 26-0438748	FUNDRAISING	KY	501(C)(3)	11A	SJHS	Yes	
SAINT JOSEPH BEREA HOSPITAL FOUNDATION INC 305 ESTILL STREET BEREA, KY40403 26-0152877	FUNDRAISING	KY	501(C)(3)	7	SJHS	Yes	
ST JOSEPH HOSPITAL FOUNDATION INC ONE ST JOSEPH DRIVE LEXINGTON, KY40504 61-1159649	FUNDRAISING	KY	501(C)(3)	11A	SJHS	Yes	
SAINT JOSEPH MEDICAL FOUNDATION INC ONE ST JOSEPH DRIVE LEXINGTON, KY40504 31-1539059	PHY PRACTICES	KY	501(C)(3)	3	SJHS	Yes	
SAINT JOSEPH MOUNT STERLING FOUNDATION INC 50 STERLING AVENUE MOUNT STERLING, KY40353 27-2884584	FUNDRAISING	KY	501(C)(3)	7	SJHS	Yes	
ST JOSEPH MEDICAL CENTER INC 7601 OSLER DRIVE TOWSON, MD21204 52-0591461	HEALTHCARE	MD	501(C)(3)	3	CHI	Yes	
ST JOSEPH MEDICAL CENTER FOUNDATION INC 7601 OSLER DRIVE TOWSON, MD21204 52-1681044	FUNDRAISING	MD	501(C)(3)	7	SJMC	Yes	
ALVERNA APARTMENTS 300 SE 8TH AVENUE LITTLE FALLS, MN56345 41-1351177	LTERM CARE	MN	501(C)(3)	9	CHI	Yes	
LAKEWOOD HEALTH CENTER 600 MAIN AVENUE SOUTH BAUDETTE, MN56623 41-0758434	LTERM CARE	MN	501(C)(3)	3	CHI	Yes	
ST FRANCIS HOME 2400 ST FRANCIS DRIVE BRECKENRIDGE, MN56520 41-0729978	LTERM CARE	MN	501(C)(3)	9	CHI	Yes	
APPLETREE COURT 601 OAK STREET BRECKENRIDGE, MN56520 41-1850500	SENIOR HOMES	MN	501(C)(3)	9	SFH	Yes	
ST FRANCIS MEDICAL CENTER 2400 ST FRANCIS DRIVE BRECKENRIDGE, MN56520 41-0695598	HEALTHCARE	MN	501(C)(3)	3	CHI	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
HEALTHCARE AND WELLNESS FOUNDATION 2400 ST FRANCIS DRIVE BRECKENRIDGE, MN56520 76-0761782	FUNDRAISING	MN	501(C)(3)	11A	SFMC	Yes	
ST JOSEPH'S AREA HEALTH SERVICES 600 PLEASANT AVENUE PARK RAPIDS, MN56470 41-0695603	HEALTHCARE	MN	501(C)(3)	3	CHI	Yes	
UNITY FAMILY HEALTHCARE 815 2ND STREET SE LITTLE FALLS, MN56345 41-0721642	HEALTHCARE	MN	501(C)(3)	3	CHI	Yes	
ST JOHN'S REGIONAL MEDICAL CENTER 2727 MCCLELLAND BLVD JOPLIN, MO64804 44-0545809	HEALTHCARE	MO	501(C)(3)	3	CHI	Yes	
MERCY LIFECARE SYSTEMS 2727 MCCLELLAND BLVD JOPLIN, MO64804 43-1305163	PROPERTY MGMT	MO	501(C)(3)	11A	SJRMC	Yes	
MNMCH INC 220 NORTH PENNSYLVANIA COLUMBUS, KS66725 48-1216238	HEALTHCARE	KS	501(C)(3)	3	SJRMC	Yes	
ST JOHN'S MEDICAL GROUP 2727 MCCLELLAND BLVD JOPLIN, MO64804 43-1882377	PHYS PRACTICE	MO	501(C)(3)	9	SJRMC	Yes	
ST JOHN'S MERCY REGIONAL FOUNDATION 2727 MCCLELLAND BLVD JOPLIN, MO64804 43-1308084	FUNDRAISING	MO	501(C)(3)	7	SJRMC	Yes	
ALEGENT HEALTH - BERGAN MERCY HEALTH SYS 7500 MERCY ROAD OMAHA, NE68124 47-0484764	HEALTHCARE	NE	501(C)(3)	3	CHI	Yes	
ALEGENT HEALTH - MERCY HOSPITAL CORNING PO BOX 368 CORNING, IA50841 42-0782518	HEALTHCARE	IA	501(C)(3)	3	AHBMHS	Yes	
MERCY HEALTH CARE FOUNDATION PO BOX 368 CORNING, IA50841 42-1461064	FUNDRAISING	NE	501(C)(3)	11A	AHMH	Yes	
MERCY HOSPITAL FOUNDATION COUNCIL BLUFFS 800 MERCY DRIVE COUNCIL BLUFFS, IA51503 42-1178204	FUNDRAISING	IA	501(C)(3)	11A	AHBMHS	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
CHI NEBRASKA 555 SOUTH 70TH STREET LINCOLN, NE68510 36-3233121	HEALTHCARE	NE	501(C)(3)	11A	CHI	Yes	
THE PHYSICIAN NETWORK 8055 O STREET SUITE 300 LINCOLN, NE68510 47-0780857	PHYS PRACTICE	NE	501(C)(3)	11A	CHI NEBRASKA	Yes	
GOOD SAMARITAN HOSPITAL PO BOX 1990 KEARNEY, NE68848 47-0379755	HEALTHCARE	NE	501(C)(3)	3	CHI NEBRASKA	Yes	
GOOD SAMARITAN HOSPITAL FOUNDATION PO BOX 1810 KEARNEY, NE68848 47-0659443	FUNDRAISING	NE	501(C)(3)	7	GSH	Yes	
CATHOLIC HEALTH CARE FEDERATION 198 INVERNESS DRIVE WEST ENGLEWOOD, CO80112 20-8473567	JURDIC PERSON	CO	501(C)(3)	11A	CHI	Yes	
SAINT ELIZABETH REGIONAL MEDICAL CENTER 555 SOUTH 70TH STREET LINCOLN, NE68510 47-0379836	HEALTHCARE	NE	501(C)(3)	3	CHI NEBRASKA	Yes	
SAINT ELIZABETH FOUNDATION 555 SOUTH 70TH STREET LINCOLN, NE68510 47-0625523	FUNDRAISING	NE	501(C)(3)	7	SERMC	Yes	
SAINT ELIZABETH HEALTH SERVICES 555 SOUTH 70TH STREET LINCOLN, NE68510 36-3233120	HEALTHCARE	NE	501(C)(3)	3	SERMC	Yes	
SAINT FRANCIS MEDICAL CENTER PO BOX 9804 GRAND ISLAND, NE68802 47-0376601	HEALTHCARE	NE	501(C)(3)	3	CHI NEBRASKA	Yes	
SAINT FRANCIS MEDICAL CENTER FOUNDATION PO BOX 9804 GRAND ISLAND, NE68802 47-0630267	FUNDRAISING	NE	501(C)(3)	7	SFMC	Yes	
ST MARY'S HOSPITAL 1314 3RD AVENUE NEBRASKA CITY, NE68410 47-0443636	HEALTHCARE	NE	501(C)(3)	3	CHI NEBRASKA	Yes	
ST MARY'S HOSPITAL FOUNDATION 1314 3RD AVENUE NEBRASKA CITY, NE68410 47-0707604	FUNDRAISING	NE	501(C)(3)	7	SMH	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled organization	
						Yes	No
SAINT CLARE'S HEALTH SERVICES INC 25 POCONO ROAD DENVILLE, NJ07834 22-3639733	MANAGEMENT	NJ	501(C)(3)	7	CHI	Yes	
SAINT CLARE'S COMMUNITY CARE 66 FORD ROAD DENVILLE, NJ07834 22-2876836	HEALTHCARE	NJ	501(C)(3)	11B	SCHS	Yes	
SAINT CLARE'S FOUNDATION INC 66 FORD ROAD DENVILLE, NJ07834 22-2502997	FUNDRAISING	NJ	501(C)(3)	7	SCHS	Yes	
SAINT CLARE'S HOSPITAL 66 FORD ROAD DENVILLE, NJ07834 22-3319886	HEALTHCARE	NJ	501(C)(3)	3	CHI	Yes	
ST FRANCIS LIFE CARE CORPORATION 19 POCONO ROAD DENVILLE, NJ07834 22-2536017	ELDERLY CARE	NJ	501(C)(3)	9	SCHS	Yes	
VISITING NURSE ASSOCIATION OF SAINT CLARE'S 191 WOODPORT ROAD SPARTA, NJ07871 22-1768334	HOME HEALTH	NJ	501(C)(3)	9	SCHS	Yes	
ST JOSEPH COMMUNITY HEALTH SERVICES 300 CENTRAL AVE SW SUITE 3000W ALBUQUERQUE, NM87102 71-0897107	COMMUNITY	NM	501(C)(3)	11A	CHI	Yes	
CHI HEALTH CONNECT AT HOME - FARGO 4816 AMBER VALLEY PARKWAY FARGO, ND58104 27-1966847	HEALTHCARE	ND	501(C)(3)	3	CHI	Yes	
CARRINGTON HEALTH CENTER 800 NORTH 4TH STREET CARRINGTON, ND58421 45-0227311	HEALTHCARE	ND	501(C)(3)	3	CHI	Yes	
LISBON AREA HEALTH SERVICES 905 MAIN STREET LISBON, ND58054 82-0558836	HEALTHCARE	ND	501(C)(3)	3	CHI	Yes	
MERCY HOSPITAL OF DEVILS LAKE 1031 EAST SEVENTH STREET DEVILS LAKE, ND58301 45-0227012	HEALTHCARE	ND	501(C)(3)	3	CHI	Yes	
THE MERCY HOSPITAL OF DEVILS LAKE FDN 1031 EAST SEVENTH STREET DEVILS LAKE, ND58301 35-2367360	FUNDRAISING	ND	501(C)(3)	11A	MHDL	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled organization	
						Yes	No
MERCY HOSPITAL OF VALLEY CITY 570 CHAUTAUQUA BOULEVARD VALLEY CITY, ND58072 45-0226553	HEALTHCARE	ND	501(C)(3)	3	CHI	Yes	
MERCY MEDICAL CENTER 1301 15TH AVENUE WEST WILLISTON, ND58801 45-0231183	HEALTHCARE	ND	501(C)(3)	3	CHI	Yes	
MERCY MEDICAL FOUNDATION 1301 15TH AVENUE WEST WILLISTON, ND58801 45-0381803	FUNDRAISING	ND	501(C)(3)	11A	MMC	Yes	
OAKES COMMUNITY HOSPITAL 314 SOUTH 8TH STREET OAKES, ND58474 45-0231675	HEALTHCARE	ND	501(C)(3)	3	CHI	Yes	
OAKES COMMUNITY HOSPITAL FOUNDATION 314 SOUTH 8TH STREET OAKES, ND58474 71-0966606	FUNDRAISING	ND	501(C)(3)	11A	OCH	Yes	
ST JOSEPH'S HOSPITAL AND HEALTH CENTER 30 WEST 7TH STREET DICKINSON, ND58601 45-0226429	HEALTHCARE	ND	501(C)(3)	3	CHI	Yes	
SAINT JOSEPH'S HOSPITAL FOUNDATION 30 WEST 7TH STREET DICKINSON, ND58601 36-3418207	FUNDRAISING	ND	501(C)(3)	11A	SJHHC	Yes	
VILLA NAZARETH INC 801 PAGE DRIVE FARGO, ND58103 45-0226714	LT CARE	ND	501(C)(3)	9	CHI	Yes	
SAMARITAN HEALTH PARTNERS 2222 PHILADELPHIA DRIVE DAYTON, OH45406 31-1107411	HEALTHCARE	OH	501(C)(3)	11A	CHI	Yes	
SAMARITAN BEHAVIORAL HEALTH 601 S EDWIN C MOSES BLVD DAYTON, OH45408 02-0633634	HEALTHCARE	OH	501(C)(3)	3	SHP	Yes	
SAMARITAN HEALTH FOUNDATION 2222 PHILADELPHIA DRIVE DAYTON, OH45406 23-7296923	FUNDRAISING	OH	501(C)(3)	7	SHP	Yes	
THE COMMUNITY LIMITED CARE DIALYSIS CENTER 619 OAK STREET ACCOUNTING-3 WEST CINCINNATI, OH45206 23-7419853	TITLE HOLDING	OH	501(C)(2)	N/A	GOOD SAM HOSPITAL	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled organization	
						Yes	No
GOOD SAMARITAN COLLEGE OF NURSING & HEALTH SCIENCE 375 DIXMYTH AVE CINCINNATI, OH45220 31-1778403	EDUCATION	OH	501(C)(3)	2	GOOD SAM HOSPITAL	Yes	
GOOD SAMARITAN FOUNDATION OF CINCINNATI INC 619 OAK STREET ACCOUNTING-3 WEST CINCINNATI, OH45206 31-1206047	FUNDRAISING	OH	501(C)(3)	11A	GOOD SAM HOSPITAL	Yes	
HOSPITAL ASSOCIATION FOR ST JOSEPH HOSPITAL 7601 OSLER DRIVE TOWSON, MD21204 52-6050777	HEALTHCARE	MD	501(C)(3)	9	SJMC	Yes	
MERCY MEDICAL CENTER 2700 STEWART PARKWAY ROSEBURG, OR97470 93-0386868	HEALTHCARE	OR	501(C)(3)	3	CHI	Yes	
CENTENNIAL MEDICAL GROUP INC 2700 STEWART PARKWAY ROSEBURG, OR97470 90-0433062	PHYSICIANS	OR	501(C)(3)	9	MMC	Yes	
LINUS OAKES INC 2700 STEWART PARKWAY ROSEBURG, OR97470 93-0821381	SENIOR LIVING	OR	501(C)(3)	9	MMC	Yes	
MERCY FOUNDATION INC 2700 STEWART PARKWAY ROSEBURG, OR97470 93-6088946	FUNDRAISING	OR	501(C)(3)	7	MMC	Yes	
MT ST JOSEPH INC 3060 SE STARK STREET PORTLAND, OR97214 93-0386870	NURSING CARE	OR	501(C)(3)	9	CHI	Yes	
ST ANTHONY HOSPITAL 1601 SE COURT AVENUE PENDLETON, OR97801 93-0391614	HEALTHCARE	OR	501(C)(3)	3	CHI	Yes	
ST ANTHONY HOSPITAL FOUNDATION 1601 SE COURT AVENUE PENDLETON, OR97801 93-0992727	FUNDRAISING	OR	501(C)(3)	11A	SA HOSPITAL	Yes	
ST DOMINIC AT ONTARIO 351 SW 9TH STREET ONTARIO, OR97914 93-0433692	HEALTHCARE	OR	501(C)(3)	3	CHI	Yes	
ST FRANCIS OF BAKER CITY 3325 POCAHONTAS ROAD BAKER CITY, OR97814 93-0412495	HEALTHCARE	OR	501(C)(3)	3	CHI	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled organization	
						Yes	No
ST JOSEPH HEALTH MINISTRIES 1929 LINCOLN HWY E STE 150 LANCASTER, PA17602 23-2342997	HEALTH	PA	501(C)(3)	11A	CHI	Yes	
ST JOSEPH HEALTH MINISTRIES FOUNDATION 1929 LINCOLN HWY E STE 150 LANCASTER, PA17602 23-2605579	FUNDRAISING	PA	501(C)(3)	11A	SJHM	Yes	
ST JOSEPH HEALTH SERVICES INC 1929 LINCOLN HWY E STE 150 LANCASTER, PA17602 20-1425375	DENTAL CARE	PA	501(C)(3)	11A	SJHM	Yes	
ST JOSEPH REGIONAL HEALTH NETWORK 2500 BERNVILLE ROAD PO BOX 316 READING, PA19603 23-1352211	HEALTHCARE	PA	501(C)(3)	3	CHI	Yes	
ST JOSEPH MEDICAL GROUP 2500 BERNVILLE ROAD PO BOX 316 READING, PA19603 20-8544021	HEALTHCARE	PA	501(C)(3)	9	BHC	Yes	
ST JOSEPH MEDICAL CENTER FOUNDATION 2500 BERNVILLE ROAD PO BOX 316 READING, PA19603 23-2649362	FUNDRAISING	PA	501(C)(3)	11A	SJRHN	Yes	
ST MARY'S HEALTHCARE CENTER 801 EAST SIOUX AVENUE PIERRE, SD57501 46-0230199	HEALTHCARE	SD	501(C)(3)	3	CHI	Yes	
GETTYSBURG MEDICAL CENTER 606 EAST GARFIELD AVENUE GETTYSBURG, SD57442 46-0234354	HEALTHCARE	SD	501(C)(3)	3	SMHC	Yes	
MEMORIAL HEALTH CARE SYSTEM INC 2525 DE SALES AVENUE CHATTANOOGA, TN37404 62-0532345	HEALTHCARE	TN	501(C)(3)	3	CHI	Yes	
MEMORIAL HEALTH CARE SYSTEM FOUNDATION 2525 DE SALES AVENUE CHATTANOOGA, TN37404 62-1839548	FUNDRAISING	TN	501(C)(3)	7	MHCS	Yes	
MEMORIAL HEALTH PARTNERS FOUNDATION INC 6028 SHALLOWFORD ROAD CHATTANOOGA, TN37421 03-0417049	HEALTHCARE	TN	501(C)(3)	9	MHCS	Yes	
FRANCISCAN HEALTH SYSTEM FKA FRANCISCAN HEALTH SYSTEM - WEST 1717 SOUTH J STREET TACOMA, WA98405 91-0564491	HEALTHCARE	WA	501(C)(3)	3	CHI	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
ENUMCLAW REGIONAL HOSPITAL ASSOCIATION 1450 BATTERSBY AVENUE ENUMCLAW, WA 98022 91-0715805	HEALTHCARE	WA	501(C)(3)	3	FHS	Yes	
FRANCISCAN FOUNDATION 1717 SOUTH J STREET TACOMA, WA 98405 91-1145592	FUNDRAISING	WA	501(C)(3)	9	FHS	Yes	
FRANCISCAN MEDICAL GROUP 1708 SOUTH YAKIMA AVENUE TACOMA, WA 98405 91-1939739	HEALTHCARE	WA	501(C)(3)	9	FHS	Yes	
FRANCISCAN VILLA OF SOUTH MILWAUKEE INC 3601 SOUTH CHICAGO AVENUE SOUTH MILWAUKEE, WI 53172 39-1093829	HEALTHCARE	WI	501(C)(3)	9	CHI	Yes	
BETHESDA HOSPITAL INC 619 OAK STREET ACCOUNTING-3 WEST CINCINNATI, OH 45206 31-0537122	INPATIENT AND OUTPATIENT SERVICES	OH	501(C)(3)	3	N/A	Yes	
TRIHEALTH INC 619 OAK STREET ACCOUNTING-3 WEST CINCINNATI, OH 45206 31-1438846	SUPPORT AFFILIATED HOSPITALS	OH	501(C)(3)	11B	N/A	Yes	
FUND OF THE DEPARTMENT OF OBGYN OF GOOD SAMARITAN HOSPITAL 375 DIXMYTH AVE CINCINNATI, OH 45220 31-6056217	SUPPORT AFFILIATED HOSPITAL	OH	501(C)(3)	11A	N/A		No

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Disproprtionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 ($)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
CHI OPERATING INVESTMENT PROGRAM LP 198 INVERNESS DRIVE WEST ENGLEWOOD, CO80112 47-0727942	INVESTMENTS	CO	CHI	INVESTMENT	26,302,922	366,526,725		No	22,635	Yes		6 320 %
NORTH RIVER SURGERY CENTER LLC 2209 WILDWOOD AVENUE SHERWOOD, AR72120 71-0799771	AMBUL SURG CTR	AR	N/A									57 450 %
AUDUBON LAND COMPANY LLC 5390 N ACADEMY BLVD SUITE 300 COLORADO SPRINGS, CO80918 84-1513085	REAL ESTATE	CO	N/A									50 100 %
ORTHOCOLORADO LLC 11650 WEST 2ND PLACE LAKEWOOD, CO80255 37-1577105	ORTHO HOSPITAL	CO	N/A									60 000 %
PENRAD IMAGING 1390 KELLY JOHNSON BLVD COLORADO SPRINGS, CO80920 84-1072619	MEDICAL IMAGING	CO	N/A									70 000 %
ST ANTHONY REGIONAL MTN CANCER CENTER 4231 W 16TH AVENUE DENVER, CO80112 37-1568013	CANCER CENTER	CO	N/A									51 000 %
ST FRANCIS LAND COMPANY 5390 N ACADEMY BLVD SUITE 300 COLORADO SPRINGS, CO80918 26-3134100	REAL ESTATE	CO	N/A									51 000 %
BLUEGRASS REGIONAL IMAGING CENTER 1218 SOUTH BROADWAY SUITE 310 LEXINGTON, KY40504 61-1386736	DIAGNOSTIC	KY	N/A									65 000 %

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Disproprtionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 ($)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
ST JOSEPH-PAML LLC 424 LEWIS HARGETT CIRCLE STE 160 LEXINGTON, KY40503 45-2116736	MGMT SVCS	KY	N/A									62 500 %
SAINT JOSEPH - SCA HOLDINGS LLC 424 LEWIS HARGETT CIRCLE STE 160 LEXINGTON, KY40503 45-3801157	OP SURGERY	DE	N/A									51 000 %
SURGERY CENTER OF LEXINGTON LLC 1451 HARRODSBURG ROAD LEXINGTON, KY40504 62-1179539	SURGERY CENTER	DE	N/A									51 000 %
RUXTON SURGICENTER LLC 8322 BELLONA AVENUE SUITE 201 BALTIMORE, MD21204 52-2095835	SURGERY CENTER	MD	N/A									51 000 %
AVANTAS LLC 1207 SOUTH 13 STREET OMAHA, NE68108 39-2045003	HEALTHCARE	NE	N/A									95 000 %
HEALTHCARE SUPPORT SERVICES LLC PO BOX 9804 GRAND ISLAND, NE68802 72-1546196	LAUNDRY	NE	N/A									100 000 %
CENTRAL NEBRASKA HOME CARE SERVICES PO BOX 1146-4510 SECOND AVENUE KEARNEY, NE68848 47-0692112	HEALTHCARE SRVC	NE	N/A									100 000 %
SUPERIOR MEDICAL IMAGING LLC 5000 NORTH 26TH STREET LINCOLN, NE68521 26-2884555	OP DIAGNOSTICS	NE	N/A									51 000 %

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Disproprtionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 ($)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
CENTRAL NEBRASKA REHAB SERVICES 3004 W FAIDLEY AVE GRAND ISLAND, NE68802 81-0653461	PHYSICAL THERAPY	NE	N/A									51 000 %
ST FRANCIS MEDICAL CENTER ASSOCIATES 1717 SOUTH J STREET TACOMA, WA98405 91-1352698	MED OFFICE	WA	N/A									54 210 %
PENINSULA RADIATION ONCOLOGY 314 MARTIN LUTHER KING JR WAY 11 TACOMA, WA98405 87-0808610	HEALTHCARE SRVC	WA	N/A									60 000 %
BERYWOOD OFFICE PROPERTIES LLC 400 BERYWOOD TRAIL CLEVELAND, TN37312 62-1875199	PHYS OFFICE	TN	N/A									63 000 %

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(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
ALTERNATIVE INSURANCE MANAGEMENT SERVICES 3900 OLYMPIC BOULEVARD SUITE 400 ERLANGER, KY41018 84-1112049	MANAGEMENT SERVICES	CO	N/A	C			
CAPTIVE MANAGEMENT INITIATIVES PO BOX 10073 APO GEORGETOWN,GRAND CAYMAN KY1-1001 CJ 98-0663022	CAPTIVE MANAGEMENT	CJ	N/A	C			
CENTER FOR TRANSLATIONAL RESEARCH 198 INVERNESS DRIVE WEST ENGLEWOOD, CO80112 27-2269511	HEALTHCARE	CO	N/A	C			
FIRST INITIATIVES INSURANCE LTD PO BOX 10073 APO GEORGETOWN,GRAND CAYMAN KY1-1001 CJ 98-0203038	INSURANCE	CJ	N/A	C			
FRANCISCAN SERVICES INC 198 INVERNESS DRIVE WEST ENGLEWOOD, CO80112 23-2487967	HEALTHCARE	CO	N/A	C			
SJH SERVICES CORPORATION 198 INVERNESS DRIVE WEST ENGLEWOOD, CO80112 23-2307408	HEALTHCARE	CO	N/A	C			
ST JOSEPH DEVELOPMENT COMPANY INC 1717 SOUTH J STREET TACOMA, WA98405 91-1480569	RENTAL	WA	N/A	C			
TOWSON MANAGEMENT INC 7601 OSLER DRIVE TOWSON, MD21204 52-1710750	MANAGEMENT SERVICES	MD	N/A	C			
NAZARETH ASSURANCE COMPANY 76 ST PAUL STREET SUITE 500 BURLINGTON, VT05401 03-0304831	INSURANCE	VT	N/A	C			
ST VINCENT COMMUNITY HEALTH SERVICES INC TWO ST VINCENT CIRCLE LITTLE ROCK, AR72205 71-0710785	HEALTHCARE	AR	N/A	C			
COMCARE SERVICES 4231 W 16TH AVENUE DENVER, CO80204 84-0904813	INACTIVE	CO	N/A	C			
DES MOINES MEDICAL CENTER INC 1111 6TH AVENUE DES MOINES, IA50314 42-0837382	REAL ESTATE	IA	N/A	C			
MERCY PARK APARTMENTS LTD 1111 6TH AVENUE DES MOINES, IA50314 42-1202422	HOUSING	IA	N/A	C			
CENTRAL KANSAS HEALTH SERVICES ASSOCIATION 3515 BROADWAY GREAT BEND, KS67530 48-1042853	MEDICAL EQUIPMENT	KS	N/A	C			
SJL PHYSICIAN MANAGEMENT SERVICES INC 424 LEWIS HARGETT CR 160 LEXINGTON, KY40503 27-0164198	MANAGEMENT	KY	N/A	C			
ST JOSEPH OFFICE PARK ASSOCIATION 1401 HARRODSBURG ROAD BLDG B70 LEXINGTON, KY40504 61-1079899	MANAGEMENT	KY	N/A	C			
MERCY HEALTH SERVICES CORPORATION 2727 MCCLELLAND BLVD JOPLIN, MO64804 43-1457881	DME	MO	N/A	C			
GOOD SAMARITAN OUTREACH SERVICES PO BOX 1990 KEARNEY, NE68848 47-0659440	MEDICAL CLINIC	NE	N/A	C			
HEALTH SYSTEMS ENTERPRISES INC PO BOX 1990 KEARNEY, NE68848 47-0664558	MANAGEMENT	NE	N/A	C			
SAINT CLARE'S PRIMARY CARE INC 66 FORD ROAD DENVILLE, NJ07834 22-2441202	BILLING SERVICES	NJ	N/A	C			

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(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
MEDQUEST 1301 15TH AVENUE WEST WILLISTON, ND58801 45-0392137	SALE OF DME	ND	N/A	C			
CONSOLIDATED HEALTH SERVICES 1700 EDISON DRIVE MILFORD, OH45150 31-1378212	HOME HEALTH	OH	N/A	C			
AMERICAN NURSING CARE 1700 EDISON DRIVE MILFORD, OH45150 31-1085414	HOME HEALTH	OH	N/A	C			
AMERIMED INC 1700 EDISON DRIVE MILFORD, OH45150 31-1158699	HOME HEALTH	OH	N/A	C			
PATIENT TRANSPORT SERVICES INC 1700 EDISON DRIVE MILFORD, OH45150 31-1100798	HOME HEALTH	OH	N/A	C			
SAMARITAN FAMILY CARE INC 40 W FOURTH ST 1700 DAYTON, OH45402 31-1299450	HEALTHCARE	OH	N/A	C			
MERCY SERVICES CORP 2700 STEWART PARKWAY ROSEBURG, OR97470 93-0824308	RETAIL SALES	OR	N/A	C			
ST ANTHONY DEVELOPMENT COMPANY 1415 SOUTHGATE PENDLETON, OR97801 93-1216943	ATHLETIC CLUB	OR	N/A	C			
CGH REALTY COMPANY INC 215 N 12TH ST READING, PA19603 23-2326801	REAL ESTATE	PA	N/A	C			
CADUCEUS MEDICAL ASSOCIATES INC 6028 SHALLOWFORD ROAD SUITE D CHATTANOOGA, TN37422 62-1570736	HEALTHCARE	TN	N/A	C			
MOUNTAIN MANAGEMENT SERVICES INC 6028D SHALLOWFORD ROAD CHATTANOOGA, TN37422 62-1570739	MGMT SVC ORG	TN	N/A	C			
PHYSICIAN HEALTH SYSTEM NETWORK 1149 MARKET ST TACOMA, WA98402 91-1746721	HEALTH ORG	WA	N/A	C			
HEALTHCARE MGMT SERVICES ORG INC 1149 MARKET ST TACOMA, WA98402 91-1865474	HEALTH ORG	WA	N/A	C			
HAROLD W RASE 1995 CHARITABLE UNITTRUST 30 WEST 7TH STREET DICKINSON, ND58601 45-6090420	INVESTMENTS	ND	N/A	T			
HAROLD W RASE 1996 CHARITABLE UNITTRUST 30 WEST 7TH STREET DICKINSON, ND58601 20-6037112	INVESTMENTS	ND	N/A	T			
HAROLD W RASE 1997 CHARITABLE UNITTRUST 30 WEST 7TH STREET DICKINSON, ND58601 20-6037104	INVESTMENTS	ND	N/A	T			
HAROLD W RASE 1999 CHARITABLE UNITTRUST 30 WEST 7TH STREET DICKINSON, ND58601 20-6037099	INVESTMENTS	ND	N/A	T			
JAMES & HENRIETTA NISTLER UNITRUST 30 WEST 7TH STREET DICKINSON, ND58601 20-6021899	INVESTMENTS	ND	N/A	T			
JOSEPH A SCHUSTER ANNUITY TRUST #1 400 UNIVERITY AVENUE DES MOINES, IA50314 42-1195122	INVESTMENTS	IA	N/A	T			
RAY & SHIRLEY DAVID 1999 UNITRUST 30 WEST 7TH STREET DICKINSON, ND58601 20-6037077	INVESTMENTS	ND	N/A	T			

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(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
TOM DEYLE CHARITABLE REMAINDER UNITRUST PO BOX 1810 KEARNEY, NE68848 47-6192393	INVESTMENTS	NE	N/A	T			
DAVID DEYLE CHARITABLE REMAINDER UNITRUST PO BOX 1810 KEARNEY, NE68848 47-6192395	INVESTMENTS	NE	N/A	T			
JEANNE DEYLE CHARITABLE REMAINDER UNITRUST PO BOX 1810 KEARNEY, NE68848 47-6192398	INVESTMENTS	NE	N/A	T			
LODESCA MILLER CHARITABLE REMAINDER UNITRUST PO BOX 1810 KEARNEY, NE68848 47-6186933	INVESTMENTS	NE	N/A	T			
ROBERT & WANDA CHARITABLE REMAINDER UNITRUST PO BOX 1810 KEARNEY, NE68848 26-6191916	INVESTMENTS	NE	N/A	T			

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)	(d) Method of determining amount involved
(1)	GOOD SAMARITAN HOSPITAL FOUNDATION OF CINCINNATI	B	1,396,770	CASH
(2)	GOOD SAMARITAN HOSPITAL FOUNDATION OF CINCINNATI	C	1,818,228	CASH
(3)	GOOD SAMARITAN HOSPITAL FOUNDATION OF CINCINNATI	N	571,138	FMV
(4)	GOOD SAMARITAN COLLEGE OF NURSING & HEALTH SCIENCE	N	4,855,327	FMV
(5)	TRIHEALTH INC	O	60,188,522	COST
(6)	COMMUNITY LIMITED CARE DIALYSIS CENTER	R	3,330,089	CASH
(7)	CATHOLIC HEALTH INITIATIVES	I	10,807,001	FMV
(8)	CATHOLIC HEALTH INITIATIVES	O	5,798,710	COST
(9)	CATHOLIC HEALTH INITIATIVES	Q	16,258,653	FMV
(10)	BETHESDA HOSPITAL INC	C	117,082	CASH
(11)	AMERICAN NURSING CARE	L	1,244,326	FMV
(12)	PATIENT TRANSPORT SERVICES INC	L	524,309	FMV

CONSOLIDATED FINANCIAL STATEMENTS AND OTHER FINANCIAL INFORMATION

The Good Samaritan Hospital of Cincinnati, Ohio
Years Ended June 30, 2011 and 2010
With Report of Independent Auditors

Ernst & Young LLP

ERNST & YOUNG

The Good Samaritan Hospital of Cincinnati, Ohio

Consolidated Financial Statements and Other Financial Information

Years Ended June 30, 2011 and 2010

Contents

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Report of Independent Auditors

The Board of Trustees
of The Good Samaritan Hospital of Cincinnati, Ohio

We have audited the accompanying consolidated balance sheets of The Good Samaritan Hospital of Cincinnati, Ohio (the Company) as of June 30, 2011 and 2010, and the related consolidated statements of operations and changes in net assets, and cash flows for the years then ended These consolidated financial statements are the responsibility of the Company's management Our responsibility is to express an opinion on these consolidated financial statements based on our audits

We conducted our audits in accordance with auditing standards generally accepted in the United States Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free of material misstatement We were not engaged to perform an audit of the Company's internal control over financial reporting Our audits included consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Company's internal control over financial reporting Accordingly, we express no such opinion An audit also includes examining, on a test basis, evidence supporting the amounts and disclosures in the consolidated financial statements, assessing the accounting principles used and significant estimates made by management, and evaluating the overall consolidated financial statement presentation We believe that our audits provide a reasonable basis for our opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the consolidated financial position of The Good Samaritan Hospital of Cincinnati, Ohio at June 30, 2011 and 2010, and the consolidated results of its operations and changes in net assets, and its cash flows for the years then ended in conformity with U S generally accepted accounting principles

Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements taken as a whole The unaudited community benefit information in Note B is presented for purposes of additional analysis and is not a required part of the basic consolidated financial statements Such information has not been subjected to the auditing procedures applied in the audit of the basic consolidated financial statements, and, accordingly, we do not express any assurances on such information

Ernst & Young LLP

September 15, 2011

The Good Samaritan Hospital of Cincinnati, Ohio

Consolidated Balance Sheets

	June 30	
	2011	**2010**
	(In Thousands)	
Assets		
Current assets		
Cash and cash equivalents	**$ 6,841**	$ 18,385
Restricted cash	**18,145**	–
Net patient accounts receivable, less allowance of $19,962 in 2011 and 15,474 in 2010	**38,478**	36,593
Network affiliation receivable	**11,137**	4,629
Other accounts receivable	**439**	603
Current portion of assets limited as to use	**31,504**	25,397
Inventories	**3,005**	1,449
Prepaid and other current assets	**269**	272
Total current assets	**109,818**	87,328
Assets limited as to use and investments		
Assets limited as to use		
Internally designated for capital and other funds	**355,150**	299,141
Restricted by donors	**28,596**	24,815
Investments	**33,843**	37,513
Total assets limited as to use and investments	**417,589**	361,469
Property and equipment, net	**186,630**	176,865
Investments in unconsolidated organizations	**4,680**	1,547
Other long-term assets	**762**	815
Total assets	**$ 719,479**	$ 628,024

	June 30	
	2011	**2010**
	(In Thousands)	
Liabilities and net assets		
Current liabilities		
Compensation and benefits	**$ 19,152**	$ 17,122
Third-party liabilities	**9,010**	8,895
Accounts payable and accrued expenses	**19,928**	14,020
Current portion of due to related organizations, net	**6,852**	17,817
Current portion of long-term debt	**10,781**	10,171
Total current liabilities	**65,723**	68,025
Long-term compensation and benefits and other long-term liabilities	**15,620**	14,848
Due to related organizations	**–**	11,210
Pension liability	**22,746**	47,941
Long-term debt	**137,071**	124,124
Total liabilities	**241,160**	266,148
Net assets		
Unrestricted	**449,724**	336,634
Temporarily restricted	**16,307**	13,020
Permanently restricted	**12,288**	12,222
Total net assets	**478,319**	361,876
Total liabilities and net assets	**$ 719,479**	$ 628,024

See accompanying notes.

The Good Samaritan Hospital of Cincinnati, Ohio

Consolidated Statements of Operations and Changes in Net Assets

	Year Ended June 30	
	2011	**2010**
	(In Thousands)	
Revenue		
Net patient service revenue		
Acute inpatient	**$ 296,668**	$ 311,369
Outpatient care	**178,528**	148,958
Total net patient service revenue	**475,196**	460,327
Nonpatient revenue (loss)		
Donation revenue	**150**	193
Loss from unconsolidated organizations	**(7,774)**	(5,508)
Operating income from network affiliation	**7,811**	4,434
Other revenue, net	**16,857**	15,620
Total revenue	**492,240**	475,066
Expenses		
Salaries and wages	**152,888**	154,609
Employee benefits	**40,311**	37,306
Medical professional fees	**3,865**	2,784
Purchased services	**14,494**	13,729
Supplies	**104,505**	96,385
Bad debts	**36,898**	30,873
Utilities	**5,012**	5,697
Insurance	**4,479**	5,924
Rental, leases, and maintenance	**5,670**	5,963
Depreciation and amortization	**17,777**	18,577
Interest	**6,790**	6,564
Shared service allocation	**60,156**	58,730
Services provided by affiliates	**5,885**	5,554
Other, net	**8,729**	10,083
Total operating expenses	**467,459**	452,778
Income from operations	**24,781**	22,288
Nonoperating income		
Nonoperating income from network affiliation	**3,326**	195
Investment income	**63,459**	38,312
Total nonoperating income	**66,785**	38,507
Excess of revenue over expenses	**$ 91,566**	$ 60,795

(Continued on next page)

The Good Samaritan Hospital of Cincinnati, Ohio

Consolidated Statements of Operations and Changes in Net Assets (continued)

	Year Ended June 30	
	2010	**2009**
	(In Thousands)	
Excess of revenue over expenses	**$ 91,566**	$ 60,795
Change in plan assets and benefit obligation of pension plan	**20,431**	(8,273)
Change in funded status of TriHealth pension plan	**3,489**	(4,096)
Temporarily restricted contributions and investment income	**5,052**	789
Transfer to CHI capital resource pool	**(4,024)**	(2,950)
Other changes in net assets, net	**(71)**	1,674
Increase in net assets	**116,443**	47,939
Net assets at beginning of year	**361,876**	313,937
Net assets at end of year	**$ 478,319**	$ 361,876

See accompanying notes

The Good Samaritan Hospital of Cincinnati, Ohio

Consolidated Statements of Cash Flows

	Year Ended June 30	
	2011	**2010**
	(In Thousands)	
Cash flows from operating activities		
Increase in net assets	**$ 116,443**	$ 47,939
Adjustments to reconcile increase in net assets to net cash provided by operating activities		
Provision for bad debt	**36,898**	30,873
Loss from unconsolidated organizations	**7,774**	5,508
Depreciation and amortization	**17,777**	18,577
Change in plan assets and benefit obligation of pension plan	**(20,431)**	8,273
Change in funded status of TriHealth pension plan	**(3,489)**	4,096
Transfer to CHI capital resource pool	**4,024**	2,950
Net changes in current assets and liabilities		
Net patient accounts receivable	**(38,783)**	(31,092)
Other current assets	**(7,897)**	(3,747)
Current liabilities	**10,592**	(2,512)
Change in due to/ from related organizations	**(10,965)**	15,510
Other changes, net	**(3,939)**	8,239
Net cash provided by operating activities, before net change in assets limited as to use and investments	**108,004**	104,614
Net increase in assets limited as to use and investments	**(62,227)**	(65,924)
Net cash provided by operating activities	**45,777**	38,690
Cash flows from investing activities		
Additions to property and equipment, net	**(30,081)**	(22,620)
Cash funding to TriHealth, Inc	**(21,000)**	–
Change in investments in unconsolidated organizations	**2,372**	2,863
Net increase in restricted cash	**(18,145)**	–
Net cash used in investing activities	**(66,854)**	(19,757)
Cash flows from financing activities		
Proceeds from long-term debt	**23,728**	–
Repayment of long-term debt	**(10,171)**	(9,663)
Transfer to CHI capital resource pool	**(4,024)**	(2,950)
Net cash provided by (used in) financing activities	**9,533**	(12,613)
(Decrease) increase in cash and cash equivalents	**(11,544)**	6,320
Cash and cash equivalents at beginning of year	**18,385**	12,065
Cash and cash equivalents at end of year	**$ 6,841**	$ 18,385

See accompanying notes.

A. Summary of Significant Accounting Policies

Organization

The Good Samaritan Hospital of Cincinnati, Ohio (the Company) is an Ohio nonprofit corporation The Company is a direct affiliate of Catholic Health Initiatives (CHI), a Colorado nonprofit corporation recognized by the Internal Revenue Service as exempt from income taxation under Section 501(a) of the Internal Revenue Code as a charitable organization described in Section 501(c)(3) of the Internal Revenue Code The mission of CHI is to nurture the healing ministry of the Catholic Church, bringing it new life, energy and viability in the 21st century CHI is committed to fidelity to the Gospel, with emphasis on human dignity and social justice in the creation of healthier communities CHI is sponsored by a lay-religious partnership, calling on other Catholic sponsors and systems to unite to ensure the future of Catholic health care

The mission of the Company is to provide health care and related services through its inpatient, outpatient, and community-based facilities and programs The Company has a long-term commitment to medical education through its support of the physician residency program, healthcare training programs for technicians, The Good Samaritan Hospital College of Nursing, as well as patient education in disease management and awareness

CHI sponsors market-based organizations (MBOs) and other facilities in 19 states, including 72 acute-care hospitals, of which 21 are designated as critical access hospitals by the Medicare program, 40 long-term care, assisted living and residential facilities, two community health service organizations (CHSOs), home health agencies, and two accredited nursing colleges CHI also has an offshore captive insurance company, First Initiatives Insurance, Limited (FIIL)

The Company is a part of a network affiliation agreement with Bethesda Hospital, Inc and Subsidiaries (the Partner), an Ohio nonprofit corporation recognized by the Internal Revenue Service as exempt from federal income taxation under Section 501(a) of the Internal Revenue Code as a charitable organization described in Section 501(c)(3) of the Internal Revenue Code The agreement provides for, among other things, joint management of the combined operations of the facilities of the Company and the Partner The Company and the Partner share the excess of revenue over expenses (expenses over revenue) as defined in the network affiliation agreement The Company and the Partner also own 50% each of a joint venture, TriHealth, Inc (Note M) The Company accounts for TriHealth, Inc using the equity method of accounting

A. Summary of Significant Accounting Policies *(continued)*

Basis of Presentation

The consolidated financial statements of the Company include the accounts of The Good Samaritan Hospital of Cincinnati, Ohio, The Good Samaritan Hospital College of Nursing (a department of the Company), The Good Samaritan Hospital Medical Office Building (new in 2011), Community Limited Care Dialysis Center, The Good Samaritan Hospital Foundation, The Good Samaritan Hospital Special Funds, and until January 1, 2010, Universal Health Corporation Effective January 1, 2010, the Company contributed the operations and assets of Universal Health Corporation to TriHealth, Inc All significant intercompany accounts and transactions have been eliminated in consolidation

Fair Value Measurements

The Company follows the provisions of Financial Accounting Standards Board (FASB) Accounting Standard Codification (ASC) 820, *Fair Value Measurements and Disclosures*, (ASC 820), which defines fair value as the price that would be reached to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date and establishes a framework for measuring fair value ASC 820 defines a three-level hierarchy for fair value measurements based upon the transparency of inputs to the valuation of an asset or liability as of the measurement date

ASC 820 emphasizes that fair value is a market-based measurement, not an entity specific measurement Therefore, a fair value measurement should be determined based on the assumptions that market participants would use in pricing an asset or liability As a basis for considering market participant assumption in fair value measurements, and as noted above, ASC 820 defines a three-level fair value hierarchy that distinguishes between market participant assumptions based on market data obtained from sources independent of the reporting entity and the reporting entity's own assumptions about market participants The fair value hierarchy is based upon the transparency of inputs to the valuation of an asset or liability as of the measurement date

A. Summary of Significant Accounting Policies *(continued)*

The three levels are defined as follows

- Level 1 – inputs utilize quoted market prices in active markets for identical assets or liabilities that the Company has the ability to access

- Level 2 – inputs may include quoted prices for similar assets and liabilities in active markets, as well as inputs that are observable for the asset and liability (other than quoted prices), such as interest rates, foreign exchange rates and yield curves that are observable at commonly quoted intervals

- Level 3 – inputs are unobservable inputs for the asset or liability, which is typically based on an entity's own assumptions, as there is little, if any, related market activity

In instances where the determination of the fair value measurement is based on inputs from different levels of the fair value hierarchy, the level in the fair value hierarchy within which the entire fair value measurement falls is based on the lowest level input that is significant to the fair value measurement in its entirety The Company's assessment of the significance of a particular input to the fair value measurement in its entirety requires judgment and considers factors specific to the asset or liability

In order to meet the requirements of ASC 820, the Company utilizes three basic valuation approaches to determine the fair value of its assets and liabilities required to be recorded at fair value The first approach is the cost approach The cost approach is generally the value a market participant would expect to replace the respective asset or liability The second approach is the market approach The market approach looks at what a market participant would consider an exact or similar asset or liability to that of the Company, including those traded on exchanges, to be valued at The third approach is the income approach The income approach uses estimation techniques to determine the estimated future cash flows of the Company's respective asset or liability expected by a market participant and discounts those cash flows back to present value (more typically referred to as a discounted cash flow approach)

Cash and Cash Equivalents

Cash and cash equivalents include all deposits with banks and investments in interest-bearing securities with maturity dates of 90 days or less from the date of purchase

(Dollar Amounts in Thousands)

A. Summary of Significant Accounting Policies *(continued)*

Restricted Cash

Restricted cash includes unexpended debt proceeds restricted to use on the construction of The Good Samaritan Hospital Medical Office Building

Net Patient Accounts Receivable

Net patient accounts receivable and net patient service revenue have been adjusted to the 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 Management periodically assesses the adequacy of the allowances for uncollectible accounts based upon historical write-off experience The results of these reviews are used to modify as necessary the provisions for bad debts and to establish appropriate allowances for uncollectible net patient accounts receivable After satisfaction of amounts due from insurance, the Company follows established guidelines for placing certain patient balances with collection agencies, subject to the terms of certain restrictions on collection efforts as determined by the Company

Financial instruments that potentially subject the Company to concentrations of credit risk consist primarily of non-governmental patient accounts receivable The Company grants credit without collateral to its patients, most of whom are insured under third-party payor agreements The percentages of gross patient accounts receivable from patients and third-party payors at June 30 approximated the following

	2011	2010
Medicare	**18%**	18%
Medicaid	**3**	4
Managed care	**21**	19
Self pay	**22**	23
Commercial and other	**36**	36
	100%	100%

A. Summary of Significant Accounting Policies *(continued)*

Inventories

Inventories, primarily consisting of pharmacy drugs and medical and surgical supplies, are stated at the lower of cost (first-in, first-out method) or market

Assets Limited as to Use and Investments

Assets limited as to use and investments include assets set aside for future long-term purposes, including capital improvements and amounts contributed by donors with stipulated restrictions Substantially all of the Company's assets limited as to use are held in the CHI Investment Program (the Program) The Program is structured under a Limited Partnership Agreement between CHI, as managing general partner, and each participant All assets limited as to use in the Program are professionally managed under the administration of CHI The Company's investments are represented by pool units rather than specific securities The Company accounts for its investments in the CHI Investment Program similar to the equity method of accounting

Assets limited as to use and investments held outside the CHI Investment Program include cash and cash equivalents, marketable debt and equity securities, mutual funds and certain hedge/private equity funds

The carrying value of hedge funds/private equity funds, collectively, alternative investments, are based on valuations provided by the administrators of the specific financial instruments Alternative investments are accounted for similar to the equity method of accounting based on the net asset value (NAV) provided by the administration The underlying investments in these financial instruments are unknown and could include marketable debt and equity securities, commodities, foreign currencies, derivatives, and private equity instruments The underlying investments themselves are subject to various risks including market, credit, liquidity, and foreign exchange risk The Company believes the value of these financial instruments in the consolidated balance sheets is a reasonable estimate of its ownership interest in the alternative investment Because these financial instruments are not readily marketable, the carrying value is subject to uncertainty and, therefore, may differ from the value that would have been used had a market for such financial instruments existed Such differences could be material The Company's risk related to alternative investments is limited to its carrying value

A. Summary of Significant Accounting Policies *(continued)*

Investment income (including realized gains on investments, interest and dividends and changes in net unrealized gains and losses on investments designated as trading) is included in excess of revenue over expenses unless the income or loss is restricted by donor or by law

The global financial markets and banking system are subject to volatility which could adversely impact the Company Certain of the Company's assets and liabilities are exposed to various risks such as interest rate, market, and credit risks

Property and Equipment

Property and equipment are stated at historical cost or, if donated or impaired, at fair market value at the date of receipt or determination Depreciation is provided over the estimated useful life of each class of depreciable assets which range from 2 to 40 years and is computed using the straight line method For property and equipment under capital lease, amortization is determined over the shorter period of the lease term or the estimated useful life of the property and equipment and is included in depreciation and amortization expense Interest cost incurred during the period of construction of major capital projects is capitalized as a component of the cost of acquiring those assets

The cost and related accumulated depreciation of property and equipment that is sold or retired are removed from the respective accounts and the resulting gain or loss is recorded in other revenue, net Select property and equipment as of June 30, 2011 and 2010, respectively, of $2,539 and $469 purchased prior to year-end are excluded from the additions to property and equipment, net in the consolidated statements of cash flows as cash payment was not made as of the end of the year

Investments in Unconsolidated Organizations

The Company maintains an ownership percentage of 50% or less in various joint ventures and other companies that do not require consolidation These investments are accounted for using the equity method of accounting

A. Summary of Significant Accounting Policies *(continued)*

Net Assets

Unconditional promises to receive cash and other assets are reported at fair value at the date the promise is received Conditional promises and indications of donors' intentions to give are reported at fair value at the date the conditions are met or the gifts are received All unrestricted contributions are included in the excess of revenue over expenses (expenses over revenue) as other revenue, net Other gifts are reported as temporarily restricted if they are received with donor stipulations that limit the use of the donated assets When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified as donation revenue when restricted for operations or as unrestricted net assets when restricted for property and equipment Permanently restricted net assets are those for which use is restricted in perpetuity by donors Temporarily and permanently restricted net assets are primarily restricted for strategic capital projects and in support of the Company's mission

Net Patient Service Revenue

The Company has agreements with third-party payors that provide for payments at amounts different from its established rates The basis for payment under these agreements includes prospectively determined rates, cost reimbursement, negotiated discounts from established rates, and per diem payments

Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors and others for services rendered, including estimated retroactive adjustments due to future audits, review and investigations The differences between the estimated and actual adjustments are recorded as part of net patient service revenue in future periods, as the amounts become known, or as years are no longer subject to such audits, reviews and investigations

Charity Care

As an integral part of its mission, the Company accepts and treats all patients without regard to the ability to pay Services to patients are classified as charity care in accordance with established criteria Charity care represents services rendered for which partial or no payment is expected and, as such is not included in net patient service revenue in the consolidated statements of operations and changes in net assets The amount of charity care provided, as determined on the basis of charges, was $66,086 and $53,083 in 2011 and 2010, respectively

A. Summary of Significant Accounting Policies *(continued)*

Other Revenue, Net

Other revenue, net includes cafeteria revenue, rental income, auxiliary and gift shop revenue, gains and losses on the sale or disposal of property and equipment, and revenue from other miscellaneous sources

Excess of Revenue over Expenses

The consolidated statements of operations and changes in net assets include the line excess of revenue over expenses which represents the operating indicator for the Company Consistent with industry practice, changes in net assets which are excluded from the excess of revenue over expenses include change in plan assets and benefit obligation of pension plan, change in funded status of TriHealth pension plan, transfer to CHI, temporarily restricted contributions and investment income, and other changes in net assets

Federal Income Taxes

The Company, excluding Community Limited Care Dialysis Center, is comprised of entities recognized by the Internal Revenue Service as exempt from federal income taxation under Section 501(a) of the Internal Revenue Code as charitable organizations described in Section 501(c)(3) of the Internal Revenue Code Community Limited Care Dialysis Center is recognized by the Internal Revenue Service as exempt from income taxation under Section 501(a) of the Internal Revenue Code as a title-holding corporation described in Section 501(c)(2) of the Internal Revenue Code

The Company completed an analysis of uncertain tax positions in accordance with applicable accounting guidance at June 30, 2011 and 2010, and determined no amounts were required to be recognized in the consolidated financial statements at June 30, 2011 and 2010

Litigation

During the normal course of business, the Company may become involved in litigation Management assesses the probable outcome of unresolved litigation and records estimated settlements. After consultation with legal counsel, management believes that any such matters will be resolved without material adverse impact to the consolidation financial position or results of operations of the Company

A. Summary of Significant Accounting Policies *(continued)*

Use of Estimates

The preparation of the consolidated financial statements in conformity with U S generally accepted accounting principles requires management to make estimates and assumptions that affect the reported and disclosed amounts of assets, liabilities, revenue, and expenses Actual results could vary from those estimates

Reclassifications

Certain reclassifications were made to the 2010 consolidated financial statement presentation to conform to the 2011 presentation

Recent Accounting Pronouncements

In January 2010, the FASB issued authoritative guidance regarding improving fair value disclosures The guidance requires a number of additional disclosures regarding fair value measurements The guidance is effective for interim and annual reporting periods beginning after December 15, 2009 The Company adopted the new authoritative guidance as required in the current year Adoption of the new guidance had no impact on the consolidated financial results

The FASB has issued Accounting Standards Update (ASU) No 2010-24, *Health Care Entities (Topic 954): Presentation of Insurance Claims and Related Insurance Recoveries* The amendments in the ASU clarify that a health care entity may not net insurance recoveries against related claim liabilities In addition, the amount of the claim liability must be determined without consideration of insurance recoveries The ASU is effective for fiscal years, and interim periods within those fiscal years, beginning after December 15, 2010 The Company is currently evaluating the impact of adoption and will make disclosure as required upon adoption

A. Summary of Significant Accounting Policies *(continued)*

The FASB has issued ASU No 2010-23, *Health Care Entities (Topic 954): Measuring Charity Care for Disclosure* ASU 2010-23 is intended to reduce the diversity in practice regarding the measurement basis used in the disclosure of charity care ASU 2010-23 requires that cost, identified as the direct and indirect costs of providing the charity care, be used as the measurement basis for disclosure purposes ASU 2010-23 also requires disclosure of the method used to identify such costs This ASU is effective for fiscal years beginning after December 15, 2010 The Company will make disclosures as required upon adoption

The FASB issued ASU No 2011-07, *Health Care Entities (Topic 954): Presentation and Disclosure of Patient Service Revenue, Provision for Bad Debts, and the Allowance for Doubtful Accounts for Certain Health Care Entities* ASU 2011-07 is intended to provide financial statement users with greater transparency about a health care entity's net patient service revenue and the related allowance for doubtful receivables ASU 2011-07 requires certain health care entities to change the presentation of their statement of operations by reclassifying the provision for bad debts associated with patient service revenue from an operating expense to a deduction from patient service revenue Additionally, those health care entities are required to provide enhanced disclosure about their policies for recognizing revenue and assessing bad debts The amendments also require disclosures of net patient service revenue as well as qualitative and quantitative information about changes in the allowance for doubtful receivables The Company will make the change in the presentation of the provision for bad debts and disclosures as required upon adoption

Healthcare Regulatory Environment

The healthcare industry is subject to numerous laws and regulations of federal, state, and local governments These laws and regulations include, but are not limited to, matters such as licensure, accreditation, government healthcare program participation requirements, reimbursement for patient services, and Medicare and Medicaid fraud and abuse Management believes the Company is in compliance with all applicable laws and regulations of the Medicare and Medicaid programs Compliance with such laws and regulations is complex and can be subject to future governmental interpretation as well as significant regulatory action including fines, penalties, and exclusion from the Medicare and Medicaid programs

B. Community Benefit (unaudited)

In accordance with its mission and philosophy, the Company commits substantial resources to sponsor a broad range of services to both the poor as well as the broader community Community benefit provided to the poor includes the cost of providing services to persons who cannot afford health care due to inadequate resources and/or who are uninsured or underinsured This type of community benefit includes the costs of traditional charity care, unpaid costs of care provided to beneficiaries of Medicaid and other indigent public programs, services such as free clinics and meal programs for which a patient is not billed or for which a nominal fee has been assessed, and cash and in-kind donations of equipment, supplies or staff time volunteered on behalf of the community

Community benefit provided to the broader community includes the costs of providing services to other populations who may not qualify as poor but may need special services and support This type of community benefit includes the costs of services such as health promotion and education, health clinics and screenings, all of which are not billed or can be operated only on a deficit basis, unpaid portions of training health professionals such as medical residents, nursing students and students in allied health professions, and the unpaid portions of testing medical equipment and controlled studies of therapeutic protocols

(Dollar Amounts in Thousands)

B. Community Benefit (unaudited) ***(continued)***

A summary of the cost of community benefit provided for both the poor and the broader community for the year ended June 30 is as follows

	2011	2010
Cost of community benefit provided to the poor		
Cost of charity care provided	**$ 17,790**	$ 17,893
Unpaid cost of public programs, Medicaid and other indigent care programs	**10,713**	6,932
Non-billed services for the poor	**11**	78
Cash and in-kind donations for the poor	**112**	13
Other benefit provided to the poor	**1,094**	1,219
	29,720	26,135
Cost of community benefit provided to the broader community		
Non-billed services for the community	**4,199**	3,810
Education and research provided for the community	**17,965**	13,203
Other benefit provided to the community	**626**	555
	22,790	17,568
Total cost of community benefit	**$ 52,510**	$ 43,703

The above summary has been prepared in accordance with the policy document of the Catholic Health Association of the United States (CHA), *Community Benefit Program—A Revised Resource for Social Accountability* Community benefit is measured on the basis of total cost, net of any offsetting revenue, donations or other funds used to defray cost

(Dollar Amounts in Thousands)

C. Net Patient Service Revenue

Net patient service revenue is derived from services provided to patients who are directly responsible for payment or are covered by various insurance or managed care programs The Company receives payments from the federal government on behalf of patients covered by the Medicare program, from state governments for Medicaid and other state-sponsored programs, from certain private insurance companies and managed care programs and from patients themselves A summary of payment arrangements with major third-party payors follows

Medicare – Inpatient acute care and certain outpatient services rendered to Medicare program beneficiaries are paid at prospectively determined rates per discharge or procedure These rates vary according to patient classification systems based on clinical, diagnostic and other factors

Medicaid – Inpatient services rendered to Medicaid program beneficiaries are primarily paid under the traditional Medicaid plan, and are paid at prospectively determined rates per discharge Certain outpatient services are reimbursed based on a cost reimbursement methodology, fee schedules or discount from established charges

Other – The Company has also entered into payment agreements with certain commercial insurance carriers, health maintenance organizations, and preferred provider organizations The basis for payment to the Company under these agreements includes prospectively determined rates per discharge, discounts from established charges and prospectively determined daily rates

The Company's Medicare, Medicaid and other payor utilization percentages, based upon net patient service revenue, are summarized for the year ended June 30 as follows

	2011	**2010**
Medicare	**23%**	24%
Medicaid	**4**	3
Managed care	**57**	56
Self pay	**4**	4
Commercial and other	**12**	13
	100%	100%

(Dollar Amounts in Thousands)

C. Net Patient Service Revenue *(continued)*

Laws and regulations governing the Medicare and Medicaid programs are extremely complex and subject to interpretations As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term Net patient service revenue has increased for the years ended June 30, 2011 and 2010 by $1,870 and $3,788, respectively, due to favorable changes in estimates related to prior-years' cost report settlements and other third-party payor activity

D. Cash and Cash Equivalents, Restricted Cash, Assets Limited as to Use and Investments

The following is a summary of the carrying value of assets limited as to use and investments as of June 30

	2011	2010
CHI Investment Program	**$ 366,527**	$ 309,600
Other		
Cash	**8,023**	18,962
Restricted cash	**18,145**	–
Marketable debt securities		
Corporate	**33,836**	38,759
U S government	**7,503**	6,039
Marketable equity securities		
Domestic	**16,517**	11,872
Foreign	**1,601**	1,476
Mutual funds		
Equity	**11,720**	8,905
Fixed income	**6,905**	6,157
Balanced	**343**	286
Hedge/private equity funds	**2,959**	3,195
Total other	**107,552**	95,651
	$ 474,079	$ 405,251

(Dollar Amounts in Thousands)

D. Cash and Cash Equivalents, Restricted Cash, Assets Limited as to Use and Investments *(continued)*

The Program asset allocation at June 30 is as follows

	2011	2010
Cash and cash equivalents	**2%**	2%
Marketable debt securities	**34**	38
Marketable equity securities	**45**	41
Alternative investments	**19**	19
	100%	100%

The CHI Investment Committee of the Board of Stewardship Trustees (CHI Investment Committee) is responsible for determining asset allocations among cash and cash equivalents, marketable debt securities, marketable equity securities and alternative investments Alternative investments consist of hedge funds, private equity funds, and other securities organized as limited liability companies and partnerships At least annually, the CHI Investment Committee reviews targeted allocations and, if necessary, makes adjustments to targeted asset allocations

Investments held in the Program are represented by pool units valued monthly under a custodian accounting system Investment income from the Program, including dividend and interest income (net of expense), net realized gains on investments, and the net change in unrealized gains on investments, is distributed to participants based on the earnings per pool unit Gains or losses are realized by participants when pool units are sold, representing the difference between the cost basis and the market value of the pool units sold The value of the assets held is an allocation of the underlying carrying value of the assets in the Program, based upon pool units held by the participants

(Dollar Amounts in Thousands)

D. Cash and Cash Equivalents, Restricted Cash, Assets Limited as to Use and Investments *(continued)*

The following is a summary of the components of investment income for the year ended June 30

	2011	2010
Dividend and interest income (net of expenses)	**$ 7,417**	$ 8,501
Net realized gains on investments	**16,778**	6,954
Net change in unrealized gains on investments	**39,264**	22,857
	$ 63,459	$ 38,312

E. Fair Value Measurements

The carrying amount reported in the consolidated balance sheets for current assets and current liabilities are reasonable estimates of fair value due to the short-term nature of these financial instruments These financial instruments are not required to be marked to fair value on a recurring basis and therefore are not disclosed in the accompanying table The Program and other investments in hedge/private equity funds are accounted for under the equity method of accounting These financial instruments are not required to be marked to fair value on a recurring basis and therefore are not disclosed in the accompanying table The carrying amount of the Program approximates fair value based on the nature of the underlying assets

(Dollar Amounts in Thousands)

E. Fair Value Measurements *(continued)*

The following table represents the financial instruments measured at fair value on a recurring basis, outside of the Program, based on the fair value hierarchy as of June 30

	2011				2010			
	Level 1	**Level 2**	**Level 3**	**Total**	**Level 1**	**Level 2**	**Level 3**	**Total**
Assets								
Cash and cash equivalents	**$ 6,841**	**$ –**	**$ –**	**$ 6,841**	$ 18,385	$ –	$ –	$ 18,385
Restricted cash	**18,145**	**–**	**–**	**18,145**	–	–	–	–
Investments								
Cash equivalents	**1,182**	**–**	**–**	**1,182**	577	–	–	577
Marketable debt securities								
U S government	**7,503**	**–**	**–**	**7,503**	6,039	–	–	6,039
Corporate	**–**	**33,836**		**33,836**	–	38,759	–	38,759
Marketable equity securities								
Domestic	**16,517**	**–**	**–**	**16,517**	11,872	–	–	11,872
Foreign	**1,601**	**–**	**–**	**1,601**	1,476	–	–	1,476
Mutual funds								
Equity	**11,720**	**–**	**–**	**11,720**	8,905	–	–	8,905
Fixed	**6,905**	**–**	**–**	**6,905**	6,157	–	–	6,157
Balanced	**343**	**–**	**–**	**343**	286	–	–	286
Total investments	**45,771**	**33,836**	**–**	**79,607**	35,312	38,759	–	74,071
Total assets at fair value	**$ 70,757**	**$ 33,836**	**$ –**	**$ 104,593**	$ 53,697	$ 38,759	$ –	$ 92,456

The Company's cash and cash equivalents, restricted cash and investments are generally classified within Level 1 or Level 2 of the fair value hierarchy because they are valued using quoted market prices, broker or dealer quotations or alternative pricing sources with reasonable levels of price transparency The types of financial instruments based on quoted market prices in active markets include most U S government marketable debt securities, marketable equity securities, mutual funds and cash equivalents (money market securities) Such instruments are generally classified within Level 1 of the fair value hierarchy The Company does not adjust the quoted market price for such financial instruments

The types of financial instruments valued based on quoted market prices in markets that are not active, broker or dealer quotations or alternative pricing sources with reasonable levels of price transparency include corporate and U S government other marketable debt securities Such financial instruments are generally classified within Level 2 for the fair market value hierarchy Primarily all of the Company's marketable debt securities are actively traded and the recorded fair value reflects current market conditions However, due to the inherent volatility in the investment market there is at least a possibility that recorded investment values may change by a material amount in the near term

(Dollar Amounts in Thousands)

E. Fair Value Measurements *(continued)*

The inputs and valuation techniques as of June 30, 2011 and 2010 used for valuing the corporate marketable debt securities is primarily broker/dealer quotes, which represent a market valuation approach

The methods described above may produce a fair value that may not be indicative of net realizable value or reflective of future fair values Furthermore, while the Company believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different estimate of fair value at the consolidated balance sheet date

F. Property and Equipment

The following is a summary of property and equipment as of June 30

	2011	2010
Land and improvements	**$ 15,377**	$ 14,036
Buildings and improvements	**304,817**	282,874
Equipment	**188,279**	173,857
	508,473	470,767
Less accumulated depreciation	**338,041**	320,752
	170,432	150,015
Construction in progress	**16,198**	26,850
	$ 186,630	$ 176,865

The Company evaluates whether events and circumstances have occurred that indicate the remaining useful life of property, and equipment may not be recoverable Management determined there were no impairment issues in 2011 or 2010

F. Property and Equipment *(continued)*

The Company has entered into a transaction with a developer to construct medical office buildings on land which is owned by the Company The Company will lease portions of the building from the developer in the future Under applicable accounting guidance, the Company has determined that it maintains certain risk of ownership on this transaction and as a result has recorded property and equipment, net and a related liability, which is included in long-term compensation and benefits and other long-term liabilities, of $8,357 and $7,560 at June 30, 2011 and 2010

Included in property and equipment, net at June 30, 2011 and 2010 are $537 and $881 of net property and equipment owned by the Company and used by TriHealth, Inc The depreciation associated with this property and equipment is recorded by the Company and allocated back to TriHealth, Inc based on estimated usage.

G. Long-Term Debt

The Company participates in a unified CHI credit governed agreement under a Capital Obligation Document (COD) Under the COD, CHI is the sole obligor on all debt Bondholder security resides both in the unsecured promise by CHI to pay its obligations and in its control of direct affiliates Covenants include a minimum CHI debt coverage ratio and certain limitations on secured debt The Company, as a direct affiliate of CHI, is defined as a participant under the COD and has agreed to certain covenants related to corporate existence, maintenance of insurance and exempt use of bond-financed facilities The Company was in compliance with these covenants at June 30, 2011 and 2010 Debt under the COD is evidenced by promissory notes between the Company and CHI, which include monthly installments of interest and may be repaid in advance without penalty

In December of 2010, the Company entered into three separate loan agreements to assist in financing the construction of a new medical office building on its campus scheduled to be completed in fiscal 2012 or 2013 The loans were obtained through subsidiaries of Uptown Consortium, Inc , an Ohio nonprofit corporation Two of the loans were from the subsidiary UNIF, LLC for $10,867 and $3,950, respective, both with a maturity in 2042 and a fixed interest rate of 1 25% at June 30, 2011 The final loan was from the subsidiary Uptown Cincinnati Development Fund for $8,911 with a maturity in 2017, and a fixed interest rate of 4 00% at June 30, 2011 The Company is subject to certain nonfinancial restrictive covenants under the loan agreements Management is of the opinion that the Company was in compliance with all restrictive covenants at June 30, 2011

(Dollar Amounts in Thousands)

G. Long-Term Debt *(continued)*

The following is a summary of long-term debt as of June 30

	2011	2010
Note payable to CHI, due 2015	**$ 215**	$ 350
Note payable to CHI, due 2024	**80,095**	84,637
Note payable to CHI, due 2021	**43,814**	49,308
Note payable to Uptown Cincinnati Development Fund, due 2017	**8,911**	–
Note payable to UNIF, LLC due 2042	**10,867**	–
Note payable to UNIF, LLC due 2042	**3,950**	–
	147,852	134,295
Less current portion of long-term debt	**10,781**	10,171
	$ 137,071	$ 124,124

All of the notes payable to CHI are variable-rate debt with historical interest rates of 4 33% to 5 00% in 2011 (4 33% at June 30, 2011), and 5 00% to 5 75% in 2010 (5 00% at June 30, 2010) The variable-rate associated with the notes payable to CHI is based on a blended rate of the underlying fixed and variable-rate debt held by CHI

A summary of scheduled principal payments on long-term debt for the next five years and thereafter is as follows

	Amounts Due
Year Ending June 30	
2012	$ 10,781
2013	11,123
2014	11,710
2015	12,327
2016	12,978
Thereafter	88,933
	$ 147,852

(Dollar Amounts in Thousands)

G. Long-Term Debt *(continued)*

Interest paid on all long-term debt was $7,269 and $7,110 for the years ended June 30, 2011 and 2010, respectively Total rental expense under all operating leases for the years ended June 30, 2011 and 2010 was $3,716 and $3,774, respectively

H. Functional Expenses

The Company provides health care services to individuals within the tri-state area including inpatient, outpatient, ambulatory, long-term care and community-based services Support services include administration, finance and accounting, information technology, public relations, human resources, legal, mission services and other functions that are supported centrally for all of the Company The following summarizes the expenses related to providing those services for the year ended June 30

	2011	2010
Health care services	**$ 407,303**	$ 394,048
Support services	**60,156**	58,730
	$ 467,459	$ 452,778

I. Retirement Plan

The Company maintains a noncontributory defined benefit retirement plan (the Plan) covering substantially all employees Under the Plan, employee benefits are based on employees' years of service, retirement age, and compensation Vesting occurs over a three-year period The Plan has received an Internal Revenue Service private letter ruling that states the Plan qualifies as a church plan and, accordingly, is exempt from certain provisions of both the Employee Retirement Income Security Act of 1974 (ERISA) and Pension Benefit Guarantee Corporation premium and coverage While the Plan is exempt from ERISA, the funding policy is to annually contribute an amount at least equal to the minimum funding requirement of ERISA as determined by consultation with an independent actuary

I. Retirement Plan *(continued)*

The Company recognizes the funded status (that is, the difference between the fair value of plan assets and the projected benefit obligations) of the Plan in the consolidated balance sheets, with a corresponding adjustment to unrestricted net assets Actuarial gains and losses that arise and are not recognized as net periodic pension expense in the same periods will be recognized as a component of unrestricted net assets Those amounts will be subsequently recognized as a component of net periodic pension expense on the same basis as the amounts recognized in unrestricted net assets

Effective January 1, 2010, the benefits of certain employees were transferred to the TriHealth, Inc qualified noncontributory defined benefit retirement plan created in 2006 In 2010, certain actuarially determined assets and liabilities of the Plan were transferred to the TriHealth, Inc Retirement Plan All benefits earned by these employees will be the obligation of TriHealth, Inc There was no curtailment gain or loss recognized as part of this change As a result of this transfer, the employees did not lose any of their accrued service or benefits

Several amendments to the defined benefit pension plan went into effect on January 1, 2011 The Plan now requires each new employee to complete 1,000 hours during the first plan year in which he or she is hired in order to become a participant in the Plan effective as of their hire date The previous requirement was 800 hours This same increase from 800 to 1,000 hours worked per year is also now required in order to receive a year of service credit towards vesting and to accumulate any credits to be used in calculating an annual accrual under the Plan

The calculation of the number of credits earned each year was amended as well The calculation is still based on a combination of the employees' age and years of service, but the number of credits earned at each level was reduced However, employees are now eligible to participate in a new TriHealth, Inc 401(k) Plan (the 401(k) Plan) where employees that are paid at least 1,000 hours in the calendar year are eligible for an employer match in the 401(k) Plan equal to 1 8% of their contributions

(Dollar Amounts in Thousands)

I. Retirement Plan *(continued)*

A summary of the changes in the benefit obligation, fair value of plan assets and funded status of the Plan for the year ended June 30 is as follows

	2011	2010
Accumulated benefit obligation	**$ 155,460**	$ 148,306
Change in benefit obligation		
Benefit obligation at beginning of year	**$ 159,492**	$ 139,293
Net transfer to TriHealth, Inc Retirement Plan	**–**	(4,071)
Service cost	**6,927**	7,409
Interest cost	**7,698**	8,018
Actuarial (gain) loss	**(1,565)**	13,782
Benefits paid	**(6,627)**	(4,939)
Benefit obligation at end of year	**165,925**	159,492
Change in plan assets		
Fair value of plan assets at beginning of year	**111,551**	99,245
Net transfer to TriHealth Inc Retirement Plan	**–**	(4,128)
Actual return on plan assets	**26,055**	14,473
Company contributions	**12,200**	6,900
Benefits paid	**(6,627)**	(4,939)
Fair value of plan assets at end of year	**143,179**	111,551
Under funded status	**$ (22,746)**	$ (47,941)

Included in unrestricted net assets are the following amounts that have not yet been recognized in net periodic pension expense as of June 30

	2011	2010
Net prior service cost	**$ 528**	$ 1,254
Net actuarial loss	**50,013**	69,718
	$ 50,541	$ 70,972

(Dollar Amounts in Thousands)

I. Retirement Plan *(continued)*

The net prior service cost and net actuarial loss included in unrestricted net assets that is expected to be recognized in net periodic pension expense during the fiscal year ended June 30, 2012 is $78 and $2,907, respectively

The following amounts related to plan activity have been recognized as increase (decrease) in unrestricted net assets for the year end June 30

	2011	2010
Amortization of net prior service cost	**$ 726**	$ 802
Net transfer of prior service cost	**–**	(64)
Net actuarial gain (loss)	**16,840**	(10,173)
Amortization of net actuarial loss	**2,865**	1,162
	$ 20,431	$ (8,273)

A summary of the components of net periodic pension expense for the Plan, which is included in employee benefits expense in the consolidated statements of operations and changes in net assets for the year ended June 30, is as follows

	2011	2010
Service cost	**$ 6,927**	$ 7,409
Interest cost	**7,698**	8,018
Expected return on plan assets	**(10,780)**	(10,904)
Amortization of net prior service cost	**699**	802
Amortization of net actuarial loss	**2,892**	1,162
	$ 7,436	$ 6,487

The following weighted-average assumptions were used to determine the benefit obligation as of June 30

	2011	2010
Discount rate	**5.15%**	5 00%
Rate of compensation increase	**3.50% to 6.50%**	3 50% to 6 50%

(Dollar Amounts in Thousands)

I. Retirement Plan *(continued)*

The following weighted-average assumptions were used to determine net periodic pension expense for the year ended June 30

	2011	2010
Discount rate	**5.00%**	6 00%
Expected return on plan assets	**8.25%**	8 25%
Rate of compensation increase	**3.50% to 6.50%**	3 50% to 6 50%

All of the Company's plan assets are invested in a CHI Plan Assets Investment Program (the Plan Asset Program) that provides for asset allocation in strategies across equity and debt markets, both domestic and international, and alternative investments Alternative investments consist of hedge funds, private equity funds, and other securities organized as limited liability companies and partnerships The portfolio's objectives are preservation of principal, investment growth of assets consistent with reasonable actuarial assumptions, competitive returns, minimization of unnecessary risk, and consistency with CHI social responsibility investment guidelines Strategies are followed which increase or decrease investments in the equity and debt markets based upon the value of the stock and bond markets and the relative value of a wide variety of securities within these markets Consideration is given to several variables, including productivity, inflation, global competitiveness, and risk

The Company's plan assets are represented by pool units rather than specific securities The Plan Asset Program is not necessarily readily marketable and may include short sales on securities and trading in future contracts, options, foreign currency contracts, other derivative instruments and private equity investments However, management has determined the that the net asset value (NAV) is an appropriate estimate of the fair value of these pooled units at June 30, 2011 and 2010 based on the underlying investment being recorded at fair value within the Plan Asset Program As the Company has the ability to redeem its pooled units with no adjustment at the measurement date and there are no significant restrictions on liquidating these investments, the investment is categorized as a Level 2 measurement in the fair value hierarchy considerations The inputs and valuation techniques as of June 30, 2011 and 2010 used for valuing the pooled units is primarily NAV, which represent a market valuation approach

(Dollar Amounts in Thousands)

I. Retirement Plan *(continued)*

The target and range asset allocations for the plan assets set forth in the Plan Asset Program's investment policies is as follows

	Target	Range
Marketable debt securities	27 5%	22 5% to 32 5%
Equity securities	52 5%	47 5% to 57 5%
Alternative investments	20 0%	20 0% to 25 0%

As of June 30, 2011, the Company believes that there is not a specific concentration of risk in the underlying pool The Company does recognize that all investments are subject to market risks and that changes in the market may have a material effect on the plan assets

The Program asset allocation at June 30 is as follows

	2011	2010
Marketable debt securities	**26.1%**	24 6%
Equity securities	**53.7**	53 6
Alternative investments	**20.2**	21 8
	100%	100%

The following is a summary of plan assets as of June 30, 2011 measured at fair value on a recurring basis based on the fair value hierarchy

	Level 1	Level 2	Level 3	Total
Plan assets				
Plan Asset Program	**$ –**	**$ 143,179**	**$ –**	**$ 143,179**
Total plan assets at fair value	**$ –**	**$ 143,179**	**$ –**	**$ 143,179**

(Dollar Amounts in Thousands)

I. Retirement Plan *(continued)*

The following is a summary of plan assets as of June 30, 2010 measured at fair value on a recurring basis based on the fair value hierarchy

	Level 1	Level 2	Level 3	Total
Plan assets				
Plan Asset Program	$ –	$ 111,551	$ –	$ 111,551
Total plan assets at fair value	$ –	$ 111,551	$ –	$ 111,551

The expected benefits to be paid to the Plan participants and beneficiaries are as follows

	Estimated Payments
Year Ending June 30	
2012	$ 11,252
2013	12,860
2014	12,848
2015	12,610
2016	14,938
2017 – 2021	82,635

The Company expects to contribute $7,400 to the Plan in 2012

J. Insurance Programs

First Initiatives Insurance, Ltd (FIIL), a wholly owned, captive insurance subsidiary of CHI, underwrites the property and casualty risks of CHI The Company participates in FIIL's comprehensive professional, employment practices, general liability and workers' compensation coverage Coverage is provided by FIIL either on a directly written basis or through reinsurance relationships with commercial carriers In addition, CHI purchases excess insurance from commercial carriers These amounts, including actuarial estimates for incurred but not reported claims, are assessed to all participants

(Dollar Amounts in Thousands)

J. Insurance Programs *(continued)*

Amounts paid by the Company for professional, employment practices, and general liability coverage were $4,479 and $5,924 for the years ended June 30, 2011 and 2010, respectively, and are included in insurance expense Amounts paid by the Company for workers' compensation coverage were $1,984 and $1,909 for the years ended June 30, 2011 and 2010, respectively, and are included in employee benefits expense

The Company is self-insured for employee health insurance Employee health benefits are paid through a local claims processor based on plan coverage determined by the Company An estimated liability of $2,971 and $2,841 for outstanding and incurred but not reported claims has been included in compensation and benefits as of June 30, 2011 and 2010, respectively, and is believed by management to be adequate for the cost of potential losses

K. Related Party Transactions

In addition to the related party transactions described in other notes to the consolidated financial statements, the Company recognized expense of $15,532 and $15,436 in 2011 and 2010, respectively, related to overhead allocations from the CHI National Office The Company also made net contributions of $4,024 and $2,950 to the Capital Resource Pool of CHI during 2011 and 2010, respectively These fund contributions are recorded as direct reductions to unrestricted net assets

The Company enters into various related party transactions in the ordinary course of business with the Partner Information related to the annual settlement with the Partner under the network affiliation agreement is disclosed in Note L All other activity that occurs in the normal course of business with the Partner is disclosed in this note

The following is a summary of the net amounts due to related organizations at June 30

	2011	2010
Bethesda Hospital, Inc and Subsidiaries	**$ 2,532**	$ 17,817
TriHealth, Inc	**4,320**	11,210
	6,852	29,027
Less current portion of due to related organizations	**6,852**	17,817
	$ –	$ 11,210

(Dollar Amounts in Thousands)

K. Related Party Transactions *(continued)*

The amount due to the Partner represents an accumulation of overhead costs, payroll, accounts payable, and other centrally managed processes creating a corresponding payable that is relieved periodically by a transfer of cash, and is short term in nature

L. Network Affiliation Agreement

Under the agreement described in Note A, the Company recognized income related to the sharing of the excess of revenue over expenses of the Company and the Partner for the years ended June 30, 2011 and 2010 The revenue share is computed on patient and non-patient revenue, only for entities defined in the network affiliation agreement and the resulting impact is recorded by the Company The network affiliation agreement excludes changes in net unrealized gains on investments designated as trading

Net income from network affiliation and the network affiliation receivable related to the sharing of excess of revenue over expenses between the Company and the Partner for the year ended June 30 are as follows

	2011	2010
Operating income from network affiliation	**$ 7,811**	$ 4,434
Nonoperating income from network affiliation	**3,326**	195
	$ 11,137	$ 4,629

The network affiliation agreement requires the network affiliation payable or receivable be settled within 90 days after the close of the year During 2011, $4,629 was received by the Company from the Partner related to the 2010 network affiliation agreement During 2010, $3,029 was paid by the Company to the Partner related to the 2009 network affiliation agreement

(Dollar Amounts in Thousands)

M. Investments in Unconsolidated Organizations

The Company maintains an ownership percentage of 50% or less in various joint ventures and other companies that do not require consolidation These investments are accounted for using the equity method of accounting The following is a summary of the investments in unconsolidated organizations as of June 30

	2011	2010
TriHealth, Inc	**$ 3,005**	$ –
DaVita, Inc	**508**	559
TriState Laundry	**1,167**	988
	$ 4,680	$ 1,547

The following is a summary of the (loss) income from unconsolidated organizations for the years ending June 30

	2011	2010
TriHealth, Inc	**$ (10,275)**	$ (7,169)
DaVita, Inc	**2,322**	1,404
TriState Laundry	**179**	257
	$ (7,774)	$ (5,508)

TriHealth, Inc (TriHealth) is a joint venture equally owned by the Company and the Partner TriHealth was formed to provide a comprehensive and integrated provider base to optimize the health status of the community TriHealth operates various health care related businesses, including physician practices, property management, and other physician support services companies In addition, TriHealth provides administrative support services for both the Company and the Partner Administrative support services include general administration, information systems, finance, human resources, and other general support services TriHealth cash flows are funded equally by the Company and the Partner The Company and the Partner each contributed cash of $21,000 and $0 for the years ended June 30, 2011 and 2010, respectively, to TriHealth

(Dollar Amounts in Thousands)

M. Investments in Unconsolidated Organizations *(continued)*

The following administrative support services costs were allocated to the Company and recorded as expense for the years ended June 30

	2011	2010
Salaries and wages	**$ 26,416**	$ 24,969
Employee benefits	**10,014**	8,977
Purchased services	**12,378**	12,390
Depreciation and amortization	**3,543**	3,845
Supplies and other	**7,805**	8,549
	$ 60,156	$ 58,730

The following is a summary of TriHealth's assets, liabilities, and net assets as of June 30 (from its unaudited consolidated financial statements)

	2011	2010
Assets		
Cash and cash equivalents	**$ 7,908**	$ 1,986
Net patient accounts receivable	**14,154**	10,813
Property and equipment, net	**36,191**	24,896
Due from related organizations, net	**22,389**	34,079
Goodwill and other intangible assets, net	**11,648**	11,149
Other assets	**3,201**	4,338
Total assets	**$ 95,491**	$ 87,261
Liabilities and net assets		
Compensation and benefits	**$ 41,747**	$ 31,978
Accounts payable and accrued expenses	**18,006**	16,485
Pension liability	**20,855**	30,898
Other liabilities	**8,109**	7,900
Total liabilities	**88,717**	87,261
Net assets	**6,774**	–
Total liabilities and net assets	**$ 95,491**	$ 87,261

(Dollar Amounts in Thousands)

M. Investments in Unconsolidated Organizations *(continued)*

The following is a summary of TriHealth's results of operations and changes in net assets for the year ended June 30 (from its unaudited consolidated financial statements)

	2011	2010
Revenue		
Net patient service revenue	**$ 166,302**	$ 139,972
Other revenue, net	**31,525**	28,219
Total revenue	**197,827**	168,191
Expenses		
Salaries and wages	**183,849**	157,351
Employee benefits	**38,177**	32,089
Purchased services	**30,159**	30,534
Supplies	**32,810**	30,332
Depreciation and amortization	**9,493**	10,514
Rental and maintenance	**22,464**	19,144
Utilities	**7,325**	6,604
Insurance	**2,546**	3,802
Other	**9,510**	7,318
Shared service allocation	**(117,954)**	(115,157)
Total expenses	**218,379**	182,531
Loss from operations	**(20,552)**	(14,340)
Non operating income		
Investment income	**3**	–
Total nonoperating income	**3**	–
Excess of expenses over revenue	**(20,549)**	(14,340)
Equity contributions	**19,580**	22,420
Change in funded status of pension plan	**6,977**	(8,192)
Other changes in net assets, net	**766**	–
Increase (decrease) in net assets	**6,774**	(112)
Net assets at beginning of year	–	112
Net assets at end of year	**$ 6,774**	$ –

(Dollar Amounts in Thousands)

M. Investments in Unconsolidated Organizations *(continued)*

The Company funds the TriHealth noncontributory defined benefit retirement plan (the TriHealth Plan) and certain associated TriHealth Plan expense is recorded by the Company The following is a summary of the funded status of the TriHealth Plan at June 30

	2011	2010
Benefit obligation	**$ 104,662**	$ 94,473
Fair value of plan assets	**83,807**	63,575
Under funded status	**$ (20,855)**	$ (30,898)

The Board of Trustees of TriHealth approved a revocable commitment for up to $8,000 non-recourse loan over 7 years to Uptown Consortium, Inc , an unrelated entity of the Company The Uptown Consortium, Inc is a non-profit community development corporation dedicated to the human, social, economic and physical improvement of Uptown Cincinnati These funds will be used to invest in commercial and residential projects in the uptown area TriHealth has provided $4,975 as of June 30, 2011 of funding in relation to this commitment Additionally, the Company entered into three loan agreements for a total of $23,728 from this related party to fund the construction of the Medical Office Building (MOB), as discussed further in Note G

N. Subsequent Events

The Company has evaluated and disclosed subsequent events through September 15, 2011, which is the date the consolidated financial statements were issued and made available

Other Financial Information

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Report of Independent Auditors on Other Financial Information

The Board of Trustees
of The Good Samaritan Hospital of Cincinnati, Ohio

Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements taken as a whole The following financial information is presented for purposes of additional analysis and is not a required part of the consolidated financial statements Such information has been subject to the auditing procedures applied in our audits of the consolidated financial statements and, in our opinion, is fairly stated, in all material respects, in relation to the consolidated financial statements taken as a whole

Ernst & Young LLP

September 15, 2011

The Good Samaritan Hospital of Cincinnati, Ohio

Consolidating Balance Sheet

June 30, 2011
(In Thousands)

	The Good Samaritan Hospital of Cincinnati, Ohio	The Good Samaritan Hospital College of Nursing*	The Good Samaritan Hospital Medical Office Building*	Community Limited Care Dialysis Center	The Good Samaritan Hospital Foundation	The Good Samaritan Hospital Special Funds*	Reclasses/ Eliminations	The Good Samaritan Hospital of Cincinnati, Ohio Consolidated
Assets								
Current assets								
Cash and cash equivalents	$ 6,830	$ 4	$ –	$ –	$ –	$ –	$ 7	$ 6,841
Restricted cash	–	–	18,145	–	–	–	–	18,145
Net patient accounts receivable, less allowance of $19,962	38,478	–	–	–	–	–	–	38,478
Network affiliation receivable	11,137	–	–	–	–	–	–	11,137
Other accounts receivable	171	–	–	–	–	–	268	439
Current portion of assets limited as to use	31,504	–	–	–	–	–	–	31,504
Inventories	3,005	–	–	–	–	–	–	3,005
Prepaid and other current assets	167	102	–	–	–	–	–	269
Total current assets	91,292	106	18,145	–	–	–	275	109,818
Assets limited as to use and investments								
Assets limited as to use								
Internally designated for capital and other funds	335,023	–	–	–	17,750	2,377	–	355,150
Restricted by donors	–	–	–	–	23,293	5,303	–	28,596
Investments	33,843	–	–	–	–	–	–	33,843
Total assets limited as to use and investments	368,866	–	–	–	41,043	7,680	–	417,589
Property and equipment, net	175,219	302	8,597	2,512	–	–	–	186,630
Investments in unconsolidated organizations	4,172	–	–	508	–	–	–	4,680
Other long-term assets	25,451	–	–	–	837	–	(25,526)	762
Total assets	$ 665,000	$ 408	$ 26,742	$ 3,020	$ 41,880	$ 7,680	$ (25,251)	$ 719,479

*A department of The Good Samaritan Hospital of Cincinnati, Ohio

The Good Samaritan Hospital of Cincinnati, Ohio

Consolidating Balance Sheet

June 30, 2011
(In Thousands)

	The Good Samaritan Hospital of Cincinnati, Ohio	The Good Samaritan Hospital College of Nursing*	The Good Samaritan Hospital Medical Office Building*	Community Limited Care Dialysis Center	The Good Samaritan Hospital Foundation	The Good Samaritan Hospital Funds*	Reclasses/ Eliminations	The Good Samaritan Hospital of Cincinnati, Ohio Consolidated
Liabilities and net assets (deficit)								
Current liabilities								
Compensation and benefits	$ 19,148	$ –	$ –	$ –	$ 4	$ –	$ –	$ 19,152
Third-party liabilities	9,010	–	–	–	–	–	–	9,010
Accounts payable and accrued expenses	17,679	25	1,571	431	222	–	–	19,928
Current portion of due to (from) related organizations, net	994	17,017	–	(16,520)	2,984	2,377	–	6,852
Current portion of long-term debt	10,781	–	–	–	–	–	–	10,781
Total current liabilities	57,612	17,042	1,571	(16,089)	3,210	2,377	–	65,723
Long-term compensation and benefits and other long-term liabilities	15,612	8	–	–	–	–	–	15,620
Pension liability	22,746	–	–	–	–	–	–	22,746
Long-term debt	113,343	–	23,728	–	–	–	–	137,071
Total liabilities	209,313	17,050	25,299	(16,089)	3,210	2,377	–	241,160
Net assets (deficit)								
Unrestricted	455,687	(16,642)	1,443	19,109	15,378	–	(25,251)	449,724
Temporarily restricted	–	–	–	–	11,004	5,303	–	16,307
Permanently restricted	–	–	–	–	12,288	–	–	12,288
Total net assets (deficit)	455,687	(16,642)	1,443	19,109	38,670	5,303	(25,251)	478,319
Total liabilities and net assets (deficit)	$ 665,000	$ 408	$ 26,742	$ 3,020	$ 41,880	$ 7,680	$ (25,251)	$ 719,479

*A department of The Good Samaritan Hospital of Cincinnati, Ohio

The Good Samaritan Hospital of Cincinnati, Ohio

Consolidating Balance Sheet

June 30, 2010
(In Thousands)

	The Good Samaritan Hospital of Cincinnati, Ohio	The Good Samaritan Hospital College of Nursing*	Universal Health Corporation	Community Limited Care Dialysis Center	The Good Samaritan Hospital Foundation	The Good Samaritan Hospital Special Funds*	Reclasses/ Eliminations	The Good Samaritan Hospital of Cincinnati, Ohio Consolidated
Assets								
Current assets								
Cash and cash equivalents	$ 18,376	$ 1	$ –	$ –	$ –	$ –	$ 8	$ 18,385
Net patient accounts receivable, less allowance of $15,474	36,593	–	–	–	–	–	–	36,593
Network affiliation receivable	4,629	–	–	–	–	–	–	4,629
Other accounts receivable	280	–	–	–	–	–	323	603
Current portion of assets limited as to use	25,397	–	–	–	–	–	–	25,397
Inventories	1,449	–	–	–	–	–	–	1,449
Prepaid and other current assets	178	94	–	–	–	–	–	272
Total current assets	86,902	95	–	–	–	–	331	87,328
Assets limited as to use and investments								
Assets limited as to use								
Internally designated for capital and other funds	284,195	–	–	–	12,733	2,213	–	299,141
Restricted by donors	–	–	–	–	19,605	5,210	–	24,815
Investments	37,513	–	–	–	–	–	–	37,513
Total assets limited as to use and investments	321,708	–	–	–	32,338	7,423	–	361,469
Property and equipment, net	173,572	312	–	2,981	–	–	–	176,865
Investments in unconsolidated organizations	988	–	–	559	–	–	–	1,547
Other long-term assets	21,606	–	–	–	688	–	(21,479)	815
Total assets	$ 604,776	$ 407	$ –	$ 3,540	$ 33,026	$ 7,423	$ (21,148)	$ 628,024

*A department of The Good Samaritan Hospital of Cincinnati, Ohio

The Good Samaritan Hospital of Cincinnati, Ohio

Consolidating Balance Sheet

June 30, 2010
(In Thousands)

	The Good Samaritan Hospital of Cincinnati, Ohio	The Good Samaritan Hospital College of Nursing*	Universal Health Corporation	Community Limited Care Dialysis Center	The Good Samaritan Hospital Foundation	The Good Samaritan Hospital Special Funds*	Reclasses/ Eliminations	The Good Samaritan Hospital of Cincinnati, Ohio Consolidated
Liabilities and net assets (deficit)								
Current liabilities								
Compensation and benefits	$ 17,122	$ –	$ –	$ –	$ –	$ –	$ –	$ 17,122
Third-party liabilities	8,895	–	–	–	–	–	–	8,895
Accounts payable and accrued expenses	13,390	8	–	442	180	–	–	14,020
Current portion of due to (from) related organizations, net	11,191	14,883	–	(13,190)	2,720	2,213	–	17,817
Current portion of long-term debt	10,171	–	–	–	–	–	–	10,171
Total current liabilities	60,769	14,891	–	(12,748)	2,900	2,213	–	68,025
Long-term compensation and benefits and other long-term liabilities	14,831	17	–	–	–	–	–	14,848
Due to related organizations	11,210	–	–	–	–	–	–	11,210
Pension liability	47,941	–	–	–	–	–	–	47,941
Long-term debt	124,124	–	–	–	–	–	–	124,124
Total liabilities	258,875	14,908	–	(12,748)	2,900	2,213	–	266,148
Net assets (deficit)								
Unrestricted	345,901	(14,501)	–	16,288	10,094	–	(21,148)	336,634
Temporarily restricted	–	–	–	–	7,810	5,210	–	13,020
Permanently restricted	–	–	–	–	12,222	–	–	12,222
Total net assets (deficit)	345,901	(14,501)	–	16,288	30,126	5,210	(21,148)	361,876
Total liabilities and net assets (deficit)	$ 604,776	$ 407	$ –	$ 3,540	$ 33,026	$ 7,423	$ (21,148)	$ 628,024

*A department of The Good Samaritan Hospital of Cincinnati, Ohio

The Good Samaritan Hospital of Cincinnati, Ohio

Consolidating Statement of Operations and Changes in Net Assets

Year Ended June 30, 2011
(In Thousands)

	The Good Samaritan Hospital of Cincinnati, Ohio	The Good Samaritan Hospital College of Nursing*	The Good Samaritan Hospital Medical Office Building*	Community Limited Care Dialysis Center	The Good Samaritan Hospital Foundation	The Good Samaritan Hospital Special Funds*	Reclasses/ Eliminations	The Good Samaritan Hospital of Cincinnati, Ohio Consolidated
Revenue								
Net patient service revenue								
Acute inpatient	$ 304,759	$ –	$ –	$ –	$ –	$ –	$ (8,091)	$ 296,668
Outpatient care	183,397	–	–	–	–	–	(4,869)	178,528
Total net patient service revenue	488,156	–	–	–	–	–	(12,960)	475,196
Non-patient revenue (loss)								
Donation revenue	–	–	–	–	150	–	–	150
(Loss) income from unconsolidated organizations	(7,274)	–	–	2,321	–	–	(2,821)	(7,774)
Operating income from network affiliation	7,811	–	–	–	–	–	–	7,811
Other revenue, net	12,734	3,519	–	604	–	–	–	16,857
Total revenue	501,427	3,519	–	2,925	150	–	(15,781)	492,240
Expenses								
Salaries and wages	155,002	4,156	–	–	–	–	(6,270)	152,888
Employee benefits	41,268	696	–	–	–	–	(1,653)	40,311
Medical professional fees	4,023	–	–	–	–	–	(158)	3,865
Purchased services	14,946	142	–	–	–	–	(594)	14,494
Supplies	108,692	98	–	–	–	–	(4,285)	104,505
Bad debts	36,898	–	–	–	–	–	–	36,898
Utilities	5,008	4	–	–	–	–	–	5,012
Insurance	4,479	–	–	–	–	–	–	4,479
Rental, leases, and maintenance	5,598	58	–	14	–	–	–	5,670
Depreciation and amortization	17,546	149	–	82	–	–	–	17,777
Interest	6,573	–	217	–	–	–	–	6,790
Shared service allocation	60,156	–	–	–	–	–	–	60,156
Services provided by affiliates	5,885	–	–	–	–	–	–	5,885
Other, net	6,762	401	43	8	1,515	–	–	8,729
Total operating expenses	472,836	5,704	260	104	1,515		(12,960)	467,459
Income (loss) from operations	28,591	(2,185)	(260)	2,821	(1,365)	–	(2,821)	24,781
Nonoperating income								
Income from network affiliation	3,326	–	–	–	–	–	–	3,326
Investment income	58,061	–	33	–	5,365	–	–	63,459
Total nonoperating income	61,387	–	33	–	5,365	–	–	66,785
Excess of revenue over expenses (expenses over revenue)	89,978	(2,185)	(227)	2,821	4,000	–	(2,821)	91,566
Change in plan assets and benefit obligation of pension plan	20,431	–	–	–	–	–	–	20,431
Change in funded status of TriHealth pension plan	3,489	–	–	–	–	–	–	3,489
Temporarily restricted contributions and investment income	–	–	–	–	5,052	–	–	5,052
Transfer to CHI Capital Resource Pool	(4,024)	–	–	–	–	–	–	(4,024)
Other changes in net assets, net	(88)	44	1,670	–	(508)	93	(1,282)	(71)
Increase (decrease) in net assets	109,786	(2,141)	1,443	2,821	8,544	93	(4,103)	116,443
Net assets (deficit) at beginning of year	345,901	(14,501)	–	16,288	30,126	5,210	(21,148)	361,876
Net assets (deficit) at end of year	$ 455,687	$ (16,642)	$ 1,443	$ 19,109	$ 38,670	$ 5,303	$ (25,251)	$ 478,319

*A department of The Good Samaritan Hospital of Cincinnati, Ohio

The Good Samaritan Hospital of Cincinnati, Ohio

Consolidating Statement of Operations and Changes in Net Assets

Year Ended June 30, 2010
(In Thousands)

	The Good Samaritan Hospital of Cincinnati, Ohio	The Good Samaritan Hospital College of Nursing*	Universal Health Corporation	Community Limited Care Dialysis Center	The Good Samaritan Hospital Foundation	The Good Samaritan Hospital Special Funds*	Reclasses/ Eliminations	The Good Samaritan Hospital of Cincinnati, Ohio Consolidated
Revenue								
Net patient service revenue								
Acute inpatient	$ 318,844	$ –	$ –	$ –	$ –	$ –	$ (7,475)	$ 311,369
Outpatient care	144,537	–	7,938	–	–	–	(3,517)	148,958
Total net patient service revenue	463,381	–	7,938	–	–	–	(10,992)	460,327
Non-patient revenue (loss)								
Donation revenue	1	–	–	–	192	–	–	193
(Loss) income from unconsolidated organizations	(6,691)	–	–	1,404	–	–	(221)	(5,508)
Operating income from network affiliation	4,434	–	–	–	–	–	–	4,434
Other revenue, net	11,601	3,052	495	472	–	–	–	15,620
Total revenue	472,726	3,052	8,433	1,876	192	–	(11,213)	475,006
Expenses								
Salaries and wages	149,193	3,965	7,956	–	–	–	(5,605)	154,609
Employee benefits	37,183	665	777	–	–	–	(1,319)	37,306
Medical professional fees	2,889	–	5	–	–	–	(110)	2,784
Purchased services	14,152	116	10	1	–	–	(550)	13,729
Supplies	99,577	86	125	5	–	–	(3,408)	96,385
Bad debts	29,864	–	1,009	–	–	–	–	30,873
Utilities	5,664	3	22	8	–	–	–	5,697
Insurance	5,790	–	134	–	–	–	–	5,924
Rental, leases, and maintenance	5,701	33	215	14	–	–	–	5,963
Depreciation and amortization	18,374	71	50	82	–	–	–	18,577
Interest	9,564	–	–	–	–	–	–	9,564
Shared service allocation	58,730	–	–	–	–	–	–	58,730
Services provided by affiliates	5,554	–	–	–	–	–	–	5,554
Other, net	7,714	363	567	9	1,430	–	–	10,083
Total operating expenses	446,949	5,302	9,970	119	1,430	–	(10,992)	452,778
Income (loss) from operations	25,777	(2,250)	(1,537)	1,757	(1,238)	–	(221)	22,288
Nonoperating income								
Income from network affiliation	195	–	–	–	–	–	–	195
Investment income	36,506	–	–	–	1,746	–	–	38,312
Total nonoperating income	36,701	–	–	–	1,746	–	–	38,507
Excess of revenue over expenses (expenses over revenue)	62,538	(2,250)	(1,537)	1,757	508	–	(221)	60,795
Change in plan assets and benefit obligation of pension plan	(8,273)	–	–	–	–	–	–	(8,273)
Change in funded status of TriHealth pension plan	(4,096)	–	–	–	–	–	–	(4,096)
Temporarily Contributions and Investment Income	–	–	–	–	780	–	–	780
Transfer to CHI Capital Resource Pool	(2,950)	–	–	–	–	–	–	(2,950)
Other changes in net assets, net	1,748	–	25,343	–	1,340	(178)	(26,570)	1,683
Increase (decrease) in net assets	48,967	(2,250)	23,806	1,757	2,637	(178)	(26,800)	47,930
Net assets (deficit) at beginning of year	296,934	(12,251)	(23,806)	14,531	27,489	5,388	5,652	313,937
Net assets (deficit) at end of year	$ 345,901	$ (14,501)	$ –	$ 16,288	$ 30,126	$ 5,210	$ (21,148)	$ 361,867

*A department of The Good Samaritan Hospital of Cincinnati, Ohio

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