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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 GOOD SAMARITAN HOSPITAL FOUNDATION OF CINCINNATI INC Doing Business As	D Employer identification number 31-1206047	
	Number and street (or P O box if mail is not delivered to street address) 619 OAK STREET - ACCOUNTING 3 WEST	Room/suite	E Telephone number (513) 569-6575
	City or town, state or country, and ZIP + 4 CINCINNATI, OH 45206		G Gross receipts \$ 23,533,160
	F Name and address of principal officer MARY RAFFERTY 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.GSHFOUNDATION.COM			
K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶		L Year of formation 1852	
M State of legal domicile OH			

Part I	Summary
Activities & Governance	1 Briefly describe the organization’s mission or most significant activities TO OPERATE EXCLUSIVELY TO STEWARD PHILANTHROPIC GIFTS FOR THE GOOD SAMARITAN HOSPITAL
	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)
	4 Number of independent voting members of the governing body (Part VI, line 1b)
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)
Revenue	6 Total number of volunteers (estimate if necessary)
	7a Total unrelated business revenue from Part VIII, column (C), line 12
	b Net unrelated business taxable income from Form 990-T, line 34
Expenses	8 Contributions and grants (Part VIII, line 1h)
	9 Program service revenue (Part VIII, line 2g)
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)
	14 Benefits paid to or for members (Part IX, column (A), line 4)
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)
Net Assets or Fund Balances	16a Professional fundraising fees (Part IX, column (A), line 11e)
	b Total fundraising expenses (Part IX, column (D), line 25) ▶511,308
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)
	19 Revenue less expenses Subtract line 18 from line 12
	20 Total assets (Part X, line 16)
	21 Total liabilities (Part X, line 26)
	22 Net assets or fund balances Subtract line 21 from line 20

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		2012-05-10	
			Date	
	▶ 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

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

SEE SCHEDULE O

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

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 \$ 2,208,079 including grants of \$ 1,889,581) (Revenue \$)
	SEE SCHEDULE O

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	\$ 2,208,079
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Part IV

Checklist of Required Schedules

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

Part IV

Checklist of Required Schedules (continued)

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

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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	18		
		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, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.	2a	0		
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?				
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).					
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		No
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.			3b		
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	Yes	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Yes	
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	1a24		
b	Enter the number of voting members included in line 1a, above, who are independent	1b22		
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 If “Yes” to line 15a or 15b, describe the process in Schedule O (See instructions)	15b	Yes	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	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 - VP-FINANCE 619 OAK STREET - ACCOUNTING 3 WEST CINCINNATI, OH 45206 (513) 569-6577

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

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

Form **990** (2010)

Part VII

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	0	1,580,013	417,309

2 Total number of individuals (including but not limited to those I
\$100,000 in reportable compensation from the organization) 0

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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 ►0

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	388,176			
	d	Related organizations	1d	1,396,770			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,713,530			
	g	Noncash contributions included in lines 1a-1f \$		177,183			
	h	Total. Add lines 1a-1f		3,498,476			
Program Service Revenue	2a		Business Code				
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
	Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		820,749		
4		Income from investment of tax-exempt bond proceeds					
5		Royalties					
6a		Gross Rents	(i) Real	(ii) Personal			
b		Less rental expenses					
c		Rental income or (loss)					
d		Net rental income or (loss)					
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
b		Less cost or other basis and sales expenses					
c		Gain or (loss)					
d		Net gain or (loss)			1,480,287		1,480,287
8a		Gross income from fundraising events (not including \$ 388,176 of contributions reported on line 1c) See Part IV, line 18					
b		Less direct expenses	a	44,000			
c		Net income or (loss) from fundraising events	b	123,048			
9a		Gross income from gaming activities See Part IV, line 19					
b		Less direct expenses					
c		Net income or (loss) from gaming activities					
10a		Gross sales of inventory, less returns and allowances					
b		Less cost of goods sold	a				
c		Net income or (loss) from sales of inventory	b				
	Miscellaneous Revenue	Business Code					
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d						
12	Total revenue. See Instructions		5,720,464	0	0	2,221,988	

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	1,818,228	1,818,228		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	71,353	71,353		
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				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
a	Fees for services (non-employees) Management				
b	Legal				
c	Accounting				
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	168,755		168,755	
g	Other	286,915	194,764	38,309	53,842
12	Advertising and promotion	32,134	7,082	7,387	17,665
13	Office expenses	64,863	4,458	15,686	44,719
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	8,651		8,587	64
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
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	PAYROLL SVCS ALLOCATION	571,138	25,151	214,136	331,851
b	OVERHEAD ALLOCATION	325,008	41,088	223,452	60,468
c	PREMIUM EXPENSE	35,517	35,517		
d	GUILD EXPENSE	8,997	8,997		
e	BUSINESS MEALS	2,850	14	679	2,157
f	All other expenses	4,154	1,427	2,185	542
25	Total functional expenses. Add lines 1 through 24f	3,398,563	2,208,079	679,176	511,308
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)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing				1	
	2	Savings and temporary cash investments			10,993	2	84,876
	3	Pledges and grants receivable, net			687,512	3	838,762
	4	Accounts receivable, net				4	
	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				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a				
	b	Less accumulated depreciation	10b			10c	
	11	Investments—publicly traded securities			32,327,250	11	39,695,220
	12	Investments—other securities See Part IV, line 11				12	1,262,111
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)			33,025,755	16	41,880,969
Liabilities	17	Accounts payable and accrued expenses			179,602	17	226,311
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D			2,720,118	25	2,984,429
	26	Total liabilities. Add lines 17 through 25			2,899,720	26	3,210,740
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			10,093,808	27	15,377,830
	28	Temporarily restricted net assets			7,810,433	28	11,004,117
	29	Permanently restricted net assets			12,221,794	29	12,288,282
	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			30,126,035	33	38,670,229
34	Total liabilities and net assets/fund balances			33,025,755	34	41,880,969	

Part XI Reconciliation 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	5,720,464
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,398,563
3	Revenue less expenses Subtract line 2 from line 1	3	2,321,901
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	30,126,035
5	Other changes in net assets or fund balances (explain in Schedule O)	5	6,222,293
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	38,670,229

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?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a 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?		No
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		

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 GOOD SAMARITAN HOSPITAL FOUNDATION OF CINCINNATI INC	Employer identification number 31-1206047
---	--

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

☐

2

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f

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g

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(i)

(ii)

(iii)

h

☐

11g(i)

Yes

No

11g(ii)

Yes

No

11g(iii)

Yes

No

(i)

Name of supported organization

(ii)

EIN

(iii)

Type of organization (described on lines 1- 9 above or IRC section (see instructions))

(iv)

Is the organization in col (i) listed in your governing document?

(v)

Did you notify the organization in col (i) of your support?

(vi)

Is the organization in col (i) organized in the U S ?

(vii)

Amount of support

Yes

No

Yes

No

Yes

No

(A) GOOD SAMARITAN HOSPITAL OF CINTI

310537486

03

Yes

Yes

Yes

1,818,228

1,818,228

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 IIIPart 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

Additional Data

Software ID:

Software Version:

EIN: 31-1206047

Name: GOOD SAMARITAN HOSPITAL FOUNDATION
OF CINCINNATI INC

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
HAROLD KLINK CHAIRPERSON (END 8/2010)	1 00	X		X				0	0	0
JAMES WAINSCOTT CHAIRPERSON (START 9/2010)	1 00	X		X				0	0	0
EDWARD ARBAUGH III VICE CHAIRPERSON (START 9/10)	1 00	X		X				0	0	0
LINDA SMITH BERRY SECRETARY	1 00	X		X				0	0	0
NICHOLAS SARGEN TREASURER	1 00	X		X				0	0	0
MARY RAFFERTY PRESIDENT/CEO-FOUNDATION	60 00	X		X				0	254,416	91,254
HERBERT BROWN TRUSTEE	1 00	X						0	0	0
CAROL BUTLER TRUSTEE	1 00	X						0	0	0
SUSAN CRANLEY TRUSTEE (END 5/2011)	1 00	X						0	0	0
SISTER SALLY DUFFY TRUSTEE	1 00	X						0	0	0
R TERRELL FREY MD TRUSTEE	1 00	X						0	0	0
LOUIS GILLIGAN TRUSTEE	1 00	X						0	0	0
WTODD GRAY TRUSTEE	1 00	X						0	0	0
AMY HAYDEN TRUSTEE	1 00	X						0	0	0
RONALD HEIBERT TRUSTEE	1 00	X						0	0	0
RICHARD HOMAN TRUSTEE (END 8/2010)	1 00	X						0	0	0
DAVID LACY TRUSTEE	1 00	X						0	0	0
TIFANIE MCMILLAN TRUSTEE	1 00	X						0	0	0
STEVEN ORTNER TRUSTEE	1 00	X						0	0	0
JOHN PROUT PRESIDENT/CEO-TRIHEALTH (SCH O)	1 00	X						0	1,216,064	299,811
PAMELA ROSSMANN TRUSTEE (END 8/2010)	1 00	X						0	0	0
CARY SIERZ TRUSTEE	1 00	X						0	0	0
JAMES SLUZEWSKI TRUSTEE	1 00	X						0	0	0
LEE STAUTBERG TRUSTEE	1 00	X						0	0	0
RENITA HOMAN TRUSTEE (START 6/2011)	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week	(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			
KEN JONES TRUSTEE (9/10 THRU 12/10)	1 00	X						0	0	0
ROBERT SULLIVAN TRUSTEE (9/10 THRU 12/10)	1 00	X						0	0	0
COURTNEY REITMAN-DEINLEIN TRUSTEE (START 9/2010)	1 00	X						0	0	0
JANE BIRCKHEAD TRUSTEE (START 5/2011)	1 00	X						0	0	0
RALPH MICHAEL TRUSTEE (START 5/2011)	1 00	X						0	0	0
KELLY ROWLAND DIRECTOR OF DEVELOPMENT	60 00					X		0	109,533	26,244

SCHEDULE D
(Form 990)

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

Department of the Treasury
Internal Revenue Service

Name of the organization GOOD SAMARITAN HOSPITAL FOUNDATION OF CINCINNATI INC	Employer identification number 31-1206047
--	---

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											
		<table><tr><td></td><td>Held at the End of the Year</td></tr><tr><td>a</td><td>Total number of conservation easements</td></tr><tr><td>b</td><td>Total acreage restricted by conservation easements</td></tr><tr><td>c</td><td>Number of conservation easements on a certified historic structure included in (a)</td></tr><tr><td>d</td><td>Number of conservation easements included in (c) acquired after 8/17/06</td></tr></table>		Held at the End of the Year	a	Total number of conservation easements	b	Total acreage restricted by conservation easements	c	Number of conservation easements on a certified historic structure included in (a)	d	Number of conservation easements included in (c) acquired after 8/17/06
	Held at the End of the Year											
a	Total number of conservation easements											
b	Total acreage restricted by conservation easements											
c	Number of conservation easements on a certified historic structure included in (a)											
d	Number of conservation easements included in (c) acquired after 8/17/06											
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
1c	
1d	
1e	
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

(i)

unrelated organizations

(ii)

related organizations

b

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

	Yes	No
3a(i)		No
3a(ii)		No
3b		

4

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

Part VI

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

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				0

Part XIReconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	15,720,464
2	Total expenses (Form 990, Part IX, column (A), line 25)	3,398,563
3	Excess or (deficit) for the year Subtract line 2 from line 1	2,321,901
4	Net unrealized gains (losses) on investments	6,222,293
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	
9	Total adjustments (net) Add lines 4 - 8	6,222,293
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	8,544,194

Part XIIReconciliation 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 investments2a	
b	Donated services and use of facilities2b	
c	Recoveries of prior year grants2c	
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 7b4a	
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 XIIIReconciliation 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 facilities2a	
b	Prior year adjustments2b	
c	Other losses2c	
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 7b4a	
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 XIVSupplemental 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 INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	INVESTMENT PROCEEDS FROM ENDOWMENT FUNDS ARE USED TO SUPPORT PROGRAMS AT THE GOOD SAMARITAN HOSPITAL OF CINCINNATI, OHIO
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE FINANCIAL STATEMENTS OF GOOD SAMARITAN HOSPITAL FOUNDATION OF CINCINNATI, INC. ARE AUDITED WITH ITS PARENT, THE GOOD SAMARITAN HOSPITAL OF CINCINNATI, OHIO. FOLLOWING IS THE TEXT OF THE FOOTNOTE TO THE GOOD SAMARITAN HOSPITAL OF CINCINNATI, OHIO'S AUDITED FINANCIAL STATEMENTS THAT REPORTS ITS AND ITS SUBSIDIARY'S LIABILITY, IF APPLICABLE, FOR UNCERTAIN TAX POSITIONS UNDER ASC 740-10. 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, GOOD SAMARITAN HOSPITAL FOUNDATION OF CINCINNATI, INC.'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.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization
GOOD SAMARITAN HOSPITAL FOUNDATION
OF CINCINNATI INC

Employer identification number

31-1206047

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a

☐

Mail solicitations

e

☐

Solicitation of non-government grants

b

☐

Internet and e-mail solicitations

f

☐

Solicitation of government grants

c

☐

Phone solicitations

g

☐

Special fundraising events

d

☐

In-person solicitations

2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes

☐ No

b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total ▶						

3

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col (a) through col (c))
		<u>GALA</u>			
		(event type)	(event type)	(total number)	
1	Gross receipts	432,176			432,176
2	Less Charitable contributions	388,176			388,176
3	Gross income (line 1 minus line 2)	44,000			44,000
Direct Expenses	4	Cash prizes			
	5	Non-cash prizes			
	6	Rent/facility costs			
	7	Food and beverages	64,500		64,500
	8	Entertainment	21,220		21,220
	9	Other direct expenses	37,328		37,328
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
	11	Net income summary Combine lines 3 and 10 in column (d). ▶			
					-79,048

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ☐ No %	☐ Yes ☐ No %	☐ Yes ☐ No %	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," Explain _____

11

Does the organization operate gaming activities with nonmembers?

☐ Yes ☐ No

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes ☐ No

13

Indicate the percentage of gaming activity operated in

a	The organization's facility	13a
b	An outside facility	13b

14

Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name

Address

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes ☐ No

b

If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$

c

If "Yes," enter name and address

Name

Address

16 Gaming manager information

Name

Gaming manager compensation \$

Description of services provided

☐ Director/officer

☐ Employee

☐ Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes ☐ No

b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
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OMB No 1545-0047

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

Open to Public Inspection

Employer identification number
31-1206047

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

[illegible]**Schedule I (Form 990) 2010**

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) EDUCATION GRANTS	37	22,317			
(2) MEDICAL BILLS	460	49,036			

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 ALL GRANTS GO INTO A TEMPORARILY RESTRICTED FUND EACH FUND IS CREATED FOR A SPECIFIC PURPOSE AND IS MONITORED BY THE STAFF OF THE GOOD SAMARITAN HOSPITAL FOUNDATION OF CINCINNATI, INC THE FILING ORGANIZATION ALSO COMPLETED EVALUATIONS FOR MOST GRANTEES

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2010

Open to Public Inspection

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

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

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization

GOOD SAMARITAN HOSPITAL FOUNDATION
OF CINCINNATI INC

Employer identification number

31-1206047

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed 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)		
1b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain		
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?		
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:		
4a	Receive a severance payment or change-of-control payment from the organization or a related organization?		No
4b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	Yes	
4c	Participate in, or receive payment from, an equity-based compensation arrangement?		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:		
5a	The organization?		No
5b	Any related organization?		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:		
6a	The organization?		No
6b	Any related organization?		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		No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53.4958-4(a)(3)? If "Yes," describe in Part III		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

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) MARY RAFFERTY	(i)	0	0	0	0	0	0	0
	(ii)	193,862	46,556	13,998	78,897	12,357	345,670	0
(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)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(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	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: MARY RAFFERTY - \$12,370, JOHN PROUT - \$240,770. THERE WERE NO DISTRIBUTIONS FROM A SUPPLEMENTAL NON-QUALIFIED DEFERRED COMPENSATION PLAN DURING THE 2010 CALENDAR YEAR.
SUPPLEMENTAL INFORMATION	PART III	PART I, LINE 3 - METHODS USED TO ESTABLISH CEO COMPENSATION. TRIHEALTH, INC., A RELATED ORGANIZATION OF THE GOOD SAMARITAN HOSPITAL FOUNDATION OF CINCINNATI, INC., 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, QUESTION 4A - SEVERANCE PAYMENTS. THE REPORTABLE INDIVIDUALS OF THE ORGANIZATION ARE PAID BY TRIHEALTH, INC., AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS EXEMPT FROM FEDERAL INCOME TAX UNDER IRC SECTION 501(A) AS AN ORGANIZATION DESCRIBED IN IRC SECTION 501(C)(3). THESE INDIVIDUALS DO NOT HAVE EMPLOYMENT AGREEMENTS SO NO SPECIAL SEVERANCE ARRANGEMENTS BEYOND THE 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 PAY ARE CONDITIONED UPON SIGNING A SEPARATION AND RELEASE AGREEMENT. NO REPORTABLE INDIVIDUALS RECEIVED SEVERANCE PAYMENTS FROM TRIHEALTH, INC. DURING THE 2010 CALENDAR YEAR.

SCHEDULE M
(Form 990)

NonCash Contributions

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

►Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.

Name of the organization
GOOD SAMARITAN HOSPITAL FOUNDATION
OF CINCINNATI INC

Employer identification number

31-1206047

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining oncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles .				
7 Boats and planes				
8 Intellectual property . .				
9 Securities—Publicly traded	X	14	162,183	SELLING PRICE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests .				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other . .				
15 Real estate—Residential .				
16 Real estate—Commercial				
17 Real estate—Other . .				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts . .				
23 Scientific specimens . .				
24 Archeological artifacts .				
25 Other ► (EQUIPMENT)	X	1	15,000	COST
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement			29	

30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	Yes	No
b	If "Yes," describe the arrangement in Part II		No
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	Yes	
b	If "Yes," describe in Part II		
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
METHOD FOR DETERMINING NUMBER OF CONTRIBUTORS	PART I, COLUMN (B)	THE GOOD SAMARITAN HOSPITAL FOUNDATION OF CINCINNATI, INC IS REPORTING THE NUMBER OF CONTRIBUTIONS RECEIVED DURING THE TAX YEAR
THIRD PARTY USE	PART I, LINE 32B	WHEN THE GOOD SAMARITAN HOSPITAL FOUNDATION OF CINCINNATI, INC ("FOUNDATION") RECEIVES SECURITIES AS A NON-CASH CONTRIBUTION, THEY ARE GIVEN TO U S BANK, WHO THEN SELLS THEM AND DEPOSITS THE FUNDS FOR THE FOUNDATION

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 GOOD SAMARITAN HOSPITAL FOUNDATION OF CINCINNATI INC	Employer identification number 31-1206047
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Identifier	Return Reference	Explanation
DESCRIPTION OF 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 EMPHA SIZE HUMAN DIGNITY AND SOCIAL JUSTICE AS WE MOVE TOWARD THE CREATION OF HEALTHIER COMMUNITIES

Identifier	Return Reference	Explanation
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	FORM 990, PART III, LINE 4A	THE GOOD SAMARITAN FOUNDATION OF CINCINNATI, INC ("FOUNDATION") WAS FOUNDED IN 1986 AND IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE ("IRS") AS EXEMPT FROM FEDERAL INCOME TAX UNDER INTERNAL REVENUE CODE SECTION ("IRC SEC ") 501(A) AS AN ORGANIZATION DESCRIBED IN IRC SEC 501(C)(3) IT IS ENTRUSTED TO RECEIVE ALL CHARITABLE GIFTS TO THE GOOD SAMARITAN HOSPITAL OF CINCINNATI, OHIO ("HOSPITAL") AND THE GOOD SAMARITAN COLLEGE OF NURSING AND HEALTH SCIENCE ("COLLEGE") TO STEWARD THOSE FUNDS PRUDENTLY, AND TO ENSURE THAT THEY ARE USED ACCORDING TO THE DESIRES OF DONORS BOTH HOSPITAL AND COLLEGE ARE RECOGNIZED BY THE IRS AS EXEMPT FROM FEDERAL INCOME TAX UNDER IRC SEC 501(A) AS ORGANIZATIONS DESCRIBED IN IRC SEC 501(C)(3), WITH RESPECT TO THE HOSPITAL, IT OPERATES EXCLUSIVELY TO SECURE AND STEWARD PHILANTHROPIC GIFTS WHICH WILL SUSTAIN THE LEVEL OF PERSONAL, COMPASSIONATE CARE FOR WHICH IT IS RENOWNED A GIFT TO THE FOUNDATION ENABLES THE HOSPITAL TO CONTINUE REACHING OUT TO THE COMMUNITY WITH INNOVATIVE HEALTH EDUCATION AND WELLNESS PROGRAMS THAT HELP PEOPLE HELP THEMSELVES BY MAINTAINING BETTER HEALTH THE FOUNDATION'S CURRENT 10-MEMBER STAFF AND 24-MEMBER BOARD OF TRUSTEES, THE MAJORITY OF WHICH ARE INDEPENDENT PERSONS REPRESENTATIVE OF THE COMMUNITY, RAISE FUNDS THROUGH SPECIAL EVENTS, ANNUAL GIVING, MAJOR GIFTS, PLANNED GIVING, CORPORATE/FOUNDATION GRANTS AND CAPITAL CAMPAIGNS TO HELP FUND MANY AREAS OF THE HOSPITAL, SUCH AS, COMMUNITY PROGRAMS, MEDICAL/NURSING EDUCATION, MEDICAL/NURSING RESEARCH, CAPITAL NEEDS, DEPARTMENTAL SUPPORT, AND PROGRAM SUPPORT

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2		HAROLD KLINK, W TODD GRAY, JOHN PROUT AND RICHARD HOMAN HAVE A "BUSINESS RELATIONSHIP" WITH EACH OTHER BY VIRTUE OF SITTING ON THE BOARD OF THE GOOD SAMARITAN COLLEGE OF NURSING AND HEALTH SCIENCE, A RELATED ENTITY OF THE GOOD SAMARITAN HOSPITAL FOUNDATION OF CINCINNATI, INC JOHN PROUT AND MARY RAFFERTY 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 JAMES WAINSCOTT AND RALPH MICHAEL HAVE A "BUSINESS RELATIONSHIP " RALPH MICHAEL AND ROBERT SULLIVAN HAVE A "BUSINESS RELATIONSHIP" HOWEVER THEIR TENURE ON THE FILING ORGANIZATION'S BOARD DID NOT OVERLAP RICHARD HOMAN AND RENITA HOMAN HAVE A "FAMILY RELATIONSHIP" HOWEVER THEIR TENURE ON THE FILING ORGANIZATION'S BOARD DID NOT OVERLAP

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6		THE SOLE MEMBER OF THE GOOD SAMARITAN HOSPITAL FOUNDATION OF CINCINNATI, INC SHALL BE THE GOOD SAMARITAN HOSPITAL OF CINCINNATI, OHIO

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A		PURSUANT TO ARTICLE II, SECTION 2.2 OF THE CODE OF REGULATIONS OF THE GOOD SAMARITAN HOSPITAL FOUNDATION OF CINCINNATI, INC., THE SOLE MEMBER OF THE CORPORATION SHALL APPOINT THE BOARD OF TRUSTEES OF THE CORPORATION NO LATER THAN SEPTEMBER 30 OF EACH YEAR

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B		THE GOOD SAMARITAN HOSPITAL OF CINCINNATI, OHIO MUST APPROVE AMENDMENTS TO THE FILING ORGANIZATION'S REGULATIONS AND THOSE MATTERS RESERVED BY OHIO LAW

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 FOUNDATION OF CINCINNATI, INC '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 FOUNDATION OF CINCINNATI, INC 'S GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST IN ADDITION, THE GOOD SAMARITAN HOSPITAL FOUNDATION OF CINCINNATI, INC '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 6,222,293

Identifier	Return Reference	Explanation
VOLUNTEER INFORMATION	FORM 990, PART I, LINE 6	DURING THE TAX YEAR, THE GOOD SAMARITAN HOSPITAL FOUNDATION OF CINCINNATI, INC WAS ASSISTED BY 312 VOLUNTEERS ASSISTING IN VARIOUS FUNDRAISING ACTIVITIES AND EVENTS TO BENEFIT THE GOOD SAMARITAN HOSPITAL OF CINCINNATI, OHIO

Identifier	Return Reference	Explanation
EXECUTIVE COMMITTEE COMPOSITION AND AUTHORITY	FORM 990, PART VI, LINE 1	PURSUANT TO ARTICLE V, SECTION 5 1 OF THE CODE OF REGULATIONS ("CODE") OF THE GOOD SAMARITAN HOSPITAL FOUNDATION, INC , THE EXECUTIVE COMMITTEE SHALL BE APPOINTED BY VOTE OF THE BOARD PURSUANT TO ARTICLE V, SECTION 5 2(A) OF THE CODE, THE EXECUTIVE COMMITTEE SHALL CONSIST OF THREE (3) OR MORE OF THE TRUSTEES, INCLUDING THE CHAIR, THE PRESIDENT AND THE CHIEF EXECUTIVE OFFICER AND OTHER REPRESENTATIVES OF THE BOARD AS DEEMED NECESSARY THE CHAIR SHALL SERVE AS THE CHAIR OF THE EXECUTIVE COMMITTEE MEMBERS OF THE EXECUTIVE COMMITTEE (OTHER THAN THE CHAIR AND THE PRESIDENT AND CHIEF EXECUTIVE OFFICER) SHALL SERVE AT THE PLEASURE OF THE BOARD AND MAY BE REMOVED WITH OR WITHOUT CAUSE AT ANY TIME BY VOTE OF THE BOARD TWO CONSECUTIVE UNEXCUSED ABSENCES SHALL BE GROUNDS FOR REMOVAL FROM THE EXECUTIVE COMMITTEE PURSUANT TO ARTICLE V, SECTION 5 2(B) OF THE CODE, THE EXECUTIVE COMMITTEE SHALL HAVE THE POWER AND AUTHORITY OF THE BOARD TO TRANSACT ALL REGULAR BUSINESS OF THE CORPORATION IN THE INTERVALS BETWEEN MEETINGS OF THE BOARD, SUBJECT TO ANY PRIOR LIMITATIONS IMPOSED BY THE BOARD BY STATUTE PURSUANT TO ARTICLE V, SECTION 5 2(C) OF THE CODE, THE PRESENCE OF A MAJORITY OF VOTING MEMBERS OF THE EXECUTIVE COMMITTEE THEN SERVING SHALL CONSTITUTE A QUORUM FOR ANY MEETING OF THE EXECUTIVE COMMITTEE THE ACT OF A MAJORITY OF THE TRUSTEES PRESENT AT A MEETING AT WHICH A QUORUM IS PRESENT IS THE ACT OF THE EXECUTIVE COMMITTEE ANY ACTION WHICH MAY BE AUTHORIZED OR TAKEN AT AN EXECUTIVE COMMITTEE MEETING MAY BE AUTHORIZED OR TAKEN WITHOUT A MEETING WITH THE WRITTEN APPROVAL OF ALL THE MEMBERS OF THE EXECUTIVE COMMITTEE ENTITLED TO VOTE THEREON

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 FOUNDATION OF CINCINNATI, INC 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 FOUNDATION OF CINCINNATI, INC ARE AUDITED WITH ITS PARENT, THE GOOD SAMARITAN HOSPITAL OF CINCINNATI, OHIO ("HOSPITAL") 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

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

GOOD SAMARITAN HOSPITAL FOUNDATION
OF CINCINNATI INC

Employer identification number

31-1206047

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

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) Disproporionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
See Additional Data Table												

Part IV

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

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

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

a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

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

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

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

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

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

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

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

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

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

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

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

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

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

No

No

No

No

No

No

No

Yes

No

No

No

No

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) GOOD SAMARITAN COLLEGE OF NURSING & HEALTH SCIENCE	B	261,089	CASH
(2) THE GOOD SAMARITAN HOSPITAL OF CINCINNATI OHIO	B	1,818,228	CASH
(3) THE GOOD SAMARITAN HOSPITAL OF CINCINNATI OHIO	C	1,396,770	CASH
(4) CATHOLIC HEALTH INITIATIVES	C	83,881	CASH
(5) THE GOOD SAMARITAN HOSPITAL OF CINCINNATI OHIO	N	571,138	FMV
(6)			

Schedule R (Form 990) 2010

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

[illegible]

Part VII **Supplemental Information**

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

Identifier	Return Reference	Explanation
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Software ID:

Software Version:

EIN: 31-1206047

Name: GOOD SAMARITAN HOSPITAL FOUNDATION
OF CINCINNATI INC

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

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						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, IA 50314 23-7358794	FUNDRAISING	IA	501(C)(3)	7	CHI-IA CORP	Yes	
MERCY AUXILIARY OF CENTRAL IOWA 1111 6TH AVENUE DES MOINES, IA 50314 42-6076069	AUXILIARY	IA	501(C)(3)	11A	CHI-IA CORP	Yes	
MERCY PROFESSIONAL PRACTICE ASSOCIATES INC 1111 6TH AVENUE DES MOINES, IA 50314 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, IA 52544 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, KS 67530 48-0543724	SURGERY CNTR	KS	501(C)(3)	3	CHI	Yes	
ST CATHERINE HOSPITAL 401 EAST SPRUCE STREET GARDEN CITY, KS 67846 48-0543721	HEALTHCARE	KS	501(C)(3)	3	CHI	Yes	
ST CATHERINE HOSPITAL DEVELOPMENT FOUNDATION 401 EAST SPRUCE STREET GARDEN CITY, KS 67846 20-0598702	FUNDRAISING	KS	501(C)(3)	11A	SCH	Yes	
CHI KENTUCKY INC 3900 OLYMPIC BLVD SUITE 400 ERLANGER, KY 41018 20-2741651	HEALTHCARE	KY	501(C)(3)	11A	CHI	Yes	
SAINT JOSEPH HEALTH SYSTEM INC 150 N EAGLE CREEK DR LEXINGTON, KY 40509 61-1334601	HEALTHCARE	KY	501(C)(3)	3	CHI	Yes	
CONTINUING CARE HOSPITAL 150 NORTH EAGLE CREEK DRIVE LEXINGTON, KY 40509 61-1400619	LTACH	KY	501(C)(3)	3	SJHS	Yes	
FLAGET HEALTHCARE DBA FLAGET MEMORIAL HOSPITAL 4305 NEW SHEPHERDSVILLE ROAD BARDSTOWN, KY 40004 61-1345363	HEALTHCARE	KY	501(C)(3)	3	CHI	Yes	
FLAGET MEMORIAL HOSPITAL FOUNDATION INC 4305 NEW SHEPHERDSVILLE ROAD BARDSTOWN, KY 40004 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 BEREА 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	
LAKWOOD 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	SJRMCMC	Yes	
MNMCH INC 220 NORTH PENNSYLVANIA COLUMBUS, KS66725 48-1216238	HEALTHCARE	KS	501(C)(3)	3	SJRMCMC	Yes	
ST JOHN'S MEDICAL GROUP 2727 MCCLELLAND BLVD JOPLIN, MO64804 43-1882377	PHYS PRACTICE	MO	501(C)(3)	9	SJRMCMC	Yes	
ST JOHN'S MERCY REGIONAL FOUNDATION 2727 MCCLELLAND BLVD JOPLIN, MO64804 43-1308084	FUNDRAISING	MO	501(C)(3)	7	SJRMCMC	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	AHBMHSMC	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	AHBMHSMC	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

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						Yes	No
SAINT CLARE'S HEALTH SERVICES INC 25 POCONO ROAD DENVER, NJ07834 22-3639733	MANAGEMENT	NJ	501(C)(3)	7	CHI	Yes	
SAINT CLARE'S COMMUNITY CARE 66 FORD ROAD DENVER, NJ07834 22-2876836	HEALTHCARE	NJ	501(C)(3)	11B	SCHS	Yes	
SAINT CLARE'S FOUNDATION INC 66 FORD ROAD DENVER, NJ07834 22-2502997	FUNDRAISING	NJ	501(C)(3)	7	SCHS	Yes	
SAINT CLARE'S HOSPITAL 66 FORD ROAD DENVER, NJ07834 22-3319886	HEALTHCARE	NJ	501(C)(3)	3	CHI	Yes	
ST FRANCIS LIFE CARE CORPORATION 19 POCONO ROAD DENVER, 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	

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						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 GOOD SAMARITAN HOSPITAL OF CINCINNATI OHIO 619 OAK STREET ACCOUNTING-3 WEST CINCINNATI, OH45206 31-0537486	INPATIENT AND OUTPATIENT SERVICES	OH	501(C)(3)	3	TRIHEALTH INC	Yes	

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						Yes	No
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	
GOOD SAMARITAN COLLEGE OF NURSING & HEALTH SCIENCE 375 DIXMYTH AVE CINCINNATI, OH45220 31-1778403	EDUCATION	OH	501(C)(3)	2	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	

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						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	

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						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	
TRIHEALTH INC 619 OAK STREET ACCOUNTING-3 WEST CINCINNATI, OH 45206 31-1438846	SUPPORT AFFILIATED HOSPITALS	OH	501(C)(3)	11B	N/A	Yes	

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 DENVER, NJ07834 22-2441202	BILLING SERVICES	NJ	N/A	C			

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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			

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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			