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DLN: 93493134072043

# 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)

2011

OMB No 1545-0047

ZUII

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

Open to Public

A Fo	r the :	2011 calendaı	r year, or tax year beginning	07-01-2011 and ending 06-	30-2012			•
<b>B</b> Che	eck if a		ne of organization Christ Hospital				D Employer i	dentification number
┌ Add	ress ch	ange	<u> </u>			_	31-05385	
┌ Nar	me cha	nge	g Business As				E Telephone	number
┌ Inıt	al retu	m Num	ber and street (or P O box if mail	is not delivered to street address)	Room/suite	-	(513) 585	
┌ <sub>Ter</sub>	mınate	d 2139	AUBURN AVENUE			-	<b>G</b> Gross receipt	s \$ 772,874,521
┌ Am	ended		or town, state or country, and ZIP	+ 4		-		
┌ App	olication	CING pending	CINNATI, OH 45219					
		F	Name and address of princi	pal officer		H(a) Is this	s a group retu	rn for
		Mi	chael F Keatıng	•		affiliat		⊤Yes <b>▽</b> No
		<b>I</b>	39 AUBURN AVENUE NCINNATI,OH 45219			11/6	·	
							affiliates inclu	ided? Yes No
I Ta:	x-exem	pt status 🔽 5	01(c)(3)	ert no )	27		exemption r	·
J W	ebsite	::► WWW THE	ECHRISTHOSPITAL COM					
<b>K</b> Forr	n of org	ganization 🔽 Co	rporation Trust Association	Other ►	•	L Year of for	mation 1891	<b>M</b> State of legal domicile OH
Pa	rt I	Summary					•	
	1 1	Briefly describ	e the organization's mission	or most significant activities				
a)	:	TO PROVIDE	THE FINEST PATIENT EXP	ERIENCE AND IMPROVE TH	HE HEALT	HOFOUR	COMMUNITY	,
Governance	-							
Ĕ								
že Š	2	Check this box	if the organization disc	ontinued its operations or dis	posed of r	more than 25	5% of its net	assets
Ğ			•	body (Part VI, line 1a) .			з	16
Activities &				the governing body (Part VI, I			4	10
ĕ				endar year 2011 (Part V, line			5	5,715
\$			of volunteers (estimate if nec		<b>,</b> -		6	259
a				: VIII, column (C), line 12 .			7a	5,212,021
				n Form 990-T, line 34			7b	-,,
	<u> </u>			,		Prior	Year	Current Year
	8	Contribution	s and grants (Part VIII, line	1h)			390,470	111,436,472
횰	9 Program service revenue (Part VIII, line 2g)						24,052,618	659,423,009
Raveni	10			A), lines 3, 4, and 7d)			3,014,363	1,123,705
æ	11			es 5, 6d, 8c, 9c, 10c, and 11			8,718,757	886,335
	12			nust equal Part VIII, column			- / /	
		12)	<u> </u>	<u> </u>	•	6	36,176,208	772,869,521
	13	Grants and s	ımılar amounts paıd (Part IX	, column (A), lines $1-3$ ).			927,581	1,114,188
	14			column (A), line 4)			0	0
ø	15		er compensation, employee	benefits (Part IX, column (A)	, lines	3	05,348,509	330,623,914
)3e	16a	5-10)	fundraising foos (Part IV co	lumn (A), line 11e)			0 0 0 0 0 0 0 0	330,023,914
Expenses	١.			•		· ·		
Д	17		g expenses (Part IX, column (D), li	ne 25) <b>F</b> ores 11a - 11d, 11f - 24e)		2	24,167,573	318,530,486
	18			es 11a-11d, 111-24e) .     . equal Part IX, column (A), lin			30,443,663	650,268,588
	19	•	•	from line 12		-	5,732,545	122,600,933
₩ 60°	15	Nevellue les	s expenses Subtract line 10	nonnine 12	• •	Beginning	of Current	
Net Assets or Fund Balances						Ye	ear	End of Year
33.00 10.00	20					5	88,231,949	889,491,939
3 2	21						00,635,980	562,030,744
	22			e 21 from line 20		2	87,595,969	327,461,195
	rt II	Signature						
Under know	r penal	ties of perjury, and belief, it is	I declare that I have examined	this return, including accompa cclaration of preparer (other tha		is based on a	ll information	
Sign		****** Signature of	officer			201 Dat	13-05-14 te	
Here		'	an VP & Chief Financial Officer					
			: name and title					
		Preparer's		Date	Che	eck If	Preparer's tax	payer identification number
Paid		signature		) Julie	self	<u> </u>	(see instruction	
	arer's	Fum/a na == / ==	NOUTE & EDNCT & VOUNCIUS		em	ployed 🕨 🦳		
Use (		Firm's name (or if self-employed	n),				EIN Þ	
JJE (	oilly.	address, and ZII		STE 1100			<u> </u>	// · · · · · · · · · · · · · · · · · ·
		1	COLLIMBUS OH 43215				Phone no 🕨	(614) 224-5678

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

┌Yes ┌No

Form	1990 (2011)					Page <b>2</b>					
Par	<b>Statement</b> Check if Sche			<b>lishments</b> Jestion in this Part III		F					
1	Briefly describe the	organization's missio	n								
<u> TO P</u>	ROVIDE THE FINES	T PATIENT EXPERIE	ENCE AND IMPI	ROVE THE HEALTH O	FOUR OUR COMMUNITY						
2	Did the organization the prior Form 990 o	undertake any signifi r 990-EZ?	cant program se	rvices during the year	which were not listed on	┌ Yes ┌ No					
		ese new services on S									
3	Did the organization services?	Did the organization cease conducting, or make significant changes in how it conducts, any program services?									
	If "Yes," describe these changes on Schedule O										
4	expenses Section 5	01(c)(3) and 501(c)(	(4 ) organizations	and section 4947(a)(	ee largest program services 1) trusts are required to rep h program service reported						
4a	(Code	) (Expenses \$	553,767,802	ıncludıng grants of \$	1,114,188 ) (Revenue \$	659,423,009 )					
	SEE SCHEDULE O										
4b	(Code	) (Expenses \$		including grants of \$	) (Revenue \$	)					
	-										
4c	(Code	) (Expenses \$		including grants of \$	) (Revenue \$	)					
4d	Other program serv	rices (Describe in Sc	:hedule O )								
	(Expenses \$		cluding grants of	f \$	) (Revenue \$	)					
	Total program servi	ice expenses►\$	553,767,80	2							
		<u> </u>	· · · · · · · · · · · · · · · · · · ·								

art IV	Checklis	t of	Required	Schedules

	• • • • • • • • • • • • • • • • • • •		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part $I^{\bullet}$	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part 1	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II.	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt{2}$	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	<u> </u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II and IV.	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S? If "Yes," complete Schedule F, Part III and IV.	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	Yes	
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b	Yes	

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II $\textcircled{\textbf{5}}$	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
С	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 owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a	Yes	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm <b>990</b>	(2011)

Form 990 (2011)

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
a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable			
	<b>1a</b> 460			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1c	Yes	
a	gaming (gambling) winnings to prize winners?	10	165	
	Statements filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
а	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 or securities account)?	<b>4</b> a	Yes	
b	If "Yes," enter the name of the foreign country •CJ		165	
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	5c 6a		No
ь	organization solicit any contributions that were not tax deductible?			
	were not tax deductible?	6b		
а	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		Νo
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	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			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	7.		NI a
f	contract?	7e 7f		No No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	71 7g		110
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	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	711		
	business holdings at any time during the year?	8		
_	Sponsoring organizations maintaining donor advised funds.  Did the organization make any taxable distributions under section 49663	0-		
	Did the organization make any taxable distributions under section 4966?	9a Ob		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
)	Section 501(c)(7) organizations. Enter  Instruction focal and constal contributions unalluded on Part VIII. Inc. 12			
	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			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
	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			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?  Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.			
c	Enter the aggregate amount of reserves on hand			
	13c			_
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
h	If "Vac " has it filed a Form 720 to report these nauments? If "No " provide an evaluation in Schodule O	1446		

**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.

Se	ction A. Governing Body and Management							
			Yes	No				
1_	Enter the number of veting members of the governing heady at the and of the tay							
1a	Enter the number of voting members of the governing body at the end of the tax year							
b	Enter the number of voting members included in line 1a, above, who are independent							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?.	3		No				
4	Did the organization make any significant changes to its 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	Did the organization have members or stockholders?	6	Yes					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following							
а	The governing body?	8a	Yes					
ь	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				
Se	ection B. Policies (This Section B requests information about policies not required by the Internal			110				
	venue Code.)							
			Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a		Νo				
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes					
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes					
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes					
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes					
13	Did the organization have a written whistleblower policy?	13	Yes					
14	Did 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?							
а	a The organization's CEO, Executive Director, or top management official							
b	<b>b</b> Other officers or key employees of the organization							
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its							
-	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		No				
Se	ection C. Disclosure	<b>-</b>						
	List the States with which a copy of this Form 990 is required to be filed▶○H							

Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available.

☐ O wn website ☐ A nother's website ☑ U pon request

- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►

  JAMIE PHILLIPS EXEC DIR FIN
  2139 AUBURN AVENUE
  CINCINNATI, OH 45219
  (513) 585-2000

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

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

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

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

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

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

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

<b>(A)</b> Name and Title	(B) Average hours per week (describe	unles an	on (d e thai	n one son er ai	e bo: is bo nd a	x, oth		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
	hours for related organizations in Schedule O)	Key employee Officei Institutional Trustee Individual trustee or director		Key employee	Former Highest compensited employee			MISC)	related organizations	
(1) R Glen Mayfield Director/Board Chairman	1 0	x		х				0	0	0
(2) George H Vincent Director/Sec & Treas	1 0	х		Х				0	0	0
(3) Susan R Croushore Director/President & CEO	40 0	х		Х				668,442	0	341,204
(4) Thomas H Broderick MD Director/Pres Medical Staff	1 0	х						588,989	0	68,056
(5) James E Bushman Director	1 0	х						0	0	0
(6) R Kerry Clark Director	1 0	х						0	0	0
(7) Theodore H Emmerich Director	1 0	х						0	0	0
(8) Scott D Farmer Director	1 0	х						0	0	0
(9) Thomas R Gerdes Director	1 0	х						0	0	0
(10) Victoria Buyinski Gluckman Director	1 0	х						0	0	0
(11) Jeb Head Director	1 0	х						0	0	0
(12) Roger L Howe Director	1 0	х						0	0	0
(13) Alfred Kahn III MD Director	8 0	х						131,539	0	338
(14) Michael K Keating Director	1 0	х						0	0	0
(15) Patrick Kirk MD Director/Physician	40 0	х						1,163,712	0	57,254
(16) Donald Raithel MD Director	1 0	х						0	0	0
(17) Chris E Bergman VP & Chief Financial Officer	40 0			Х				481,171	0	136,859

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

(A) Name and Title	(B) A verage hours per week (describe hours	unles an	on (d e tha	n one son er ai	e bo is bo nd a stee	x, oth )		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	c	(F) Estima mount o ompens from t ganizat relat	ated f other sation the ion and
	for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		МІЗСУ	o	organiza	
(18) Dean J Kereiakes MD Physician	40 0					х		1,005,803		0		188,628
(19) Reed A Shank MD Physician	40 0					х		755,887		0		59,914
(20) Stephen G Bennett MD Physician	40 0					Х		721,146		0		58,414
(21) Mickey M Karram MD Physician	40 0					х		908,401	(	0		64,986
(22) Edward V Lim MD Physician	40 0					х		988,258		0		66,330
1b Sub-Total			<del></del>	٠.	•	<u> </u>	F					
c Total from continuation sheets	to Part VII, Sec	tion A					<b>P</b>					
d Total (add lines 1b and 1c) .				•	•	•	•	7,413,348	0		:	1,041,983
Total number of individuals (inc \$100,000 of reportable compe						above	) who	received more tha	n			
									_		Yes	No
3 Did the organization list any <b>fo</b> i on line 1a? <i>If</i> "Yes," complete So					ey e	mploy •	ee, d •	or highest compens	ated employee	3		No
4 For any individual listed on line	1a, is the sum o	f report	able	com	pens	ation	and	other compensation	from the			

			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes</i> ," <i>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? If "Yes," complete Schedule J for such individual		.,	
	marviaga	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No

### Section B. Independent Contractors

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

<b>(A)</b> Name and business address	( <b>B</b> ) Description of services	<b>(C)</b> Compensation
Al Neyer LLC 302 West 3rd Street CINCINNATI, OH 45202	CONSTRUCTION	10,397,261
PEROT SYSTEMS CORPORATION 12020 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693	FINANCIAL SERVICES	7,371,745
CARETECH SOLUTIONS INC 901 WILSHIRE DRIVE SUITE 250 TROY, MI 48084	IT SERVICES	7,262,548
SKIDMORE OWINGS MERRILL LLC 224 SOUTH MICHIGAN AVENUE CHICAGO, IL 60604	CONSTRUCTION	5,894,037
DANIS BUILDING CONSTRUCTION 3233 NEWARK DRIVE MIAMISBURG, OH 45342	CONSTRUCTION	4,494,986
2 Total number of independent contractors (including but not limited to those listed above)	who received more than	

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►56

Form 990 (2011) Page 9 Part VIII Statement of Revenue									
Part v	<b>/!!!</b>	Statement	or Revenue		<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514	
nts nts	1a	Federated cam	paigns 1a						
Contributions, gifts, grants and other similar amounts	b	Membership du	ies <b>1b</b>						
s, ç am	С	Fundraising ev	ents <b>1c</b>						
<u>≅</u>	d	_	zations 1d	100,000,000					
ns, sími	e	Government grant	s (contributions) 1e	11,419,509				ļ	
ntíol er s	f	All other contribute similar amounts no	ons, gifts, grants, and <b>1f</b> ot included above	16,963					
ē.	g	Noncash contr	ibutions included in						
nd		lines 1a-1f \$ _		_	111,436,472				
ें ल	h	Total. Add lines	s 1 a - 1 f		111,436,472				
alle	2-	Not Doto at Common	- D	Business Code					
ven	2a	Net Patient Service		621990	640,371,990	635,182,842	5,189,148		
2 <u>4</u>	b		SERVICE REVENUE	621400	8,720,274	8,697,401	22,873		
W.C.	C	Physician Services		621110	4,466,308	4,466,308			
Ř	d	Pharmacy Sales		446110	3,343,316	3,343,316			
เลม	e	All other program	am service revenue		2,521,121	2,521,121			
Program Service Revenue	f	All other progra	am service revenue						
	g		s 2a – 2f		659,423,009				
	3		come (including dividen		2,776,159		0	2,776,159	
	4		ar amounts) stment of tax-exempt bond		0		, , ,	2,770,133	
	5			`	0				
		,	(ı) Real	(II) Personal					
	6a	Gross rents							
	b	Less rental expenses							
	С	Rental income							
	d	or (loss) Net rental inco	me or (loss)						
			(ı) Securities	(II) Other					
	7a	Gross amount from sales of	-1,697,402	49,948					
		assets other than inventory							
	ь	Less cost or other basis and		5,000					
		sales expenses							
	c	Gain or (loss)	-1,697,402	44,948	-1,652,454			-1,652,454	
	d 8a		from fundraising		-1,652,454			-1,652,454	
Other Revenue		events (not inc \$ of contributions							
쮼			а						
ner	ь		penses <b>b</b>						
of	c 9a		(loss) from fundraising	events 🟲	0				
		See Part IV, lir	from gaming activities ne 19 a						
	b		penses <b>b</b> (loss) from gamıng actı	uutuaa 📴	0				
	с 10а	Gross sales of		vicies	o o				
	100	returns and allo							
			a						
	b		oods sold <b>b</b>						
	С	Net income or i	(loss) from sales of inv	Business Code	0				
	11a	CAFETERIA/V		722210	2,242,000			2,242,000	
		REVENUE							
	ь	PMPM Paymen	t	900099	404,549			404,549	
	С		REGISTRATION	611600	193,070			193,070	
	d	REVENUE All other reven	ue		-1,953,284			-1,953,284	
	e		s 11a-11d		904 335				
	12	Total revenue.	See Instructions .	•	886,335 772,869,521	654,210,988	5,212,021	2,010,040	

# 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) Check if Schedule O contains a response to any question in this Part IX

	t include amounts reported on lines 6h		(B)	<sub> </sub>	(D)
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	1,114,188	1,114,188		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	0	1,111,100		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	3,634,495	2,907,596	726,899	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons				
_	described in section 4958(c)(3)(B)	269,809	215,847	53,962	
7	Other salaries and wages	262,040,379	209,632,303	52,408,076	
8	Pension plan contributions (include section $401(k)$ and section $403(b)$ employer contributions)	11,519,033	9,215,226	2,303,807	
9	Other employee benefits	35,720,841	28,576,673	7,144,168	
10	Payroll taxes	17,439,357	13,951,486	3,487,871	
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	2,766,520	2,213,216	553,304	
С	Accounting	518,000	414,400	103,600	
d	Lobbying	0			
е	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	29,884		29,884	
g	Other	57,550,764	46,040,611	11,510,153	
12	Advertising and promotion	3,755,368	3,004,294	751,074	
13	Office expenses	7,060,664	5,648,532	1,412,132	
14	Information technology	6,975,020	5,580,016	1,395,004	
15	Royalties	0			
16	Occupancy	16,057,282	12,845,826	3,211,456	
17	Travel	398,290	318,632	79,658	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	787,674	630,139	157,535	
20	Interest	2,205,875	1,764,700	441,175	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	39,507,180	31,605,744	7,901,436	
23	Insurance	2,687,128	2,149,702	537,426	
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 )				
а	Medical Supplies	144,596,992	144,596,992		
b	Medical Professional Fees	22,173,013	22,173,013		
c	DUES AND SUBSCRIPTIONS	8,634,154	6,907,323	1,726,831	
d	SETTLEMENTS	1,775,811	1,420,649	355,162	
е					
f	All other expenses	1,050,867	840,694	210,173	
25	Total functional expenses. Add lines 1 through 24f	650,268,588	553,767,802	96,500,786	0
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
				Fο	rm <b>990</b> (2011)

Part X **Balance Sheet** (A) (B) Beginning of year End of year 18,727,382 250.120.763 1 0 2 0 2 0 3 151,143,136 3 78.296.917 4 Accounts receivable, net . 84.289.986 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . . . 0 5 0 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of ol 0 Schedule L . . . . . 6 0 0 7 10.542.544 8 9.534.319 6,229,882 9 9.511.921 Prepaid expenses and deferred charges . . . . . . 10a 683,984,952 Land, buildings, and equipment cost or other basis *Complete* Part VI of Schedule D 10a 10b 434,472,539 b Less accumulated depreciation . . . . 212,693,958 10c 249,512,413 75,323,870 11 228,199,855 11 3,529,000 12 12 Investments—other securities See Part IV, line 11 . . . . . . 13 13 0 Investments—program-related See Part IV, line 11 . . 30,143,410 28,408,662 14 14 5,130,850 15 26,385,020 15 588,231,949 889,491,939 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 62,882,395 17 70,435,442 17 Accounts payable and accrued expenses . 18 18 0 19 19 0 20 29.351.800 20 361.806.089 21 Escrow or custodial account liability Complete Part IV of Schedule D . . 21 0 Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 0 0 22 5.545.086 23 Secured mortgages and notes payable to unrelated third parties . . . 78.188.058 23 24 Unsecured notes and loans payable to unrelated third parties . . . . 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 130,213,727 25 124,244,127 D . . . . . 26 300,635,980 26 562,030,744 **Total liabilities.** Add lines 17 through 25 . . . . . Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 287,595,969 27 Unrestricted net assets . . . . 227,461,195 0 28 100.000.000 28 Temporarily restricted net assets . . . . . Fund 29 ol 29 0 Permanently restricted net assets . . . . Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. ö 30 Capital stock or trust principal, or current funds . . . . . 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund . . . . . 32 32 Retained earnings, endowment, accumulated income, or other funds ž 33 287.595.969 33 327.461.195 Total net assets or fund balances . . . . . 588.231,949 34 Total liabilities and net assets/fund balances . . . . . 34 889.491.939

Ра	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		772.8	369,52
2	Total expenses (must equal Part IX, column (A), line 25)	2			268,58
3	Revenue less expenses Subtract line 2 from line 1	3		122,6	500,93
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) $\cdot$ .	4		287,5	595,96
5	Other changes in net assets or fund balances (explain in Schedule O)	5		-82,7	735,70
6	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				161,19
Par	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII			୮	•
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of 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 its Schedule O		2c	Yes	
		·	20	165	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were on a separate basis, consolidated basis, or both	ssuea			
	Separate basis Consolidated basis Both consolidated and separated basis				
За	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?	е	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required	3b	Yes	

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As Filed Data -

DLN: 93493134072043

OMB No 1545-0047

# **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.

Inspection **Employer identification number** 

	of th	e organiza	ation				•		Employer i	dent if icatio	n number
31-0538525								25			
Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions											
The	The organization is not a private foundation because it is (For lines 1 through 11, check only one box )										
1	Г	A church, convention of churches, or association of churches section 170(b)(1)(A)(i).									
2	Γ	A schoo	l described	in <b>section 170(b)(1</b>	L <b>)(A)(ii).</b> (At	tach Schedu	ıle E )				
3	<b>▽</b>	A hospit	al or a coo	perative hospital se	rvice organiz	atıon descrı	bed in <b>sectio</b>	n 170(b)(1)	(A)(iii).		
4	Γ	A medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A)(iii).</b> Enter the hospital's name, city, and state									
5	Г	An organ	nization op	erated for the benefi	t of a college	or universit	y owned or o	perated by a	government	al unit descr	ibed in
		section :	170(b)(1)(	A)(iv). (Complete P	art II )						
6	Γ	A federa	l, state, or	local government or	r government	al unit desc	rıbed ın <b>secti</b>	on 170(b)(1	)(A)(v).		
7	Γ	describe	ed in	at normally receives		al part of its	support from	a governme	ntal unit or fr	om the gene	ral public
	_			A)(vi) (Complete P		A ) () (C o m	anleta Dart II				
8	<u> </u>			described in <b>section</b>					utiona mom	harabın fasa	and areas
9	ı	=		at normally receives					· ·	· ·	-
				ities related to its e oss investment inco							
				ganization after June						cax) Iroin bus	sillesses
10	$\vdash$			ganized and operated							
11	<u>'</u>			ganized and operated						o carry out t	ne nurnoses of
	'	one or m	ore public	ly supported organiz bes the type of supp <b>b</b> Type I	ations descr orting organ	ıbed ın sectı ı <u>za</u> tıon and c	on 509(a)(1)	or section! s 11e throug	509(a)(2) Se gh 11h	ee section 50	
e	Γ	other tha	an foundatı	ox, I certify that the on managers and ot	_				•	-	•
f				received a written d	etermination	from the IRS	S that it is a <sup>-</sup>	Гуре I, Туре	e II or Type I	II supportin	g organization,
g				2006, has the organ	ızatıon accep	oted any gift	or contribution	on from any	of the		
		-	persons?	rectly or indirectly c	ontrols autho	eralone ort	naether with i	narenne dae	cribed in (ii)		Yes No
				governing body of th				persons des	cribed iii (ii)	11g(	
				er of a person descri			icioni.			11g(	<del></del>
		• •	•	led entity of a perso	• •		hove?			11g(	
h				ng information about							····/
		1101140		ig illiorillation about	ciic supporce	ou organizati	(5)				
(i) Name suppor organiza		e of (ii) (described on col (i) listed in col (i) of your			(vi) Is the organizate col (i) organite in the U	e ion in anized S ?	(vii) A mount of support?				
				ınstructions))	Yes	No	Yes	No	Yes	No	
					l	1	I	I	1	1	I

Total

instructions

Sch	edule A (Form 990 or 99	90-EZ)2011						Page <b>2</b>
	(Complet	e only if you	checked the	box on line 5,	7, or 8 of Part	<b>(b)(1)(A)(iv)</b> I or if the orgar	nızatıon faıle	d to qualify
			<u>organızatıon f</u>	fails to qualify ι	<u>under the tests</u>	listed below, pl	<u>lease comple</u>	ete Part III.)
	ection A. Public Su					Т	1	
Cal	endar year (or fiscal ye in)	ar beginning	<b>(a)</b> 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	(d) 2010	(e) 2011	( <b>f</b> ) Total
1	Gifts, grants, contribut	ions, and						
	membership fees recei							
	ınclude any "unusual							
_	grants ") Tax revenues levied fo	rtho						
2	organization's benefit a							
	paid to or expended on							
	behalf							
3	The value of services of							
	furnished by a governme the organization withou							
4	Total. Add lines 1 thro	_						
5	The portion of total cor	-						
-	by each person (other	than a						
	governmental unit or p	•						
	supported organization line 1 that exceeds 2%							
	amount shown on line 1							
	(f)	21,0014						
6	Public Support. Subtractine 4	ct line 5 from						
S	ection B. Total Sup	port						
Cal	<b>endar year</b> (or fiscal yea	r beginning	<b>(a)</b> 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	(d) 2010	<b>(e)</b> 2011	(f) Total
_	ın)	_	(4) 2007	(2) 2000	(4) 2005	(4) 2020	(0) 2022	(1) 1 3 4 4
7 8	A mounts from line 4 Gross income from inte	rost –						
0	dividends, payments re							
	securities loans, rents							
	and income from simila	ır						
_	sources							
9	Net income from unrela business activities, wh							
	not the business is reg							
	carried on							
10	Other income (Explain							
	IV ) Do not include gai from the sale of capital							
11	Total support (Add line							
	through 10)							
12	Gross receipts from re	lated activities	s, etc (See inst	ructions )			12	
13	First Five Years If the		r the organizati	on's first, second	l, thırd, fourth, or	fıfth tax year as a	501(c)(3) or	
	check this box and <b>sto</b>	p here						<b>▶</b> □
S	ection C. Computat	ion of Publ	ic Support F	Percentage				
14	Public Support Percen	tage for 2011	(line 6 column	(f) dıvıded by lıne	11 column (f))		14	
15	Public Support Percen	tage for 2010	Schedule A , Pa	rt II, line 14			15	
16a	33 1/3% support test-					line 14 is 33 1/3%	% or more, che	
h	and <b>stop here.</b> The org  33 1/3% support test					6a and line 15 is	33 1/20% or m	ore check this
D	box and <b>stop here.</b> The					oa, and inte 15 IS	1/3%0 UI M	ore, check this
17a	10%-facts-and-circum	-	•		-	ne 13, 16a, or 16	b and line 14	٠,
	ıs 10% or more, and ıf							
	in Part IV how the orga	anızatıon meet	s the "facts and	d circumstances"	test The organiz	zatıon qualıfıes as	a publicly su	
b	organization 10%-facts-and-circum	stances test—	<b>2010.</b> If the ora	anization did not	check a hov on li	ne 13, 16a 16b	or 17a and lin	<b>▶</b> □
,	15 is 10% or more, an							-
	Explain in Part IV how	the organizati						
10	supported organization  Private Foundation If t		n did not chools	a hov on line 12	16a 16h 17a a	or 17h chack this	hov and coc	<b>►</b> □

**▶**□

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 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 (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 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 Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 11 and 12) 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 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

19a 33 1/3% support tests—2011. 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

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

33 1/3% support tests-2010. 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

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

**▶**[

Part IV	<b>Supplemental Information.</b> Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).
	Facts And Circumstances Test
	Explanation

Schedule A (Form 990 or 990-EZ) 2011

DLN: 93493134072043

OMB No 1545-0047

### **SCHEDULE C** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

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

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

r th	e organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-E∠, Part VI, line 47 (L	obby	ıng	Activ	rities), thei	n
• Se	ection 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A	Do no	ot co	omple	te Part II-B	
• Se	ection 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Pai	t II-B	Do	not co	omplete Part	: II-A
	e organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 3	5c (Pr	OX	y Tax	), then	
• Se	ction 501(c)(4), (5), or (6) organizations Complete Part III					
		loyer	ıde	ntıfıca	ation numbe	er
THE	e Christ Hospital	0538.	525			
Par	t I-A Complete if the organization is exempt under section 501(c) or is a sec				anizatio	n.
					, a	
1	Provide a description of the organization's direct and indirect political campaign activities on behalf in opposition to candidates for public office in Part IV	of or				
2	Political expenditures	<b>&gt;</b>		\$ _		
3	V olunteer hours			_		
Par	t I-B Complete if the organization is exempt under section 501(c)(3).					
1	Enter the amount of any excise tax incurred by the organization under section 4955		•	\$ <u>_</u>		
2	Enter the amount of any excise tax incurred by organization managers under section 4955		<b>!-</b>	\$ _		
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?				☐ Yes	┌ No
4a	Was a correction made?				☐ Yes	┌ No
b	If "Yes," describe in Part IV					
Par	t I-C Complete if the organization is exempt under section 501(c) except sec	tion	50	1(c)	(3).	
1	Enter the amount directly expended by the filing organization for section 527 exempt function activit	ies	<b>-</b>	\$		
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527					
	exempt funtion activities	ı	<b>&gt;</b>	\$ _		
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	,	<b>-</b>	\$		
4	Did the filing organization file Form 1120-POL for this year?			* —	┌ Yes	┌ No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political orgonization made payments. For each organization listed, enter the amount paid from the filing organization of political contributions received that were promptly and directly delivered to a separate political contributions.	nızatıc	on's	funds	Also ente	rthe

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

separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

**f** Grassroots lobbying expenditures

(The term "expenditures" means amounts paid or incurred.)  Lia Total lobbying expenditures to influence public opinion (grass roots lobbying)  b Total lobbying expenditures to influence a legislative body (direct lobbying)  c Total lobbying expenditures (add lines 1a and 1b)  d Other exempt purpose expenditures  e Total exempt purpose expenditures (add lines 1c and 1d)  f Lobbying nontaxable amount Enter the amount from the following table in both columns  If the amount on line 1e, column (a) or (b) is:  The lobbying nontaxable amount is:  Not over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 over \$1,000,000 but not over \$1,000,000 \$1,000,000  g Grassroots nontaxable amount (enter 25% of line 1f)  Subtract line 1g from line 1a If zero or less, enter -0-  i Subtract line 1f from line 1c If zero or less, enter -0-  j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?  4-Year Averaging Period Under Section 501(h)  (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.)	ווטפ	edule C (F	01111 9 9 0 01 9 9 0 - EZ ) 2 0 1 1					Page <b>∠</b>
A Check   If the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member expenses, and share of excess lobbying expenditures)    Check   If the filing organization checked box A and "limited control" provisions apply    Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)   Organization Total Incurred (The term "expenditures" means amounts paid or incurred.)   Organization Total Incurred (The term "expenditures to influence a legislative body (direct lobbying)	Pa	rt II-A		n is exempt under	section 501(	c)(3) and fi	iled Form 5768	(election
expenses, and share of excess lobbying expenditures)  Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)  Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)  Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)  Limits on Lobbying Expenditures (The term "expenditures to influence public opinion (grass roots lobbying)  Lobbying expenditures to influence a legislative body (direct lobbying)  Total lobbying expenditures (add lines 1a and 1b)  Other exempt purpose expenditures  Total obtaining purpose expenditures (add lines 1c and 1d)  Lobbying nontaxable amount Enter the amount from the following table in both columns  If the amount on line 1e, column (a) or (b) is:  If the amount on line 1e, column (a) or (b) is:  If the amount on line 1e, column (a) or (b) is:  Not over \$500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,500,000  S1,000,000 but not over \$1,500,000  Over \$1,000,000 but not over \$1,500,000  Over \$1,000,000 but not over \$1,500,000  S1,000,000 but not over \$1,500,000  Over \$1,000,000 but not over \$1,500,000  S1,000,000 but not over \$1,500,000  S1,000,000 but not over \$1,500,000  Over \$1,000,000 but not over \$1,500,000  S1,000,000 but not over \$1,500,000  Over \$1,000,000 but not over \$1,500,000  Over \$1,000,000 but not over \$1,500,000  S1,000,000 but not over \$1,500,000  Over \$1,000,000 but not over \$1,500,000  S1,000,000 but not over \$1,500,000  S1,000,000 but not over \$1,500,000  Over \$1,000,000 but not over \$1,500,000  S1,000,000 but not over \$1,500,000  S1,000,000 but not over \$1,500,000  Over \$1,000,000 but not over \$1,500,000  S1,000,000 but not over \$1,500,000  S1,000 but not over \$1,500,000  Over \$1,000,000 but not over \$1,500,000  S1,000 but not over \$1,500,000  S1,000 but not over \$1,500,000  Over \$1,0	١	Check		an affiliated group (and	lıst ın Part IV ea	ch affiliated gr	oup member's nam	e, address, EIN,
Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)  Total lobbying expenditures to influence public opinion (grass roots lobbying)  Total lobbying expenditures (add lines 1 aand 1b)  Other exempt purpose expenditures (add lines 1 aand 1b)  Lobbying nontaxable amount Enter the amount from the following table in both columns  If the amount on line Le, column (a) or (b) is:  If the amount on line Le, column (a) or (b) is:  If the amount on line Le, column (a) or (b) is:  Not over \$500,000  Over \$500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  S10,000,000  Over \$1,000,000 but not over \$1,000,000  S10,000,000  Over \$1,000,000 but not over \$1,000,000  S10,000,000  If the excess over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  S10,000,000  If the excess over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  S10,000,000  If the excess over \$1,000,000			expenses, and share of excess lob	bying expenditures)		_	•	
Total lobbying expenditures to influence public opinion (grass roots lobbying)  b Total lobbying expenditures to influence a legislative body (direct lobbying)  c Total lobbying expenditures (add lines 1a and 1b)  d Other exempt purpose expenditures  e Total exempt purpose expenditures (add lines 1c and 1d)  f Lobbying nontaxable amount Enter the amount from the following table in both columns  If the amount on line 1e, column (a) or (b) is:  Not over \$500,000  Diver \$500,000  Diver \$500,000  Diver \$500,000 but not over \$1,000,000  Diver \$1,000,000 but not over \$1,000,0	3	Check	ıf the filing organization checked bo	ox A and "limited contro	ol" provisions app	ly	1	1
(The term "expenditures" means amounts paid or incurred.)  Ital Total lobbying expenditures to influence public opinion (grass roots lobbying)  b Total lobbying expenditures (add lines 1a and 1b)  d Other exempt purpose expenditures  e Total exempt purpose expenditures (add lines 1c and 1d)  f Lobbying nontaxable amount Enter the amount from the following table in both columns  If the amount on line 1e, column (a) or (b) is:  The lobbying nontaxable amount is:  Not over \$500,000  Over \$500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  S1225,000 plus 10% of the excess over \$1,000,000  Over \$17,000,000  Over \$17,000,000  S11,000,000  S11,000,000  F11,000,000			Limits on Lobbying	Expenditures			(a) Filing	(b) Affiliated
Total lobbying expenditures to influence public opinion (grass roots lobbying)  b Total lobbying expenditures (add lines 1a and 1b)  d Other exempt purpose expenditures  Total exempt purpose expenditures (add lines 1c and 1d)  f Lobbying nontaxable amount Enter the amount from the following table in both columns  If the amount on line 1e, column (a) or (b) is:  The lobbying nontaxable amount is: Not over \$500,000  Over \$500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  S175,000 plus 15% of the excess over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  S100,000 plus 15% of the excess over \$1,000,000  Over \$1,000,000  Over \$1,000,000  Over \$1,000,000  The lobbying nontaxable amount is:  Not over \$500,000  Over \$1,000,000  Over \$1,000,00					l.)		Organization's Totals	Group Totals
b Total lobbying expenditures to influence a legislative body (direct lobbying)  c Total lobbying expenditures (add lines 1a and 1b)  d Other exempt purpose expenditures  e Total exempt purpose expenditures (add lines 1c and 1d)  f Lobbying nontaxable amount Enter the amount from the following table in both columns  If the amount on line 1e, column (a) or (b) is: Not over \$500,000  Over \$500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,7000,000  Over \$1,000,000 but not over \$1,7000,000  S225,000 plus 15% of the excess over \$1,000,000  Over \$1,7000,000  Over \$1,7000,000  F17,000,000  S225,000 plus 5% of the excess over \$1,500,000  Over \$1,7000,000  F17,000,000  F17,000		<b>-</b>			1 \		100013	1 ocars
c Total lobbying expenditures (add lines 1a and 1b)  d Other exempt purpose expenditures  e Total exempt purpose expenditures (add lines 1c and 1d)  f Lobbying nontaxable amount Enter the amount from the following table in both columns  If the amount on line 1e, column (a) or (b) is:  If the amount on line 1e, column (a) or (b) is:  Not over \$500,000  Over \$500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  In the excess over \$1,000,000  F1,000,000  F1,000,0				· -				
d O ther exempt purpose expenditures  Total exempt purpose expenditures (add lines 1c and 1d)  Lobbying nontaxable amount Enter the amount from the following table in both columns  If the amount on line 1e, column (a) or (b) is:  The lobbying nontaxable amount is:  Not over \$500,000  Over \$500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,500,000  Over \$1,500,000 but not over \$1,500,000  Over \$1,000,000 but not over \$1,000,000  Over \$1,000					ying)			
Total exempt purpose expenditures (add lines 1c and 1d)    Lobbying nontaxable amount Enter the amount from the following table in both columns   If the amount on line 1e, column (a) or (b) is:			,	b)				
f Lobbying nontaxable amount Enter the amount from the following table in both columns  If the amount on line 1e, column (a) or (b) is:  Not over \$500,000  Over \$500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,500,000  Over \$1,500,000 but not over \$1,500,000  Over \$17,000,000 but not over \$1,7000,000  Over \$17,000,000 but not over \$17,000,000  S225,000 plus 10% of the excess over \$1,000,000  Over \$17,000,000  Over \$17,000,000  Over \$17,000,000  S225,000 plus 5% of the excess over \$1,000,000  Over \$17,000,000  Over \$17,000,000  S1,000,000  S1,000,0	d	Otherexe	empt purpose expenditures					
Columns  If the amount on line 1e, column (a) or (b) is: Not over \$500,000  Over \$500,000 but not over \$1,000,000  Over \$500,000 but not over \$1,500,000  Over \$1,000,000 but not over \$1,500,000  Over \$1,500,000 but not over \$1,500,000  Over \$1,500,000 but not over \$1,7000,000  Over \$1,500,000 but not over \$1,500,000  Over \$1,500,000 but not over \$1,500,000  Over \$1,500,000 but not over \$1,500,000  Over \$1,000,000  Over \$1,500,000 but not over \$1,500,000  Over \$1,500,000 but not over \$1,500,000  Over \$1,500,000 but not over \$1,500,000  Over \$1,500,000  Over \$1,500,000  S1,000,000	e	Total exe	mpt purpose expenditures (add lines 1	.c and 1d)				
Not over \$500,000  Over \$500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,500,000  Over \$1,500,000 but not over \$1,7000,000  Over \$1,500,000 but not over \$1,7000,000  Over \$1,500,000 but not over \$1,000,000  Over \$1,500,000 but not over \$1,000,000  S225,000 plus 5% of the excess over \$1,500,000  Over \$17,000,000  S1,000,000  Grassroots nontaxable amount (enter 25% of line 1f)  Subtract line 1g from line 1a If zero or less, enter -0-  Subtract line 1f from line 1c If zero or less, enter -0-  If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?  4-Year Averaging Period Under Section 501(h)  (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.)  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year beginning in)  (a) 2008  (b) 2009  (c) 2010  (d) 20  Lobbying celling amount	f		nontaxable amount Enter the amount	from the following table	in both			
Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,000,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,00		If the an	ount on line 1e, column (a) or (b) is:	The lobbying nontax	able amount is:			
Over \$1,000,000 but not over \$1,500,000  Over \$1,500,000 but not over \$1,500,000  Over \$1,500,000 but not over \$1,500,000  Section \$225,000 plus 5% of the excess over \$1,500,000  Over \$17,000,000  g Grassroots nontaxable amount (enter 25% of line 1f)  h Subtract line 1g from line 1a If zero or less, enter -0-  i Subtract line 1ffrom line 1c If zero or less, enter -0-  j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?  4-Year Averaging Period Under Section 501(h)  (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.)  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year beginning in)  (a) 2008  (b) 2009  (c) 2010  (d) 20  2a Lobbying ceiling amount		Not over \$5	500,000	20% of the amount on lii	ne 1e			
Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,00		Over \$500,	000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,0	000		
g Grassroots nontaxable amount (enter 25% of line 1f) h Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?  4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.)  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year beginning in)  (a) 2008 (b) 2009 (c) 2010 (d) 20  Lobbying celling amount		Over \$1,00	0,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000	,000		
g Grassroots nontaxable amount (enter 25% of line 1f) h Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1ffrom line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?  4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.)  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year beginning in)  (a) 2008 (b) 2009 (c) 2010 (d) 20  Lobbying non-taxable amount		Over \$1,50	0,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,	000		
h Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?  4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.)  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year beginning in)  (a) 2008 (b) 2009 (c) 2010 (d) 20 2a Lobbying ceiling amount		Over \$17,0	00,000	\$1,000,000				
h Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?  4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.)  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year beginning in)  (a) 2008 (b) 2009 (c) 2010 (d) 20 2a Lobbying ceiling amount								
i Subtract line 1f from line 1c If zero or less, enter -0-  j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?  4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.)  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year beginning in)  (a) 2008  (b) 2009  (c) 2010  (d) 20  Lobbying non-taxable amount		Grassroo	ts nontaxable amount (enter 25% of li	ne 1f)				
i Subtract line 1f from line 1c If zero or less, enter -0-  j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?  4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.)  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year beginning in)  (a) 2008  (b) 2009  (c) 2010  (d) 20  Lobbying non-taxable amount	h	Subtract	line 1a from line 1a If zero or less. en	ter -0 -				
Jection 4911 tax for this year?  4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.)  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year beginning in)  (a) 2008  (b) 2009  (c) 2010  (d) 20  Lobbying ceiling amount								
4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete al columns below. See the instructions for lines 2a through 2f on page 4.)  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year beginning in)  (a) 2008 (b) 2009 (c) 2010 (d) 20  Lobbying non-taxable amount					organization file	Form 4720 re	portina	
(Some organizations that made a section 501(h) election do not have to complete al columns below. See the instructions for lines 2a through 2f on page 4.)  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year beginning in)  (a) 2008 (b) 2009 (c) 2010 (d) 20  Lobbying non-taxable amount							F - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	┌ Yes ┌ No
Calendar year (or fiscal year beginning in)  (a) 2008 (b) 2009 (c) 2010 (d) 2009  Lobbying non-taxable amount		(Sor	ne organizations that made a	section 501(h) el	ection do not	have to co		ne five
beginning in)  (a) 2008 (b) 2009 (c) 2010 (d) 20  2a Lobbying non-taxable amount  b Lobbying ceiling amount			Lobbying Exp	enditures During	4-Year Avera	ging Period	d	
<b>b</b> Lobbying ceiling amount				(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	<b>(e)</b> Total
	2a	Lobbyin	g non-taxable amount					
	b							
c Total lobbying expenditures	c	Total loi	obying expenditures					
d Grassroots non-taxable amount	d	Grassro	ots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))	e							

,		•	3
Part II-B	Complete if the	organization is exempt under section 501(c)(3) and has NOT filed Form 576	8
	(election under	section 501(h)).	

	(ciconon unaci section sez (ii//).	(6	a)	(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
а	Volunteers?		Νo	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Νo	
c	Media advertisements?		Νo	
d	Mailings to members, legislators, or the public?		Νo	
е	Publications, or published or broadcast statements?		Νo	
f	Grants to other organizations for lobbying purposes?	Yes		26,866
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		Νo	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Νo	
i	Other activities? If "Yes," describe in Part IV		Νo	
j	Total lines 1c through 1i			26,866
2a	Did the activities in line 1 cause the organization to be not described in section $501(c)(3)$ ?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		Νo	
Par	LIII-A Complete if the organization is exempt under section $501(c)(4)$ , section	501(c	1(5). 0	r section

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

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

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

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

### Part IV Supplemental Information

Dues, assessments and similar amounts from members

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

Identifier	Return Reference	Explanation
Lobbying Activities		The Christ Hospital paid membership dues to the Ohio Hospital Association and the American Hospital Association A percentage of the dues related to lobbying Total dues expenditures related to lobbying were the following Ohio Hospital Association \$ 6,785 American Hospital Association \$20,081 Total \$26,866

1 1

DLN: 93493134072043

OMB No 1545-0047

Open to Public

Inspection

**SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

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

**Supplemental Financial Statements** 

	ne or the organization Christ Hospital			Emp	loyer identification nui	nper	
					0538525		
Pa	organizations Maintaining Donor A organization answered "Yes" to Form 99	90, Part IV, line 6.				'	
		(a) Donor advis	ed funds	(	( <b>b)</b> Funds and other ac	counts	i
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 adv funds are the organization's property, subject to the			or advi	sed <b>┌ Y</b> €	s F	- No
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ber conferring impermissible private benefit					:s ┌	- No
Par	t II Conservation Easements. Complete	of the organization and	swered "Yes" to	Form	n 990, Part IV, line 🛚	7.	
2	Purpose(s) of conservation easements held by the o Preservation of land for public use (e g , recreat Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qual easement on the last day of the tax year	cion or pleasure)	reservation of an reservation of a c	ertified	ically importantly land d historic structure onservation	area	
	,,,,,		Γ		Held at the End of	the Ye	ear
а	Total number of conservation easements			2a			
b	Total acreage restricted by conservation easements	S		2b			
С	Number of conservation easements on a certified his	storic structure included i	n (a)	2c			
d	Number of conservation easements included in (c) a	acquired after 8/17/06		2d			
3	Number of conservation easements modified, transfer the taxable year ▶			d by th	ne organization during		
4	Number of states where property subject to conserv		•	_			
5	Does the organization have a written policy regardin enforcement of the conservation easements it holds		, inspection, hand	ling of	violations, and Ye	s 「	No No
6	Staff and volunteer hours devoted to monitoring, ins	pecting and enforcing con	servation easeme	ents du	uring the year 🟲		
7	A mount of expenses incurred in monitoring, inspecti	ing, and enforcing conserv	ation easements	durıng	g the year		
8	Does each conservation easement reported on line $170(h)(4)(B)(I)$ and $170(h)(4)(B)(II)$ ?	2(d) above satisfy the req	uirements of sect	tion	ΓYe	s 「	- No
9	In Part XIV, describe how the organization reports of balance sheet, and include, if applicable, the text of the organization's accounting for conservation eases	the footnote to the organi					
Par	Complete if the organization answered			or Oth	her Similar Assets	5.	
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fil	5 116, not to report in its d for public exhibition, edu	revenue stateme cation or researc	h ın fu			
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, educati					
	(i) Revenues included in Form 990, Part VIII, line 1	1			<b>►</b> \$		
	(ii) Assets included in Form 990, Part X				<b>F</b> \$		
2	If the organization received or held works of art, hist	torical treasures, or other	sımılar assets fo	r finan	' -		-
_	following amounts required to be reported under SFA				<u> </u>		

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Par	<b>Titl</b> Organizations Maintaining Co	llections of Art	<u>, His</u>	toric	<u>al Trea</u>	sures, or Ot	ner S	<u>Similar Ass</u>	ets (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	y of th		_	_		of its collection	on	
а	Public exhibition		d	Γ	Loan or e	xchange progra	ms			
b	Scholarly research		e	Γ	Other					
c	Preservation for future generations									
4	Provide a description of the organization's co	ollections and expla	ın hov	wthev	further th	ne organization's	exem	nnt nurnose in		
	Part XIV					_				
5	During the year, did the organization solicition assets to be sold to raise funds rather than to						simila		Yes	□ No
Par	t IV Escrow and Custodial Arrang Part IV, line 9, or reported an ar	ements. Comple	ete ıf	the o	rganızat		"Yes			,
1a	Is the organization an agent, trustee, custoc included on Form 990, Part X?					ns or other asse	ts not		Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	/ and complete the	follow	ving tal	ole	_				
							_	Amo	ount	
С	Beginning balance					<u> 1</u>	с			
d	Additions during the year					1	d			
e	Distributions during the year					1	e			
f	Ending balance					_ 1	f			
2a	Did the organization include an amount on Fe	orm 990, Part X, line	e 21?	•				Γ	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI\	<i>(</i>								
Pa	rt V Endowment Funds. Complete	ıf the organızatıoı								
		(a)Current Year	(b	Prior Y		(c)Two Years Back		ree Years Back	<b>(e)</b> Four Y	ears Back
1a	Beginning of year balance	6,700,801			777,006	28,349,209	_			
b	Contributions	145,099,752		1,	871,747	1,027,65	+			
С	Investment earnings or losses	50,373			55,866	537,682	2			
d	Grants or scholarships									
e	Other expenditures for facilities and programs			15,	257,956	8,476,55	7			
f	Administrative expenses	964,950			745,862	660,983	3			
g	End of year balance	150,885,976		6,	700,801	20,777,000	5			
2	Provide the estimated percentage of the yea	rend balance held a	as							
а	Board designated or quasi-endowment 🕨	28 850 %								
ь	Permanent endowment ► 0 180 %									
С	Term endowment ► 70 970 %									
3a	Are there endowment funds not in the posse	ssion of the organiza	ation '	that ar	e held an	ıd admınıstered	for the	2		
	organization by	-							Yes	No
	(i) unrelated organizations							3a(i)	_	No
	(ii) related organizations							3a(ii	-	
_	If "Yes" to 3a(II), are the related organizatio	•						3b	Yes	
4	Describe in Part XIV the intended uses of th									
Par	t VI Land, Buildings, and Equipme	ent. See Form 99	U, Pa				$\overline{}$			
	Description of property				ost or othei investment			:) Accumulated depreciation	( <b>d</b> ) Boo	ok value
1a	Land					11,900,9	50		1	1,900,960
b I	Buildings					147,297,9	17	69,773,122	7	5,388,650
c I	Leasehold improvements					4,575,1	55	392,986		4,866,553
d I	Equipment					467,071,8	30	327,291,712	11	2,045,474
e (	Other					53,139,0	90	37,014,719	4	5,328,706
Tota	I. Add lines 1a-1e (Column (d) should equal Fo	orm 990, Part X, colur	nn (B)	), line 1	0(c).) .			. •		9,530,343
	•							Schedule D	(Form 9	90) 2011

Investments—Other Securities. See	Form 990, Part X, line 12		of walnustran
<ul><li>(a) Description of security or category (including name of security)</li></ul>	(b)Book value	(c) Method ( Cost or end-of-y	
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12 )			
Part VIII Investments—Program Related. See	Form 990 Part X line	13	
		(c) Method	of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-y	
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )			
Part IX Other Assets. See Form 990, Part X, III	ne 15		
(a) Descrip			(b) Book value
			• •
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	5.)		
Part X Other Liabilities. See Form 990, Part X			
1 (a) Description of Liability	( <b>b)</b> Amount		
Federal Income Taxes	0		
Deferred Pension Cost	114,567,695		
Due to Related Organizations	7,613,448		
Asset Retirement Obligation	1,262,062		
Due to Third Party Payors	-383,890		
Other Liabilities	1,184,812		
	1,101,012		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 ) ▶	124,244,127		
	1/4/44 1//1		

_	rotal revenue (Form 990, Part VIII, Column (A), mie 12)		
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV )	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	
Par	Reconciliation of Revenue per Audited Financial Statements With Revenue	er Re	turn
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		
а	Net unrealized gains on investments		
b	Donated services and use of facilities	]	
c	Recoveries of prior year grants	]	
d	Other (Describe in Part XIV) 2d		
e	Add lines <b>2a</b> through <b>2d</b>	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b		
C	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per F	Return
1	Total expenses and losses per audited financial statements	<sub>1</sub>	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities		
b	Prior year adjustments	-	
c	Other losses	-	
d	Other (Describe in Part XIV)	-	
e	Add lines 2a through 2d		
3	Subtract line <b>2e</b> from line <b>1</b>	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b   4a		
a b	Other (Describe in Part XIV) 4b	-	
C	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	
	t XIV Supplemental Information		
	nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, P	art IV li	nes 1 h and 2 h
C 011	ipiete and part to provide the descriptions required for rait II, lines 3, 3, and 3, rait III, lines Ia and 4, r	arciv, II	nes is and Es,

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

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 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
INTENDED USE OF ENDOWMENT FUNDS		ALL FUNDS RECEIVED BY THE CHRIST HOSPITAL FOUNDATION, BOTH PERMANENTLY AND TEMPORARILY RESTRICTED, ARE USED IN LINE WITH THE DONOR'S INTENT ALL FUNDS ARE MONITORED BY THE FOUNDATION AND GENERAL ACCOUNTING AND IF EXPENSES ARE IDENTIFIED AS APPROPRIATE TO THE FUND, THE FUND WILL BE CHARGED FOR THE EXPENDITURE FOR PERMANENTLY RESTRICTED FUNDS, INVESTMENT INCOME WILL BE ALLOCATED BETWEEN INCREASING THE FUND'S CORPUS AND BENEFITING THE PROGRAM AS SPECIFIED BY THE DONOR ASC 740 / FIN 48 Schedule D, Part X, Line 2 The Company is recognized as exempt from federal income tax under Section 501(a) of the Internal Revenue Code as a charitable organization qualifying under Internal Revenue Code Section 501(c)(3) The Company completed an analysis of uncertain tax positions in accordance with applicable accounting guidance at June 30, 2012 and 2011, and determined no amounts were required to be recognized in the consolidated financial statements at June 30, 2012 and 2012 and 2011

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493134072043

**Inspection** 

OMB No 1545-0047

SCHEDULE F (Form 990)

### Statement of Activities Outside the United States

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

Open to Public

Department of the Treasury Internal Revenue Service

The Christ Hospital

Name of the organization

**Employer identification number** 

					31-0538525	
Pa	rt I General Information "Yes" to Form 990, Page 1990,			ne United States. C	omplete if the organiz	ation answered
1	For grantmakers. Does the assistance, the grantees' el the grants or assistance? .	organization n igibility for the	naıntaın record grants or assıs	stance, and the selecti	on criteria used to awa	
2	<b>For grantmakers.</b> Describe in P United States	art V the organiz	zatıon's procedur	es for monitoring the use	e of grant funds outside th	ne
3	Activites per Region (Use Part	V if additional s	pace is needed ]	)		
	(a) Region	<b>(b)</b> Number of offices in the region	(c) Number of employees or agents in region or independent contractors	services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	<b>(f)</b> Total expenditures for region/investments in region
	Central America and the Caribbean		1	Program Services	Gen & Prof Liab Ins	1,714,213
	Central America and the Caribbean		1	Investments		14,265,076
	Sub-total		2			15,979,289
b	Total from continuation sheets to Part I					

c Totals (add lines 3a and 3b)

15,979,289

Pai	Part IV,	line 15, for any	sistance to Organ recipient who recesspace is needed.	<b>nizations or Entiti</b> erved more than \$5,	<b>es Outside the Ur</b> ,000. Check this box	<b>nited States.</b> Comp x if no one recipient	plete if the organiza received more thai	tion answered "Yes' n \$5,000	' to Form 990, ▶ 厂
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	( <b>d)</b> Purpose of grant	(e) A mount of cash grant	<b>(f)</b> Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2	Enter total nur tax-exempt by	mber of recipie y the IRS, or fo	ent organizations lis or which the grante	ted above that are e or counsel has pro	recognized as chari ovided a section 50	ties by the foreign of 1(c)(3) equivalency	country, recognized letter	as . •	
3	Enter total nur	mber of other o	organizations or en	tities					(Form 990) 2011

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	( <b>d)</b> A mount of cash grant	(e) Manner of cash disbursement	( <b>f</b> ) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
					1		
		+			†		
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			<u> </u>	<u> </u>		<del>                                     </del>	1
						1	dula E (Earre 000) 2011

# Part IV Foreign Forms

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

Schedule F (Form 990) 2011

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

ldentifier	Return Reference	Explanation
ACCOUNTING METHOD	PART I, LINE 3, COLUMN (F)	EXPENDITURES WERE ACCOUNTED FOR USING THE ACCRUAL METHOD OF ACCOUNTING

Schedule F (Form 990) 2010

# OMB No 1545-0047

Open to Public Inspection

### **SCHEDULE H** (Form 990)

Department of the Treasury Internal Revenue Service

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

**Hospitals** 

Name of the organization The Christ Hospital

**Employer identification number** 

Pε	Charity Care and	Certain O	ther Comr	nunity Benefits at		0538525			
								Yes	No
1a	Did the organization have a c	harity care po	olicy? If "No,	" skip to question 6a .			1a	Yes	
ь	If "Yes," is it a written policy	?					1b	Yes	
2	If the organization had multip		ındıcate whic	h of the following best o	describes application o	of the charity			
	care policy to the various hos	spitals		_					
	Applied uniformly to all ho Generally tailored to indiv	· •	ls	Applied uniformly	to most hospitals				
3	Answer the following based or organization's patients during	•	_	y criteria that applies t	o the largest number o	f the			
а	Did the organization use Fede If "Yes," indicate which of the					are?	2-	V = =	
		_	_				3a	Yes	
	, 10070 , 15070		00% <b>I</b>	O ther	<u>%</u>				
b	Did the organization use FPG "Yes," indicate which of the fo		= :	=			3b	Yes	
	□ 200%    □ 250%	<b>▼</b> 30	о% Г	350% <b>Г</b> 40	o% $\Gamma$ Other_	%			
c	If the organization did not use determining eligibility for free test or other threshold, regare	or discounte	d care Inclu	de in the description wh	the income based crit nether the organization				
4	Did the organization's policy						4	Yes	
5a	Did the organization budget a the tax year?	mounts for fre	ee or discoun	ited care provided unde	=		5a	Yes	
ь	If "Yes," did the organization	's charity car	e expenses e	exceed the budgeted am	nount?		5b	Yes	
c	If "Yes" to line 5b, as a resul care to a patient who was elig						5c	103	No
6a	Did the organization prepare	a community	benefit repor	tduring the tax year?			6a		No
6b	If "Yes," did the organization	make it avail	able to the p	ublic?			6b		
	Complete the following table worksheets with the Schedule		ksheets prov	ided in the Schedule H	instructions Do not s	ubmıt these			
7	Charity Care and Certain O	ther Commu	nity Benefits	at Cost					
	Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community be expense	enefit	(f) Perototal ex	
а	Charity care at cost (from Worksheet 1)			15,327,000		15 32	7,000	2	360 %
b	Medicaid (from Worksheet 3,			, ,	24 240 000				
c	column a)  Costs of other means-tested government programs (from			46,652,000	34,310,000		2,000		900 %
d	Worksheet 3, column b)  Total Charity Care and Means-Tested Government			11,981,000	4,857,000		4,000		100 %
	Programs			73,960,000	39,167,000	34,79	3,000	5	360 %
e	Community health improvement services and community benefit operations (from (Worksheet 4)			1,419,399		1,41	.9,399	0	220 %
f	Health professions education				0 100 703				520 %
g	(from Worksheet 5) Subsidized health services (from Worksheet 6)			18,113,808	8,198,783	9,91	.5,025	1	320 %
h	Research (from Worksheet 7)			6,090,264	3,242,271	2,84	7,993	0	440 %
i	Cash and in-kind contributions for community benefit (from Worksheet 8)			116,327			.6,327	0	020 %
j 1	Total Other Benefits			25,739,798	11,441,054		8,744		200 %
k	Total. Add lines 7d and 7j			99,699,798	50,608,054	49,09	1,744	7	560 %

Pa	rt II Community Building	ng Activitie	<b>s</b> Complete t	this table if the o	rganızat	ion co	nducted a	ny commun	ity b	uıldın	g
	activities.	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	1 ' '	rect offs revenue		) Net communit uilding expense		<b>(f)</b> Perc total ex	
1	Physical improvements and housing										
2	Economic development										
3	Community support										
4	Environmental improvements										
5	Leadership development and training										
6	for community members  Coalition building								+		
	Community health improvement										
	advocacy										
8 9	Workforce development Other			0.15							0.4.0.0
10	Total			34,5 34,5					581 581		010 % 010 %
Pai	Bad Debt, Medicar	e, & Collec	tion Practic	<u> </u>	<u> </u>			31,	301		010 //
1 2 3	Did the organization report bases tatement No 15?  Enter the amount of the organ Enter the estimated amount of patients eligible under the organ Provide in Part VI the text of In addition, describe the costinationale for including a portionion B. Medicare  Enter total revenue received for Enter Medicare allowable cost	ization's bad d f the organizati anization's cha the footnote to ing methodolog n of bad debt a	ebt expense on son's bad debt of arity care police the organization used in determounts as confidential (including DSH)	expense attributaby	le to  ments tha ts reporte	3 t desc	ribes bad dones 2 and 3	 10,860,838 213,614 ebt expense	1	Yes	No No
7	Subtract line 6 from line 5 Th					7		19,073,284			
Sect 9a	Describe in Part VI the extent Also describe in Part VI the c Check the box that describes  Cost accounting system  Con C. Collection Practices  Did the organization have a wr	osting method the method us Co	ology or source ed st to charge ra	e used to determine	e the amo - Other	unt rep	orted on lin		9a	Yes	
b	If "Yes," did the organization's contain provisions on the colleassistance? Describe in Part	ection practice	s to be followe	d for patients who a	are known	to qua	lify for finan	cial	9b	100	No
Pa	assistance? Describe in Part rt IV Management Com	panies and	Joint Ventu	ires (see instruc	tions)						
	(a) Name of entity	l .	<ul> <li>Description of p activity of entit</li> </ul>	rımary	(c) Organı profit % o ownersh	zation's r stock	(d) Offi trust employ	cers, directors, ees, or key rees' profit % c ownership%	pro	e) Physic fit % or wnershi	stock
1											
2											
3											
4											
5		1									
6		†							1		
7									<del>                                     </del>		
8		+							1		
9		1							+		
10		1							+		
11		1							-		
12		1							+-		
13		1							-		

Part	V Facility Information									
Section A. Hospital Facilities		Licensed	Gener	Childre	Teach	Ortica	Resea	ER-24 hours	ER-other	
(list in order of size from largest to smallest)			General medical &	Children's hospital	Teaching hospital	d acces	Research facility	hours	Ter 	
How many hospital facilities did the organization operate during the tax year?1		hospital	cal & surgical	yptal	pital	Ortical access hospital	lity			
Name	and address									
Nume	and dadress									Other (Describe)
1	The Christ Hospital 2139 Auburn Avenue Cincinnati, OH 45219	×	x		x			х		
		<u> </u>								
		1								
		1								
		<u> </u>								
		+								
		+								
		+				$\vdash$	<u> </u>			

# Part V Facility Information (continued) Section B. Facility Policies and Practices.

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

The Christ Hospital

Name of Hospital Facility:	
Line Number of Hospital Facility (from Schedule H, Part V, Section A):_	1

			Yes	No
Col	mmunity Health Needs Assessment (Lines 1 through 7 are optional for 2011)			
1	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment	1		
	("Needs Assessment")? If "No," skip to question 8	1		
	If "Yes," indicate what the Needs Assessment describes (check all that apply)			
	a A definition of the community served by the hospital facility			
	<b>b</b> Demographics of the community			
	Existing health care facilities and resources within the community that are available to respond to the health			
	needs of the community			
	d    How data was obtained			
	e The health needs of the community			
	Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and			
	minority groups			
	The process for identifying and prioritizing community health needs and services to meet those needs			
	h The process for consulting with persons representing the community's interests			
	Information gaps that limit the hospital facility's ability to assess the community's health needs			
	j Cother (describe in Part VI)			
	Indicate the tax year the hospital facility last conducted a Needs Assessment 20			
3	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who			
	represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4	Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the			
	other hospital facilities in Part VI	4		
5	Did the hospital facility make its Needs Assessment widely available to the public?	5		
	If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
	a Hospital facility's website			
	<b>b</b> Available upon request from the hospital facility			
	c			
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
	a 🔽 Adoption of an implementation strategy to address the health needs of the hospital facility's community			
	<b>b</b> Execution of the implementation strategy			
	c Development of a community-wide community benefit plan for the facility			
	d Participation in community-wide community benefit plan			
	e Inclusion of a community benefit section in operational plans			
	f Adoption of a budget for provision of services that address the needs identified in the CHNA			
	g Prioritization of health needs in the community			
	h Prioritization of services that the hospital facility will undertake to meet health needs in its community			
	i Other (describe in Part VI)			
7	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No,"			
	explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Fin	ancial Assistance Policy			
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
8	Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	Yes	
9	Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	9	Yes	
	If "Yes," indicate the FPG family income limit for eligibility for free care 150 %			
	If "No," explain in Part VI the criteria the hospital facility used			

Pa	art V Facility Information (continued)			
			Yes	No
10	Used FPG to determine eligibility for providing discounted care?	10	Yes	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care $\frac{300}{\%}$			
	If "No," explain in Part VI the criteria the hospital facility used			
11	Explained the basis for calculating amounts charged to patients?	11	Yes	<del></del>
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a  Income level			
	b  Asset level			
	c  Medical indigency			
	d Insurance status			
	e 🔽 Uninsured discount			
	f 🔽 Medicaid/Medicare			
	g 🔽 State regulation			
	h / Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12	Yes	
13	Included measures to publicize the policy within the community served by the hospital facility?	13	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
	a ▼ The policy was posted at all times on the hospital facility's web site			
	<b>b</b> ▼ The policy was attached to all billing invoices			
	${f c}$ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d 🔽 The policy was posted in the hospital facility's admissions offices			
	e 🔽 The policy was provided, in writing, to patients upon admission to the hospital facility			
	f 🔽 The policy was available upon request			
	g    Other (describe in Part VI)			
Bil	ling and Collections			
14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial			
16	assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	14	Yes	
13	Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's			
	FAP			
	a Reporting to credit agency			
	<b>b</b> Lawsuits			
	c   Liens on residences			
	d F Body attachments or arrests			
	e / Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before			l
	making reasonable efforts to determine the patient's eligibility under the facility's FAP?	16		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
	a Reporting to credit agency			
	b Lawsuits			
	c Liens on residences			
	d Body attachments			
4-	e Cother similar actions (describe in Part VI)			
1/	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply)			
	a Notified patients of the financial assistance policy upon admission			
	<b>b</b> Notified patients of the financial assistance policy prior to discharge			
	c Notified patients of the financial assistance policy in communications with the patients regarding the patients'			
	bills			
	d $\Gamma$ Documented its determination of whether patients were eligible for financial assistance under the hospital			
	facility's financial assistance policy			
	e T Other (describe in Part VI)			

If "Yes," explain in Part VI

provided to that patient?

. . . . . . . . . . . . . . . . . . . .

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Νo

Νo

### Part V Facility Information (continued) Policy Relating to Emergency Medical Care Yes 18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals **18** | Yes If "No," indicate why a ☐ The hospital facility did not provide care for any emergency medical conditions **b** The hospital facility's policy was not in writing The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI **d** Other (describe in Part VI) Individuals Eligible for Financial Assistance 19 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAPeligible individuals for emergency or other medically necessary care The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged b The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged c The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged d Other (describe in Part VI)

20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care? . . . . . . . . . . . .

21 Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services

If "Yes," explain in Part VI Schedule H (Form 990) 2011

chedule	Η	(Form	990)	2011
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Page **7** 

Part V Facility Information (continue
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Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility (list in order of size from largest to smallest)

How many non-hospital facilities did the organization operate during the tax year?					
Name and address	Type of Facility (Describe)				
1 See Addition	onal Data Table				
2					
3					
4					
5					
6					
7					
8					
9					
10					

Schedule H (Form 990) 2011

Schedule H (Form 990) 2011 Page **8** 

#### Part VI Supplemental Information

Complete this part to provide the following information

Required descriptions. Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part III, Part III, lines 4, 8, and 9b, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21

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

Identifier	ReturnReference	Explanation
PART I, LINE 7, COLUMN F		BAD DEBTS ARE NETTED AGAINST REVENUES IN PART VIII, AND AS SUCH ARE NOT INCLUDED IN THE TO TAL
		EXPENSES IN ORDER TO CALCULATE THE PERCENTAGE REPORTED IN COLUMN FON SCHEDULE H, PART I AND
		PART II PART I, LINE 7 TCH applies a cost-to-charge ratio
		from the medicare cost r eport to determine financial assistance provided at cost PART III, LINE 4 NET PATIENT ACC
		OUNTS RECEIVABLE AND NET PATIENT SERVICE REVENUE LESS THE PROVISION FOR BAD DEBTS ARE
		RECO RDED AT ESTIMATED AMOUNTS EXPECTED TO BE COLLECTED THESE ESTIMATED AMOUNTS ARE SUBJECT
		TO FURTHER ADJUSTMENTS UPON REVIEW BY THIRD-
		PARTY PAYORS THE PROVISION FOR BAD DEBTS IS BAS ED UPON MANAGEMENT'S ASSESSMENT OF HISTORICAL
		AND EXPECTED NET COLLECTIONS CONSIDERING CUR RENT BUSINESS AND ECONOMIC CONDITIONS, TRENDS
		IN HEALTH CARE COVERAGE AND OTHER COLLECTION INDICATORS PERIODICALLY THROUGHOUT THE YEAR,
		MANAGEMENT ASSESSES THE ADEQUACY OF THE ALL OWANCE FOR UNCOLLECTIBLE ACCOUNTS BASED UPON
		HISTORICAL WRITE-OFF EXPERIENCE OF SELF-PAY A CCOUNTS RECEIVABLE INCLUDING THOSE BALANCES
		AFTER INSURANCE PAYMENTS AND NOT COVERED BY IN
		SURANCE THE RESULTS OF THIS REVIEW ARE THEN USED TO MAKE ANY MODIFICATIONS TO THE PROVISI ON FOR
		BAD DEBTS TO ESTABLISH AN APPROPRIATE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS THE EST IMATED
		AMOUNT FOR THE HOSPITAL'S BAD DEBT EXPENSE (AT COST) ATTRIBUTABLE TO PATIENTS ELIGI BLE UNDER
		THE HOSPITAL'S CHARITY CARE POLICY REPORTED ON
		PART III, LINE 3 WAS DETERMINED U SING MANAGEMENT'S BEST ESTIMATE BASED ON AVAILABLE
		PATIENT DATA PART III, LINE 8 COSTS RE PORTED ON LINE 6 ARE OBTAINED FROM THE MEDICARE COST
		REPORT WHICH IS BASED ON A COST TO CH ARGE RATIO PART III, LINE 9B PATIENT'S KNOWN TO QUALIFY FOR
		CHARITY CARE AND FINANCIAL AS SISTANCE ARE NOT SENT TO COLLECTIONS UNLESS A DETERMINATION HAS
		BEEN MADE THAT THE PATIENT HAS THE FINANCIAL RESOURCES TO PAY SOME PORTION OF THEIR BILL BUT
		REFUSE TO DO SO PART V , SECTION B, LINE 19D
		Individuals Eligible for Financial Assistance - Hospital determination of the maximum amounts that can be charged to
		FAP-eligible individuals for emergency or medically necessary care The Christ Hospital maintains a Financial Assistance
		Program policy that outlines the maximum amount that can be charged to Financial Assistance Program e ligible individuals
		for emergency or other medically necessary care The amount charged to Financial Assistance Program eligible individuals for
		emergency or medically necessary ca re is representative of a consistent discounted amount provided to all uninsured
		patients The Christ Hospital provides further adjustments to
		amounts charged based on a variety of factors, including patient income information and other sources when inadequate
		Informati on is provided by the patient to qualify under The Christ Hospital's charity programs. The Christ Hospital works
		with all patients' based on their individual situation to ensure our mission is being carried out within the community in which we
		serve NEEDS ASSESSMENT As a first step towards understanding the health needs of our community, The Christ
		Hospital (TCH) has formed a Community Benefit and Social Accountability Committee consisting of a variety of internal and
		external stakeholders to write community benefit policy and to
		pre side over key community benefit decisions. This committee is responsible for determining the health needs of the
		community TCH serves and implement proven programs and strategies t hat target those identified needs. They do this by
		analyzing a number of data sources incl uding public health data, hospitalization data, health risk factor surveys,
		socioeconomic needs assessments, environmental standards and existing programs that had been developed for residents in
		their service area. The essential components examined in this process include the data indicators compiled on TCH's online
		community health dashboard of over 100 ec onomical, environmental and health categories, the A I M (Ask Inform
		Make a difference ) Community Health Needs Assessment, the
		Hamilton County Public Health Department's Commun ity Health Assessment for Hamilton County, the Greater Cincinnati
		Community Health Status Survey and The United Way of Greater Cincinnati's Bold Goals This community benefit data
		includes both qualitative and quantitative data, demographics including race, age, ethnici ty and gender, socioeconomic data
		including income, education and health insurance rates, primary care and chronic disease needs of uninsured persons, and data
		on health disparities in health outcomes among minority groups. Key findings are reviewed to further identify gaps in
		existing community outreach and hospital based services
		PATIENT EDUCATION OF ELIG IBILITY AND ASSISTANCE THE CHRIST HOSPITAL (TCH) POSTS ITS CHARITY CARE
		POLICY AND FINANCI AL ASSISTANCE CONTACT INFORMATION IN ADMISSIONS AREAS, EMERGENCY
		DEPARTMENT, AND OTHER ARE AS OF THE ORGANIZATION'S FACILITIES IN WHICH ELIGIBLE
		PATIENTS ARE LIKELY TO BE PRESENT T CH PROVIDES A COPY OF THE POLICY, OR SUMMARY THERE
1	ı	Schedule H (Form 990) 2011

Identifier	ReturnReference	Explanation
PART I, LINE 7, COLUMN F		OF, AND FINANCIAL ASSISTANCE CONTACT INFORMATION TO PATIENTS AS PART OF THE INTAKE
		PROCESS AND WITH DISCHARGE MATERIALS
		ADDITIONALLY, A COPY OF THE POLICY OR A SUMMARY ALONG WITH THE FINANCIAL ASSISTANCE CONTACT
		INFORMATION IS INCLUDED IN THE PATIENT BILLS TCH
		DISCUSS ES WITH THE PATIENT THE AVAILABILITY OF VARIOUS GOVERNMENT BENEFITS, SUCH AS MEDICAID
		OR S TATE PROGRAMS, WHERE APPLICABLE
		ADDITIONALLY, TCH ASSISTS PATIENTS IN OBTAINING MEDICAL B ENEFITS THROUGH FEDERAL, STATE, AND
		HOSPITAL PROGRAMS TCH REPRESENTATIVES WILL
		PROVIDE THE FOLLOWING SERVICES AT NO COST TO THE PATIENT - EXPLORE ELIGIBILITY, - FILE
		APPLICATION ON PATIENT'S BEHALF, - SCHEDULE AND
		ATTEND APPOINTMENTS, - PROVIDE TRANSPORTATION WHEN NEC ESSARY, - PROVIDE MEDICAL
		DOCUMENTATION TO SOCIAL SECURITY
		ADMINISTRATION FOR DISABILITY C LAIMS
		THROUGHOUT THE REGISTRATION AND DISCHARGE PROCESS, PATIENTS AND THEIR COUNSELORS LO OK AT
		WHAT OPTIONS ARE AVAILABLE TCH UNDERSTANDS
		THAT NOT EVERYONE CAN PAY FOR HEALTHCARE SERVICES TCH REPRESENTATIVES ARE AVAILABLE TO
		OFFER OPTIONS AND ASSISTANCE FOR THOSE WHO ARE
		UNINSURED OR UNDERINSURED COMMUNITY INFORMATION The Christ Hospital (TCH) primary se rvice
		area, comprised of 80 0% of the inpatient admissions,
		encompasses five (5) counties in the greater Cincinnati area including, Hamilton, Clermont, Butler and Warren counties i n
		Ohio and Campbell county in Kentucky TCH's secondary
		service area, comprised of an additional 15 0% of the inpatient admissions, encompasses an additional eight (8) counties inc
		luding Adams, Clinton, Brown and Highland Counties in Ohio,
		Kenton and Boone Counties in K entucky, and Dearborn and Ripley Counties in Indiana The remaining service area is
		compri sed of 5 0% of inpatient admissions, encompassing
		numerous other counties in Ohio, southwe st Indiana and Northern Kentucky The TCH service area largely serves
		Hamilton County, whi ch has a population of approximately
		867,000 with 13 9% of the population over the age of 65 Hamilton County population includes 15 2% of the population
		living at less than 100 0% of the federal poverty line Approximately 71 0% of the Hamilton County population is Cau
		casian and 25 0% is African American, 2 0% of the population
		is Asian, and the remaining 2 0% is of other ethnicity Within Hamilton County, 51 4% of the households have an average
		income level of less than \$50,000, 29 1% of the average
		household income levels are \$50,0 00 and \$100,000, and 19 4% of the average household income levels are greater than
		\$100,00 0 PROMOTION OF COMMUNITY HEALTH THE
		CHRIST HOSPITAL (TCH) OPERATES AN EMERGENCY ROOM OPEN TO ALL PERSONS REGARDLESS OF ABILITY
		TO PAY IN ADDITION TO PROVIDING EMERGENCY
		SERVICES, A SYSTEMATIC APPROACH IS USED TO DETERMINE COMMUNITY HEALTH NEEDS WITH INPUT
		FROM ORGANIZ ATION SUCH AS THE CENTER FOR
		CLOSING THE HEALTH GAP, THE TCH FAMILY ADVISORY COUNCIL, AND THE GATHERING OF COMMUNITY HEALTH
		STATISTICS BY THE KSI CLINICAL SERVICES PORTFOLIO
		TEAM A ND BY THE MARKETING DEPARTMENT INFORMATION GATHERED THROUGH THESE SOURCES
		HAS LED TO THE DEPLOYMENT OF THE PALLIATIVE CARE
		PRO GRAM, A CENTER FOR HEALTH AND AGING TO ADDRESS THE SP ECIAL NEEDS OF GERIATRIC PATIENTS
		AND A NEWLY REMODELED BEHAVORIAL HEALTH UNIT AT
		A TIME WHEN OTHER HEALTHCARE PROVIDERS IN THE COMMUNITY WERE DISCONTINUING THAT SERVICE TCH
		ALSO SUPPORTS THE COMMUNITY IN NUMBEROUS FUND
		DRIVES SUCH AS UNITED WAY, AMERICAN HEART ASSOCIA TION, DIABETES WALK, CANCER WALK AND FINE
		ARTS FUND AT THE BEGINNING OF EACH SCHOOL YEAR
		AND AT CHRISTMAS, TCH STAFF ALSO DONATES SCHOOL
		SUPPLIES AND GIFTS TO THE STUDENTS AT TAFT ELEMENTARY SCHOOL LOCATED IN MT AUBURN IN
		ADDITION, THE STAFF PROVIDES MENTORING OPPORT
		UNITIES TO UNDERGRADUATE AND GRADUATE STUDENT INTERNS INTERESTED IN HEALTHCARE CAREERS AND
		ALSO TO EXPLORER SCOUTS AFFILIATED HEALTH CARE
1		SYSTEM N/A STATE FILING OF COMMUNITY BENE FIT REPORT N/A
		Schedule H (Form 990) 2011

# Software ID: Software Version:

**EIN:** 31-0538525

Name: The Christ Hospital

Recognized as a Hospital Facility	
Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility (list in order of size from largest to smallest)	
How many non-hospital facilities did the organization operate during the tax year?	
	Type of Facility
Name and address	(Describe)
Outpatient Center - Anderson 7545 Beechmont Avenue Cincinnati, OH 45255	O utpatient Center
Outpatient Center - Anderson 7545 Beechmont Avenue Cincinnati, OH 45255	Outpatient Center
Outpatient Center - Anderson 7545 Beechmont Avenue Cincinnati, OH 45255	O utpatient Center
Outpatient Center - Anderson 7545 Beechmont Avenue Cincinnati, OH 45255	O utpatient Center
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The state of the s	
Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility (list in order of size from largest to smallest)	
How many non-hospital facilities did the organization operate during the tax year? <b>73</b>	
	Type of Facility
Name and address	(Describe)
Outpatient Center - Anderson	Outpatient Center
7545 Beechmont Avenue	
Cincinnati, OH 45255	
Outpatient Center - Anderson	Outpatient Center
7545 Beechmont Avenue	
Cincinnati, OH 45255	
Outpatient Center - Anderson	Outpatient Center
7545 Beechmont Avenue	
Cincinnati, OH 45255	
Outpatient Center - Anderson 7545 Beechmont Avenue	Outpatient Center
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Outpatient Center - Anderson	Outpatient Center
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Cincinnati, OH 45255	
Outpatient Center - Anderson	Outpatient Center
7545 Beechmont Avenue	
Cincinnati,OH 45255	
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7545 Beechmont Avenue	
Cincinnati, OH 45255 Outpatient Center - Anderson	Outpatient Center
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7545 Beechmont Avenue Cincinnati, OH 45255	
Outpatient Center - Anderson	Outpatient Center
7545 Beechmont Avenue	O atpatient Center
Cincinnati, OH 45255	
Outpatient Center - Anderson	Outpatient Center
7545 Beechmont Avenue	
Cincinnati, OH 45255	

The state of the s	
Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility (list in order of size from largest to smallest)	
How many non-hospital facilities did the organization operate during the tax year? <b>73</b>	
	Type of Facility
Name and address	(Describe)
Outpatient Center - Anderson	Outpatient Center
7545 Beechmont Avenue	
Cincinnati, OH 45255	
Outpatient Center - Anderson	Outpatient Center
7545 Beechmont Avenue	
Cincinnati, OH 45255	
Outpatient Center - Anderson	Outpatient Center
7545 Beechmont Avenue	
Cincinnati, OH 45255	
Outpatient Center - Anderson 7545 Beechmont Avenue	Outpatient Center
Cincinnati, OH 45255	
Outpatient Center - Anderson	Outpatient Center
7545 Beechmont Avenue	outpatient Center
Cincinnati, OH 45255	
Outpatient Center - Anderson	Outpatient Center
7545 Beechmont Avenue	
Cincinnati, OH 45255	
Outpatient Center - Anderson	Outpatient Center
7545 Beechmont Avenue	
Cincinnati, OH 45255	
Outpatient Center - Anderson	O utpatient Center
7545 Beechmont Avenue Cincinnati, OH 45255	
Outpatient Center - Anderson	Outpatient Center
7545 Beechmont Avenue	Outpatient Center
Cincinnati, OH 45255	
Outpatient Center - Anderson	Outpatient Center
7545 Beechmont Avenue	
Cincinnati,OH 45255	
Outpatient Center - Anderson	Outpatient Center
7545 Beechmont Avenue	
Cincinnati, OH 45255 Outpatient Center - Anderson	Outpatient Center
7545 Beechmont Avenue	Outpatient Center
Cincinnati, OH 45255	
Outpatient Center - Anderson	Outpatient Center
7545 Beechmont Avenue	
Cincinnati, OH 45255	
Outpatient Center - Anderson	Outpatient Center
7545 Beechmont Avenue	
Cincinnati, OH 45255	
Outpatient Center - Anderson 7545 Beechmont Avenue	Outpatient Center
Cincinnati, OH 45255	
Outpatient Center - Anderson	Outpatient Center
7545 Beechmont Avenue	a departement of enter
Cincinnati,OH 45255	
Outpatient Center - Anderson	Outpatient Center
7545 Beechmont Avenue	
Cincinnati, OH 45255	
Outpatient Center - Anderson	O utpatient Center
7545 Beechmont Avenue Cincinnati, OH 45255	
Outpatient Center - Anderson	Outpatient Center
7545 Beechmont Avenue	O atpatient Center
Cincinnati, OH 45255	
Outpatient Center - Anderson	Outpatient Center
7545 Beechmont Avenue	
Cincinnati, OH 45255	

Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility (list in order of size from largest to smallest)	
How many non-hospital facilities did the organization operate	
during the tax year? <b>73</b>	
	Type of Facility
Name and address	(Describe)
Outpatient Center - Anderson	Outpatient Center
7545 Beechmont Avenue	
Cincinnati, OH 45255	
Outpatient Center - Anderson	O utpatient Center
7545 Beechmont Avenue	
Cincinnati, OH 45255	Outpotiont Conton
Outpatient Center - Anderson 7545 Beechmont Avenue	O utpatient Center
Cincinnati, OH 45255	
Outpatient Center - Anderson	Outpatient Center
7545 Beechmont Avenue	
Cincinnati, OH 45255	
Outpatient Center - Anderson	Outpatient Center
7545 Beechmont Avenue	
Cincinnati, OH 45255	
Outpatient Center - Anderson 7545 Beechmont Avenue	O utpatient Center
Cincinnati, OH 45255	
Outpatient Center - Anderson	Outpatient Center
7545 Beechmont Avenue	
Cincinnati, OH 45255	
Outpatient Center - Anderson	Outpatient Center
7545 Beechmont Avenue	
Cincinnati, OH 45255	
Outpatient Center - Anderson 7545 Beechmont Avenue	Outpatient Center
Cincinnati, OH 45255	
Outpatient Center - Anderson	Outpatient Center
7545 Beechmont Avenue	o acparient center
Cincinnati, OH 45255	
Outpatient Center - Anderson	Outpatient Center
7545 Beechmont Avenue	
Cincinnati, OH 45255	
Outpatient Center - Anderson	Outpatient Center
7545 Beechmont Avenue Cincinnati, OH 45255	
Outpatient Center - Anderson	Outpatient Center
7545 Beechmont Avenue	o acpacione conter
Cincinnati, OH 45255	
<u>-</u>	

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Schedule I (Form 990)

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

OMB No 1545-0047

2011

DLN: 93493134072043

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

The Christ Hospital

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

Attach to Form 990

Employer identification number

31-0538525

Part I General Inform	ation on Grant	s and Assistance				<b>'</b>	
<ul><li>Does the organization main the selection criteria used</li><li>Describe in Part IV the org</li></ul>	to award the grants	s or assistance?					▽ Yes ┌ N
Form 990, Part IV	/, line 21 for any	recipient that receiv	ed more than \$5,000	0. Check this box if	es. Complete if the or no one recipient rece	eived more than \$5,0	000. Use
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) American Cancer Society 340 POPLAR STREET HANOVER,OH 17333	13-1788491	501(c)(3)	10,000				General support
(2) American Heart Assocation5211 MADISON ROAD CINCINNATI,OH 45227	13-5613797	501(c)(3)	430,500				General support
(3) Arthritis Foundation7124 MIAMI AVENUE CINCINNATI,OH 45243	31-6043937	501(c)(3)	60,000				General support
(4) Center for Closing the Health Gap3120 BURNET AVENUE CINCINNATI,OH 45229	20-0902286	501(c)(3)	207,500				General support
(5) Center for Respite Care PO BOX 141301 CINCINNATI,OH 45250	20-2544994	501(c)(3)	100,500				General support
(6) Cincinnati Sports Mall 3950 RED BANK ROAD CINCINNATI,OH 45227	31-1249621	N/A	100,000				Community Service
(7) Committee for Citizen Awareness1100 NH AVE NW WASHINGTON, DC 20037	52-1451797	501(c)(3)	7,000				General support
(8) Foundation for Female Health Awareness7759 UNIV DRIVE WEST CHESTER,OH 45069	52-2394793	501(c)(3)	151,188				General support
(9) Greater Cincinnati Health Council2100 SHERMAN AVE STE 100 CINCINNATI,OH 45212	31-1188610	501(c)(3)	12,500				General support
(10) Life Center Organ Donor Network615 ELSINORE PLACE CINCINNATI,OH 45202	31-1040508	501(c)(3)	10,000				General support
(11) Metropolitan Club Corporation50 E RIVERCENTER BLVD COVINGTON,KY 41011		N/A	10,000				Sponsorship

15,000

Enter total number of other organizations listed in the line 1 table.

45-2562041

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

(12) Procamps Inc4600

MCAULEY PLACE BLUE ASH, OH 45242 N/A

Youth Sports Program

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>(b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance				
Part IV Supplemental Informa	ation. Complete this	part to provide the info	rmation required in Par	t I, line 2, and any other a	additional information.				
Identifier Return Referen		planation	•						
Form 900 Schodulo I Description of Organization's THE CHRIST HOSDITAL DROVIDES FUNDING TO COMMUNITY ORGANIZATIONS THAT SUPPORT THE MISSION OF									

Identifier	Return Reference	Explanation
Form 990, Schedule I	Description of Organization's Procedures for Monitoring the Use of Grants	THE CHRIST HOSPITAL PROVIDES FUNDING TO COMMUNITY ORGANIZATIONS THAT SUPPORT THE MISSION OF THE CHRIST HOSPITAL PRIMARILY FOCUSING ON 1) THOSE ORGANIZATIONS THAT EDUCATE THE COMMUNITY ABOUT HEALTH, WELLNESS AND PREVENTION, 2) THOSE INITIATIVES THAT IMPROVE THE HEALTH OF THE COMMUNITY, AND 3) THOSE INITIATIVES THAT ARE FOCUSED ON KEY CLINICAL SERVICE AREAS OF THE CHRIST HOSPITAL (INCLUDING CARDIOVASCULAR, MUSCULOSKELETAL, WOMEN'S HEALTH, PRIMARY CARE, ETC ) PRIOR TO RELEASING FUNDS, THE CHRIST HOSPITAL REVIEWS THE FUNDING RECIPIENT TO ENSURE THE FUNDS WILL BE USED TO FURTHER THE ABOVE STATED FUNDING CRITERIA

Software ID:

**Software Version: EIN:** 31-0538525

Name: The Christ Hospital

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
American Cancer Society340 POPLAR STREET HANOVER, OH 17333	13- 1788491	501(c)(3)	10,000				General support
American Heart Assocation5211 MADISON ROAD CINCINNATI,OH 45227	13- 5613797	501(c)(3)	430,500				General support

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section If applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Arthritis Foundation 7124 MIAMI AVENUE CINCINNATI, OH 45243	31- 6043937	501(c)(3)	60,000				General support
Center for Closing the Health Gap3120 BURNET AVENUE CINCINNATI, OH 45229	20- 0902286	501(c)(3)	207,500				General support

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Center for Respite CarePO BOX 141301 CINCINNATI,OH 45250	20- 2544994	501(c)(3)	100,500				General support
Cincinnati Sports Mall3950 RED BANK ROAD CINCINNATI,OH 45227	31- 1249621	N/A	100,000				Community Service

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Committee for Citizen Awareness1100 NH AVE NW WASHINGTON, DC 20037	52- 1451797	501(c)(3)	7,000				General support
Foundation for Female Health Awareness 7759 UNIV DRIVE WEST CHESTER, OH 45069	52- 2394793	501(c)(3)	151,188				General support

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Greater Cincinnati Health Council2100 SHERMAN AVE STE 100 CINCINNATI, OH 45212	31- 1188610	5017637	12,500				General support
Life Center Organ Donor Network615 ELSINORE PLACE CINCINNATI, OH	31- 1040508	501(c)(3)	10,000				General support

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Metropolitan Club Corporation50 E RIVERCENTER BLVD COVINGTON, KY 41011		N/A	10,000				Sponsorship
Procamps Inc4600 MCAULEY PLACE BLUE ASH,OH 45242	45- 2562041	N/A	15,000				Youth Sports Program

**Compensation Information** 

DLN: 93493134072043

OMB No 1545-0047

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.

Open to Public Inspection

Na	me	of	the	orga	niza	tion

The Christ Hospital

Department of the Treasury

Internal Revenue Service

**Schedule J** (Form 990)

**Employer identification number** 

31-0538525

Pa	Questions Regarding Compensation				
				Yes	Νo
<b>1</b> a		vided any of the following to or for a person listed in Form to provide any relevant information regarding these items			
	First-class or charter travel	Housing allowance or residence for personal use			
	Travel for companions	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the orgreimbursement orprovision of all the expenses descr		1b		
2	Did the organization require substantiation prior to reofficers, directors, trustees, and the CEO/Executive		2		
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all the	at apply			
	Compensation committee	<ul><li>─ Written employment contract</li><li>✓ Compensation survey or study</li></ul>			
	Independent compensation consultant Form 990 of other organizations	Approval by the board or compensation committee			
	Form 990 of other organizations	Approval by the board of compensation committee			
4	During the year, did any person listed in Form 990, Por a related organization	art VII, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control p	payment?	4a		Νo
b	Participate in, or receive payment from, a supplemen	tal nonqualified retirement plan?	4b	Yes	
C	Participate in, or receive payment from, an equity-ba	sed compensation arrangement?	<b>4</b> c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pro	vide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only mus	st complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, I compensation contingent on the revenues of	ine 1a, did the organization pay or accrue any			
а	The organization?		5a		Νo
b	Any related organization?		5b		No
	If "Yes," to line 5a or 5b, describe in Part III				
6	For persons listed in form 990, Part VII, Section A, I compensation contingent on the net earnings of	ine 1a, did the organization pay or accrue any			
а	The organization?		6a		Νo
b	Any related organization?		6b		Νο
	If "Yes," to line 6a or 6b, describe in Part III				
7	For persons listed in Form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes," do		7		No
8	Were any amounts reported in Form 990, Part VII, pa				
	subject to the initial contract exception described in in Part III	Regs section 53 4958-4(a)(3)? If "Yes," describe	_		
			8		No
9	If "Yes" to line 8, did the organization also follow the section 53 4958-6(c)?	rebuttable presumption procedure described in Regulations	9		

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

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

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

(A) Name	,	(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	( <b>D)</b> Nontaxable	(E) Total of columns	
		(i) Base compensation	(ii) Bonus & ıncentıve compensatıon	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1) Susan R Croushore	(I) (II)	509,146 0	154,393 0	4,903	316,357	24,847 0	7 1,009,646 0 0	
(2) Thomas H Broderick MD	(I) (II)	408,822	161,045	19,122	46,751	21,305 0	657,045	1
(3) Patrick Kirk MD	(I) (II)	836,873 0	316,053 0	10,786	38,500	18,754 0	1,220,966	,
(4) Chris E Bergman	(I) (II)	347,390 0	120,114	13,667	117,894	18,965 0	618,030	,
(5) Dean J Kerelakes MD	(I) (II)	873,290 0	112,277	20,236	169,402	19,226 0	1,194,431	,
(6) Reed A Shank MD	(I) (II)	317,871 0	417,884	20,132	38,500	21,414 0	815,801	,
(7) Stephen G Bennett MD	(I) (II)	472,471 0	234,729	13,946	33,000	25,414 0	779,560	,
(8) Mickey M Karram MD	(I) (II)	619,336 0	269,943 0	19,122	46,750	18,236 0	973,387	ı
(9) Edward V Lim MD	(I) (II)	527,629 0	439,613	21,016	3 46,301 0 0	20,029	1,054,588	
	+					<u></u>		
	<u> </u>							
					<del>                                     </del>			<u> </u>
	+	<del></del>	<del></del>	<del>                                     </del>	+	<u></u>		+

#### 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
Supplemental		PHYSICIANS ARE PAID A BI-WEEKLY SALARY OR "DRAW" AT THE END OF EACH QUARTER, THEIR YTD COMPENSATION IS COMPARED TO THEIR
Compensation		ACTUAL YTD WORK RELATIVE VALUE UNITS (RVU) COMPENSATION IS THEN ADJUSTED UP OR DOWN BASED ON A COMPARISON OF THE SALARY
Information		PAID YTD AND THE RVUS PRODUCED Part I, Line 4B THE CHRIST HOSPITAL HAS A 457(F) NON-QUALIFIED DEFERRED COMPENSATION PLAN FOR
		CERTAIN SENIOR EXECUTIVES THE AMOUNTS BELOW ARE INCLUDED IN PART II, COLUMN C FOR THOSE INDIVIDUALS LISTED SUSAN R
		CRUSHORE \$187,293 CHRIS E BERGMAN \$ 43,834

Schedule J (Form 990) 2011

DLN: 93493134072043

OMB No 1545-0047

Schedule K (Form 990)

Department of the Treasury

# **Supplemental Information on Tax Exempt Bonds**

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990). ► Attach to Form 990. ► See separate instructions.

Open to Public **Inspection** 

Internal Revenue Service Name of the organization The Christ Hospital

Employer identification number

	- mise mospital								3	31-053	8525							
P	art I Bond Issues																	
	(a) Issuer Name	(b) Issuer EIN	<b>(c)</b> CUSIP #	(d) Date Issued	<b>(e)</b> Issue Pric	:e	<b>(f)</b> Description	cription of Purpose		escription of Purpose		escription of Purpose		feased	Beh	On alf of suer		Pool
									Yes	No	Yes	No	Yes	No				
A	HAMILTON COUNTY OHIO	31-6000063		12-20-2010	30,000,0	00 SE	E PART VI			×		Χ		X				
В	HAMILTON COUNTY OHIO	31-6000063	40727TCS7	06-26-2012	333,431,9	95 SE	EE PART VI			Х		Х		Х				
Pa	Proceeds			•		•								I				
					Α			В		С			D					
1	A mount of bonds retired				1	,779,70	00	0										
2	A mount of bonds defeased						0	0										
3	Total proceeds of Issue				30	,021,7	65 3	33,431,995										
4	Gross proceeds in reserve funds						0											
5	Capitalized interest from proceeds						0	0										
6	Proceeds in refunding escrow	v					0 1	27,109,132										
7	Issuance costs from proceed	ds					0	5,073,444										
8	Credit enhancement from pro	ceeds					0 1,607,333											
9	Working capital expenditures	from proceeds				0 0												
10	Capital expenditures from pro	oceeds			30	,021,7	21,765 50,454,620											
11	Other spent proceeds						0	0										
12	Other unspent proceeds						0 1	47,187,466										
13	Year of substantial completion	on			2012		2.0	14				•						
					Yes	No	Yes	No	Yes		No	Ye	s	No				
14	Were the bonds issued as pa	rt of a current refund	ling issue?			Χ	×											
15	Were the bonds issued as pa			Х		Х												
16	Has the final allocation of pro		Х		Х													
17	Does the organization mainta allocation of proceeds?	port the final	х		х													
Pa	rt IIII Private Business	Use			1		1											
					A A			В		<u> </u>		<del>                                     </del>	D					

property financed by tax-exempt bonds?

financed property?

Was the organization a partner in a partnership, or a member of an LLC, which owned

Are there any lease arrangements that may result in private business use of bond-

No

Χ

Yes

No

Χ

Χ

Yes

Yes

Yes

No

No

Sche	edule K (Form 990) 2011									Page <b>2</b>
Par	t III Private Business Use (Continued)									
			А			В		С		D
			Yes	No	Yes	No	Ye	s No	Yes	No
За	Are there any management or service contracts that may result in private bus use?	siness	х		Х					
b	If 'Yes' to line 3a, does the organization routinely engage bond counsel or othe counsel to review any management or service contracts relating to the finance property?		х		Х					
С	Are there any research agreements that may result in private business use of financed property?	f bond-	х			х				
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or othe counsel to review any research agreements relating to the financed property?		х							
4	Enter the percentage of financed property used in a private business use by enter than a section 501(c)(3) organization or a state or local government	ntities	,	0 %		0 %	<b>6</b>	•		
5	Enter the percentage of financed property used in a private business use as a unrelated trade or business activity carried on by your organization, another s 501(c)(3) organization, or a state or local government			0 %		0 %	<b>6</b>			
6	Total of lines 4 and 5			0 %		0 %	<b>6</b>			
7	Has the organization adopted management practices and procedures to ensur post-issuance compliance of its tax-exempt bond liabilities?	e the	х		Х					
Pa	rt IV Arbitrage							-	-	
		Α			В		С		D	
		Yes	No	Yes	No	,	⁄es	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and									

bond issue? Χ Χ Is the bond issue a variable rate issue? Χ Χ Has the organization or the governmental issuer entered into a hedge with respect to the bond issue? Χ Χ FIFTH THIRD BANK Name of provider Term of hedge 99 Was the hedge superintegrated? Х Was a hedge terminated? Χ Were gross proceeds invested in a GIC? 4a Χ Χ Name of provider b Term of GIC C Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? 5 Were any gross proceeds invested beyond an available temporary period? Χ

# Part V Procedures To Undertake Corrective Action

Did the bond issue qualify for an exception to rebate?

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary 

Χ

#### Part VI Supplemental Information

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

Ident if ier	Return Reference	Explanation
PART I, LINE A, COLUMN F		DESCRIPTION OF PURPOSE HEALTHCARE FACILITIES VARIABLE RATE REVENUE BONDS (SERIES 2010 BONDS) WERE USED TO REFUND SEVERAL PATIENT CARE PROJECTS AND FINANCE THE
PART I, LINE B, COLUMN F		

Χ

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As Filed Data -

DLN: 93493134072043

Schedule L

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

**Transactions with Interested Persons** 

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of The Chris	f the organization t Hospital							E	mployer i	dent if ica	tion numb	er
	<u> </u>								1-05385			
Part I	Excess Benefit Tran										405	
	Complete if the organizat	ion ans	werea	res on Fori	m 990, i	Part IV, line 25a (	or 250,	or Form	990-EZ,	Part V, I	Ine 40b	(c)
1	(a) Name of disq	ualıfıed	person			<b>(b)</b> Desc	cription	of trans	action		Со	rrected?
											Yes	No
	er the amount of tax impos tion 4958		_		_	r dısqualıfıed pers • • • • •		-	year unde •	r • ¢		
	er the amount of tax, if any									+ <del></del>		
										<u> </u>		
Part I							_	200				
	Complete if the organiz			d Yes on F	orm 990	, Part IV, line 26	, or Fori	m 990-1	(f)		<u>a</u>	
(a) Nam	e of interested person and	1 ' '	oan to om the	(c)0 rig	leaur		(e) :		Approv	ved	(g)Writ	
(a) Naiii	purpose		zation?	principal a		(d)Balance due	defau	ılt?	by boar commit		agreem	ent?
		To	From				Yes	No	Yes	No	Yes	No
Total .					<b>▶</b> \$							
Part II						Persons.						
	Complete if the orga						/, line 2	27.				
(	a) Name of interested pers			<b>b)</b> Relationsh	nip betwe	een interested pei			nount of a	rant or t	ype of assi	stance
				an	nd the or	ganization						
			_				+					
							+					

Part IV Business Transactions Involving Interested Persons.

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

Complete if the organiza	tion answered res on	TOTTI 220, Fart IV, III	16 Z0a, Z0b, 01 Z0c.	_		
(a) Name of interested person  (1) DEBORAH GERDES  (2) CINTAS	<b>(b)</b> Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	organı	naring of zation's nues?	
	organızatıon			Yes	No	
(1) DEBORAH GERDES	FAMILY MEMBER	269,809	COMPENSATION - SEE PART V		No	
(2) CINTAS	ENTITY - SEE PART V	335,299	INDEP CONTRACTOR - SEE PART V		No	
		_				

#### Part V **Supplemental Information**

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

Identifier	Return Reference	Explanation
BUSINESS TRANSACTIONS WITH INERESTED PERSONS	SCHEDULE L, PART IV	DEBORAH GERDES, DAUGHTER OF THOMAS GERDES (DIRECTOR OF THE CHRIST HOSPITAL), IS EMPLOYED AS A PHYSICIAN BY THE CHRIST HOSPITAL PHYSICIANS, LLC (TCHP) MS GERDES RECEIVED COMPENSATION OF \$269,809 DURING THE CALENDAR YEAR ENDED DECEMBER 31, 2011 TCHP IS A DISREGARDED ENTITY FOR TAX PURPOSES THE SOLE MEMBER OF TCHP IS THE CHRIST HOSPITAL SCOTT D FARMER IS A DIRECTOR OF THE CHRIST HOSPITAL MR FARMER SERVES AS CHIEF EXECUTIVE OFFICER OF THE CINTAS CORPORATION THE CHRIST HOSPITAL CONTRACTED WITH THE CINTAS CORPORATION TO PERFORM SERVICES FOR THE CHRIST HOSPITAL THE CHRIST HOSPITAL PAID CINTAS CORPORATION \$335,299 DURING THE FISCAL YEAR ENDED JUNE 30, 2012

Schedule L (Form 990 or 990-EZ) 2011

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493134072043

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.

2011

Open to Public Inspection

Name of the organization The Christ Hospital	Employer identification number				
	31-0538525				

ldentifier	Return Reference	Explanation
DESCRIPTION OF PROGRAM SERVICE ACCOMPLISHMENTS	PART III, LINE 4A	THE CHRIST HOSPITAL (TCH) delivers integrated, individualized healthcare and wellness serv ices through its comprehensive physician network, advanced specialty services and the regi on's Most Preferred Hospital (National Research Corporation). TCH is an independent 555-be d tertiary care, teaching hospital located in Cincinnati, Ohio TCH offers a wide range of medical, surgical and testing services at fix main carping (the Hospital) in the Mr. Audion in neighborhood approximately one mile north of downtown Cincinnati, and at more than 100 o utpatient and physician practice locations throughout Creater Cincinnati TCHs mission is to provide the finest patient experience and improve the health of the Creater Cincinnati community. This includes providing high-quality personalized healthcare to the community we serve, regardless of an individual's circumstances or ability to pay. Its vision is to be a national leader in clinical excellence and patient experience. The foundation of TCHs mission consists of five core values known as ExCELS (Excellence, Compassion, Efficiency), Leadership, Safety). As the guiding principles of TCHs unique culture, the ExCELS core values are integrated into the organization's Performance Management System, and the employ eses of TCH are evaluated on how well they demonstrate the these core values. For the past 13 years, TCH has been recognized by U.S. News & World Report as one of the nation's top hospitals and has been named Cincinnatis Most Preferred Hospital for 17 consecutive years by National Research Corporation. TCH has been granted Magnet recognition from the America in Nurses Credentialing Center for excellence in nursing care. Additionally, TCH was recognized by the Leapfrog Group as one of 65 adult hospitals in the country leading the nation in patient safety. TCH is in a period of rapid growth, including the expansion of an ambulatory outpatient centers offering a variety of services, and tech nologies in cardiovascular networks such as physician practices, imaging, testing,

ldentifier	Return Reference	Explanation
DESCRIPTION OF PROGRAM SERVICE ACCOMPLISHMENTS	PART III, LINE 4A	n the Greater Cincinnati area. TCH has been ranked among the top 50 in the nation for orth opaedics by U.S. News & World Report (2012). TCH is not only committed to bringing superior medicine to our communities today - w.e. also invest in the resources, technologies and se rvices needed to support the healthcare needs of our community well into the future. That's why we are constructing a \$265 million expansion and improvement of our main campus in Mt. Auburn, the centerpiece of which includes the development of a unique facility dedicated solely to orthopaedic and spine care - The Christ Hospital. Orthopaedic & Spine Center. The new facility will support physicians, patients and families in an efficient, healing an ditechnologically advanced environment. It will be the only one locally, and one of only a few in the country, to offer a single purpose facility with a focus on comprehensive orth opaedic and spine services and research. Women's Health TCH offers a wide range of special ized services for women, including a dedicated Women's Surgery Center, as well as a multid isciplinary team of physicians dedicated to treating urogynecology and pelvic floor disorders. TCH is committed to providing patients with exceptional experiences, in 2012, the hos pital was named among the Top 100 Hospitals for Patient Experience by WomenCertified and e arned the company's Women's Choice Award Out of 4,600 facilities, TCH was recognized as on e of the top hospitals for patient experience in both Obstetrics and Heart Care. Oncology TCH includes a Cancer Center that offers a full range of the most advanced cancer services available, including a robust research program and a resource center for patients. TCH provides comprehensive outpatient services, a 30-bed dedicated inpatient medical oncology unit and hospice services, as well as a dedicated suite for High Dose Rate (HDR) radiation therapy. The hospital is accredited by the American College of Surgeons (ACoS), an agency that evaluates quality and outcome data for cancer cent

ldentifier	Return Reference	Explanation
DESCRIPTION OF CLASSES OF MEMBERS OR STOCKHOLDERS	PART VI, LINE 6	THE SOLE MEMBER OF THE CHRIST HOSPITAL (TCH) IS THE CHRIST HOSPITAL, INC (TCHI) TCHI HAS THE FOLLOWING AUTHORITY WITH RESPECT TO TCH 1) TO APPOINT MEMBERS TO THE GOVERNING BOARD OF TCH, 2) TO RECEIVE THE NET ASSETS OF TCH UPON DISSOLUTION AND 3) TO APPROVE SIGNIFICANT DECISIONS OF THE GOVERNING BOARD OF TCH GOVERNING BODY AND MANAGEMENT PART VI, LINE 7A AND 7B THE SOLE MEMBER OF THE CHRIST HOSPITAL (TCH) IS THE CHRIST HOSPITAL, INC (THCI) TCHI HAS THE AUTHORITY TO APPOINT MEMBERS TO THE GOVERNING BOARD OF TCH AS THE SOLE MEMBER OF TCH, TCHI HAS THE AUTHORITY TO APPROVE SIGNIFICANT DECISIONS OF THE GOVERNING BOARD OF TCH AS THE SOLE MEMBER OF TCH, TCHI HAS THE AUTHORITY TO APPROVE SIGNIFICANT DECISIONS OF THE GOVERNING BOARD OF TCH PROCESS USED TO REVIEW FORM 990 PART VI, LINE 11B THE FORM 990 IS PREPARED AND REVIEWED BY AN OUTSIDE ACCOUNTING FIRM THE FORM 990 IS THEN REVIEWED BY THE EXECUTIVE DIRECTOR OF FINANCE, CONTROLLER, CFO, AND CEO THE FORM IS THEN PRESENTED TO THE AUDIT AND FINANCE COMMITTEE AND BOARD FOR FINAL REVIEW DESCRIPTION OF PROCESS TO MONITOR TRANSACTIONS FOR CONFLICT OF INTEREST PART VI, LINE 12C CONFLICT OF INTEREST (COI) DISCLOSURE FORMS ARE DISTRIBUTED ANNUALLY TO CERTAIN POTENTIALLY AFFECTED INDIVIDUALS INDIVIDUALS ARE UNDER A DUTY TO DISCLOSE ANY POTENTIAL CONFLICTS THAT MAY ARISE BETWEEN THE ANNUAL FILINGS OF THE DISCLOSURE FORM, THE CHRIST HOSPITAL HAS ADOPTED TWO POLICIES, 1) FOR MEMBERS OF THE BOARD OF DIRECTORS, AND 2) FOR MEDICAL STAFF AND EMPLOYEES AT THE MANGER LEVEL AND ABOVE THE CHIEF COMPLIANCE OFFICER REVIEWS ANY POTENTIAL CONFLICTS THAT MAY BETHE SOURCE OF THE POTENTIAL CONFLICT OF INTEREST POLICITY E TEAM IN MOST CASES, THE RESTRICTIONS ARE THAT THE INDIVIDUAL MAY NOT PARTICIPATE IN ANY DELIBERATIONS OR DECISIONS REGARDING THE PERSON OR MATTER THAT MAY BE THE SOURCE OF THE POTENTIAL CONFLICT COMPENSATION DETERMINATION PROCESS PART VI, LINES 15A & 15B (COMPENSATION OF THE ORGANIZATION OF THE PRESON OR MATTER THAT MAY BE THE SOURCE OF THE POTENTIAL CONFLICT OF INTEREST POLICY O

ldentifier F	Return Reference	Explanation
AVERAGE FHOURS PER C	PART VII, COLUMN (B)	OFFICERS, DIRECTORS, TRUSTEES, KEY EMPLOYEES AND HIGHEST PAID EMPLOYEES DEVOTE SIGNIFICANT TIME AND EFFORT TO THE OPERATIONS AND OVERSIGHT OF THE CHRIST HOSPITAL FROM TIME TO TIME, AS SITUATIONS DICTATE, THESE INDIVIDUALS MAY DEVOTE SIGNIFICANTLY MORE TIME TO THE OPERATIONS AND OVERSIGHT OF THE ORGANIZATION THAN IS REPORTED ON FORM 990, PART VII, COLUMN (B) ("AVERAGE HOURS PER WEEK") HOURS WORKED FOR RELATED ORGANIZATION PART VII, COLUMN (B) CERTAIN DIRECTORS FOR THE CHRIST HOSPITAL PROVIDE SERVICES TO OTHER RELATED ORGANIZATIONS HOURS WORKED ARE NOT TRACKED ON AN ENTITY BY ENTITY BASIS, THEREFORE ALL OFFICERS' HOURS REPORTED ON FORM 990, PART VII REPRESENT AGGREGATE HOURS WORKED PER WEEK FOR ALL ENTITIES OTHER CHANGES IN NET ASSETS FORM 990, PART XI, LINE 5 CHANGE IN PENSION LIABILITY (\$54,125,381) PRIOR PERIOD ADJUSMENT RELATED TO PENSION LIAB (\$32,000,000) UNREALIZED LOSSES ON INTEREST RATE SWAP (\$1,773,821) OTHER CURRENT PERIOD ADJUSTMENTS (\$1,125,494) NET CHANGE IN UNREALIZED GAINS ON INVESTMENTS \$1,101,082 CHANGES RELATED TO K-1 INCOME \$5,187,907

DLN: 93493134072043

# SCHEDULE R (Form 990) 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.

2011

OMB No 1545-0047

Open to Public
Inspection

Department of the Treasury Internal Revenue Service

Name of the organization
The Christ Hospital

31-0538525

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)								
(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	<b>(f)</b> Direct controlling entity			
See Additional Data Table								
			1 115.4					

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>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	<b>(f)</b> Direct controlling entity	Section (13) co	(g) on 512(b) controlled nization	
						Yes	No	
(1) THE CHRIST HOSPITAL INC								
2139 AUBURN AVENUE	SUPPORT TCH	ОН	501(C)(3)	11A	EDGHA		No	
CINCINNATI, OH 45219 31-1080885								
(2) CHRIST HOSP EDU & CLINICAL RESEARCH FUND								
2139 AUBURN AVENUE	SUPPORT TCH	ОН	501(C)(3)	11A	тсн	Yes		
CINCINNATI, OH 45219 31-1126561								
(3) ELIZABETH GAMBLE DEACONESS HOME ASSOC								
2139 AUBURN AVENUE	SUPPORT TCH	ОН	501(C)(3)	11A	NA		No	
CINCINNATI, OH 45219 31-1082756								
(4) THE CHRIST HOSPITAL COLLEGE OF NURSING								
2139 AUBURN AVENUE	SUPPORT TCH	ОН	501(C)(3)	2	тсн	Yes		
CINCINNATI, OH 45219 20-3823825								
(5) THE CHRIST HOSPITAL AUXILLIARY								
2139 AUBURN AVENUE	SUPPORT TCH	ОН	501(C)(3)	11C	тсн	Yes		
CINCINNATI, OH 45219 20-1245159								
(6) THE CHRIST HOSPITAL FOUNDATION								
2139 AUBURN AVENUE	SUPPORT TCH	ОН	501(C)(3)	11A	тсн	Yes		
CINCINNATI, OH 45219 26-4165492								
(7) Gamble Realty Company								
2139 Auburn Avenue	Real Estate	ОН	501(c)(2)	N/A	EGDHA	Yes		
Cincinnati, OH 45219 31-1080683		Cat No FO			Cahadula D (Fare			

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.)

	because it had one of more related organizations decided as a partition only during the tax years,											
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	<b>(f)</b> Share of total Income	(g) Share of end-of- year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	<b>(j</b> Gener mana partr	al or ging	<b>(k)</b> Percentage ownership
							Yes	No		Yes	No	
(1) MASON PROP CO 2139 AUBURN AVENUE CINCINNATI, OH 45219 31-1384679	SUPPORT TCH	ОН	NA	N/A								
											Ţ	
											·	
											•	
i <del></del>												

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.)

<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income	<b>(g)</b> Share of end-of-year assets	<b>(h)</b> Percentage ownership
MEDICAL LAB	ОН	тсн	S-CORPORATION	5,187,907	0	100 000 %
MEDICAL PRACT	ОН	тсн	S-CORPORATION	0	0	100 000 %
MEDICAL SERVICES	ОН	NA	C-CORPORATION			
INSURANCE	СЭ	тсн	C-CORPORATION	3,869,707	14,173,041	100 000 %
	Primary activity  MEDICAL LAB  MEDICAL PRACT  MEDICAL SERVICES	Primary activity  Legal domicile (state or foreign country)  MEDICAL LAB  OH  MEDICAL PRACT  OH  MEDICAL SERVICES  OH	Primary activity  Legal domicile (state or foreign country)  MEDICAL LAB  OH  TCH  MEDICAL PRACT  OH  NA  TCH	Primary activity  Legal domicile (state or foreign country)  MEDICAL LAB  OH  TCH  S-CORPORATION  MEDICAL PRACT  OH  MEDICAL SERVICES  OH  Direct controlling entity (C corp, S corp, or trust)  TCH  S-CORPORATION  TCH  TCH  TCH  TCH  TCH  TCH  TCH  TC	Primary activity  Legal domicile (state or foreign country)  MEDICAL LAB  OH  TCH  TCH  S-CORPORATION  O  MEDICAL SERVICES  OH  NA  C-CORPORATION  Share of total income  TYPE of entity  C corp, S corp, or trust)  Share of total income  C corp. S corp, or trust)  Share of total income  Share of total income	Primary activity  Legal domicile (state or foreign country)  MEDICAL LAB  OH  TCH  S-CORPORATION  TCH  S-CORPORATION  OH  NA  C-CORPORATION  Share of total income  Share of total income  Share of end-of-year assets  Share of end-of-year assets  Share of end-of-year assets  Share of total income  Share of total income  Share of total income  Share of total income  Share of end-of-year assets  OH  TCH  S-CORPORATION  O  O  TCH  C-CORPORATION  TCH  TCH  TCH  TCH  TCH  TCH  TCH  TC

Schedule R (Form 990) 2011		Ρa	age
Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35,	A, or 36.)		
Note. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	N
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	1a	Yes	
<b>b</b> Gift, grant, or capital contribution to related organization(s)	1b		N
c Gift, grant, or capital contribution from related organization(s)	1c		N
d Loans or loan guarantees to or for related organization(s)	1d	Yes	
e Loans or loan guarantees by related organization(s)	1e	Yes	
f Sale of assets to related organization(s)	<b>1</b> f		N
g Purchase of assets from related organization(s)	<b>1</b> g		N
h Exchange of assets with related organization(s)	1h		N
i Lease of facilities, equipment, or other assets to related organization(s)	<b>1</b> i	Yes	
j Lease of facilities, equipment, or other assets from related organization(s)	1j	Yes	
k Performance of services or membership or fundraising solicitations for related organization(s)	1k		N
I Performance of services or membership or fundraising solicitations by related organization(s)	11		N
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m	Yes	
n Sharing of paid employees with related organization(s)	1n	Yes	
• Reimbursement paid to related organization(s) for expenses	10		N
p Reimbursement paid by related organization(s) for expenses	1р	Yes	

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

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

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

	<u> </u>		
(a) Name of other organization	<b>(b)</b> Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) TCH COLLEGE OF NURSING	А	758,079	FMV
(2) TCH COLLEGE OF NURSING	I	1,365,779	FMV
(3) TCH COLLEGE OF NURSING	N	4,292,740	FMV
(4) TCH COLLEGE OF NURSING	Р	688,212	FMV
(5) MASON PROPERTY CO	D	2,090,524	FMV
(6)			

Yes

Yes

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

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

<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	org	(e) Are all partners section 501(c)(3) janizations?	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Disproprtionate alloc		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part	<b>j)</b> eral or aging ener?	<b>(k)</b> Percentage ownership
			,	Yes	No			Yes	No		Yes	No	

Schedule R (Form 990) 2011

## Part VII Supplemental Information

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

Identifier Return Reference Explanation

Schedule R (Form 990) 2011

Software ID: Software Version:

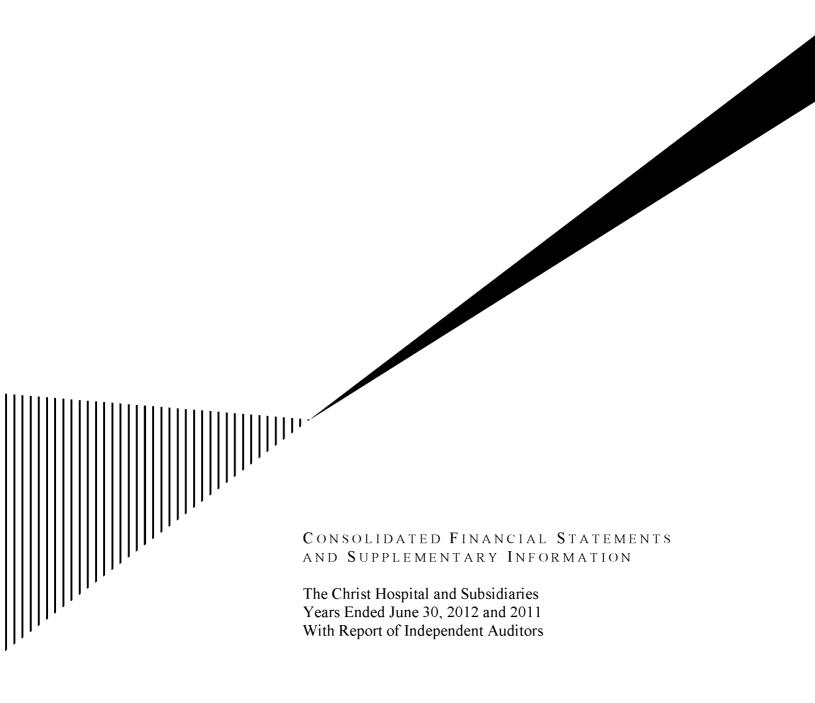
**EIN:** 31-0538525

Name: The Christ Hospital

Form 990, Schedule R, Part I - Identification of Disregarded Entities							
(a) Name, address, and EIN of disregarded entity	<b>(b)</b> Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income (\$)	(e) End-of-year assets (\$)	<b>(f)</b> Direct Controlling Entity		
THE CHRIST HOSPITAL MEDICAL ASSOC LLC 2139 AUBURN AVENUE CINCINNATI, OH 45219 26-1332866	MEDICAL PRACT	ОН			TCH PHYS		
TCH CARDIOVASCULAR ASSOCIATES LLC 2139 AUBURN AVENUE CINCINNATI, OH 45219 26-3070266	MEDICAL PRACT	ОН			TCH PHYS		
Lindner Ctr for Rsrch & Edu at TCH LLC 2139 AUBURN AVENUE CINCINNATI, OH 45219 26-3885165	MED RESEARCH	ОН	2,760,756	1,318,334	тсн		
THE CHRIST HOSPITAL PHYSICIANS LLC 2139 AUBURN AVENUE CINCINNATI, OH 45219 27-3841691	MEDICAL PRACT	ОН	84,691,881	35,754,163	тсн		
TCH ORTHOPAEDIC ASSOCIATES LLC 2139 AUBURN AVENUE CINCINNATI, OH 45219 27-2352575	MEDICAL PRACT	ОН			TCH PHYS		
TCH ORTHOPAEDIC ASSOCIATES II LLC 2139 AUBURN AVENUE CINCINNATI, OH 45219 27-3088756	MEDICAL PRACT	ОН			TCH PHYS		
TCH ORTHOPAEDIC ASSOC III LLC 2139 AUBURN AVENUE CINCINNATI, OH 45219 27-3088817	MEDICAL PRACT	он			TCH PHYS		
THE CHRIST HOSP SPINE SURGERY CENTER LLC 4020 SMITH ROAD CINCINNATI, OH 45209 27-1482322	MEDICAL PRACT	ОН			TCHUSP		
THE CHRIST HOSP MEDICAL SPECIALISTS LLC 2139 AUBURN AVENUE CINCINNATI, OH 45219	MEDICAL PRACT	ОН			TCH PHYS		
27-0577733 TCH MEDICAL SPECIALISTS II LLC 2139 AUBURN AVENUE CINCINNATI, OH 45219 45-2681845	MEDICAL PRACT	ОН			TCH PHYS		
HPL REALTY CO LLC 2139 AUBURN AVENUE CINCINNATI, OH 45219 45-4013544	REAL ESTATE	ОН			тсн		
TCH MEDICAL ASSOCIATES II LLC 2139 AUBURN AVENUE CINCINNATI, OH 45219 27-3999894	MEDICAL PRACT	ОН			TCH PHYS		
TCH MEDICAL ASSOCIATES III LLC 2139 AUBURN AVENUE CINCINNATI, OH 45219 27-5467250	MEDICAL PRACT	он			TCH PHYS		
PROFESSIONAL DIAGNOSTIC SERVICES LLC 2139 AUBURN AVENUE CINCINNATI, OH 45219 27-3081840	MEDICAL SERV	ОН			TCH CARDIO		
TCHUSP SURGERY CENTER 15305 DALLAS PKWY 1600 CINCINNATI, OH 45219 27-2818625	MEDICAL PRACT	он			тсн		
TCH CLINICALLY INTEGRATED NETWORK LLC 2139 AUBURN AVENUE CINCINNATI, OH 45219 45-4209314	РНО	он			тсн		

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

Torin 550, Schedule 14, Full 14c			Excilipt org				
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c) (3))	<b>(f)</b> Direct Controlling Entity	Sectio (b)( contr organi	n 512 13) olled
THE CHRIST HOSPITAL INC							$\overline{}$
2139 AUBURN AVENUE CINCINNATI, OH 45219 31-1080885	SUPPORT TCH	он	501(C) (3)	11A	EDGHA		No
CHRIST HOSP EDU & CLINICAL							
RESEARCH FUND  2139 AUBURN AVENUE CINCINNATI, OH 45219 31-1126561	SUPPORT TCH	он	501(C) (3)	11A	тсн	Yes	
ELIZABETH GAMBLE DEACONESS HOME							
ASSOC  2139 AUBURN AVENUE CINCINNATI, OH 45219 31-1082756	SUPPORT TCH	ОН	501(C) (3)	11A	NA		No
THE CHRIST HOSPITAL COLLEGE OF NURSING	SUPPORT TCH		501(C)		тсн		
2139 AUBURN AVENUE CINCINNATI, OH 45219 20-3823825		ОН	(3)	2		Yes	
THE CHRIST HOSPITAL AUXILLIARY							
2139 AUBURN AVENUE CINCINNATI, OH 45219 20-1245159	SUPPORT TCH	ОН	501(C) (3)	11C	тсн	Yes	
THE CHRIST HOSPITAL FOUNDATION							
2139 AUBURN AVENUE CINCINNATI, OH 45219 26-4165492	SUPPORT TCH	ОН	501(C) (3)	11A	тсн	Yes	
Gamble Realty Company							
2139 Auburn Avenue Cincinnati, OH 45219 31-1080683	Real Estate	он	501(c) (2)	N/A	EGDHA	Yes	



Ernst & Young LLP



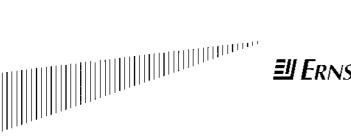
# The Christ Hospital and Subsidiaries

# Consolidated Financial Statements and Supplementary Information

June 30, 2012 and 2011

# **Contents**

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Consolidated Balance Sheets	2		
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Ernst & Young LLP 1900 Scripps Center 312 Walnut Street Cincinnati, OH 45202

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### Report of Independent Auditors

The Board of Directors
The Christ Hospital and Subsidiaries

We have audited the accompanying consolidated balance sheets of The Christ Hospital and Subsidiaries (the Company) as of June 30, 2012 and 2011, and the related consolidated statements of operations, changes in net assets, and cash flows for the years then ended These consolidated financial statements are the responsibility of the Company's management Our responsibility is to express an opinion on these consolidated financial statements based on our audits

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

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the consolidated financial position of The Christ Hospital and Subsidiaries at June 30, 2012 and 2011, and the consolidated results of their operations, changes in net assets, and their cash flows for the years then ended, in conformity with U S generally accepted accounting principles

August 22, 2012

1203-1346006

Ernst + Young LLP

## Consolidated Balance Sheets

		June 30			
	2012			2011	
		(In Tho	แรสห	nds)	
Assets					
Current assets					
Cash and cash equivalents	\$	95,661	\$	25,875	
Current portion of assets whose use is limited					
Restricted short-term investment under repurchase agreement		_		62,949	
Net patient accounts receivable, less allowance for uncollectible					
accounts of \$19,674 in 2012 and \$20,878 in 2011		80,574		78,229	
Other accounts receivable		11,245		8,849	
Inventories		9,534		10,543	
Prepaid and other current assets		9,546		6,313	
Estimated receivable from third-party payors, net		_		1,350	
Total current assets		206,560		194,108	
Assets whose use is limited and investments					
Assets whose use is limited					
Restricted by donor		107,525		6,761	
Tax-exempt bond proceeds		136,956		15,012	
Collateral related to long-term obligations		_		73,182	
Funds for self-insurance reserves		10,861		8,435	
Investments		166,942		58,218	
		422,284		161,608	
Property and equipment, net		250,177		213,595	
Goodwill and intangible assets, net		37,834		39,579	
Unamortized bond issuance costs		6,148		_	
Other long-term assets		11,339		11,555	
Total assets	\$	934,342	\$	620,445	

See accompanying notes.

	June 30			
		2012		2011
		(In Tho	นรสเ	nds)
Liabilities and net assets				
Current liabilities				
Accounts payable and accrued expenses	\$	21,685	\$	21,442
Compensation and benefits		34,113		31,525
Current portion of long-term debt		2,804		2,672
Obligation under repurchase agreement		_		61,110
Estimated payable from third-party payors, net		616		
Total current liabilities		59,218		116,749
Long-term self-insurance reserves		11,606		11,254
Pension liability		11,568		63,235
Long-term benefits and other liabilities		17,791		13,359
Long-term debt, net of current portion		362,138		104,232
Total liabilities		565,321		308,829
Net assets				
Unrestricted		241,194		284,656
Temporarily restricted		106,065		5,600
Permanently restricted		4,496		4,350
Total net assets excluding noncontrolling interest		351,755		294,606
Noncontrolling interest		17,266		17,010
Total net assets		369,021		311,616
Total liabilities and net assets	\$	934,342	\$	620,445

See accompanying notes.

## Consolidated Statements of Operations

	Year Ended June 30 2012 2011			
	(In Thousands)			
Revenue				
Net patient service revenue (net of contractual allowances)	\$ 653	3,960	\$	619,579
Provision for bad debts	(10	0,863)		(17,623)
Net patient service revenue less provision for bad debts	643	3,097		601,956
Other revenue	3′	7,882		24,588
Total operating revenue	680	),979		626,544
Expenses				
Salaries and wages	273	3,807		249,507
Fringe benefits	60	6,651		65,833
Purchased services	<b>9</b> 1	1,934		84,777
Professional fees	13	3,649		13,720
Supplies	147	7,159		129,771
Utilities and insurance	10	0,054		14,122
Depreciation and amortization	39	9,718		46,861
Interest	2	2,207		1,743
Other, net	18	8,900		15,537
Total operating expenses	664	1,079		621,871
Excess of revenue over expenses before other income	10	<b>6,900</b>		4,673
Other income				
Other, primarily investment income		575		1,383
Excess of revenue over expenses	17	7,475		6,056
Excess of revenue over expenses attributable to				
noncontrolling interest	(	5,833		4,389
Excess of revenue over expenses attributable to				
The Christ Hospital and Subsidiaries	\$ 10	0,642	\$	1,667

Continued on next page.

## Consolidated Statements of Changes in Net Assets

	Year Ended June 30 2012 2011		
	(In Thousands)		
Unrestricted net assets			
Excess of revenue over expenses attributable to			
The Christ Hospital and Subsidiaries	\$	10,642 \$	1,667
Change in plan assets and benefit obligation of pension plans		(54,125)	18,370
Other, net		21	(95)
(Decrease) increase in unrestricted net assets attributable to			
The Christ Hospital and Subsidiaries		(43,462)	19,942
Temporarily restricted net assets			
Contributions and investment income		101,419	2,568
Net assets released from restrictions		(954)	(712)
Increase in temporarily restricted net assets	'		_
attributable to The Christ Hospital and Subsidiaries		100,465	1,856
Permanently restricted net assets			
Contributions and investment income		146	_
Increase in permanently restricted net assets attributable to			
The Christ Hospital and Subsidiaries		146	_
Noncontrolling interest			
Excess of revenue over expenses attributable to			
noncontrolling interest		6,833	4,389
Distributions to equity owners		(6,577)	(3,950)
Increase in net assets attributable to noncontrolling interest		256	439
Total increase in net assets		57,405	22,237
Net assets at beginning of year		311,616	289,379
Net assets at end of year	\$	369,021 \$	311,616

See accompanying notes.

## Consolidated Statements of Cash Flows

	Year Ended June 3			une 30
	2	012		2011
	(In Thousands)			nds)
Operating activities				
Increase in net assets	\$	57,405	\$	22,237
Adjustments to reconcile increase in net assets to net cash provided				
by operating activities				
Provision for bad debts		10,863		17,623
Depreciation	•	37,306		43,584
Amortization of intangible assets		2,412		3,277
Loss on interest rate swap agreements		1,774		846
Change in plan assets and benefit obligation of pension plan	:	54,125		(18.370)
Restricted contributions and investment income	(1	01,565)		(2.568)
Cash (used in) provided by operating assets and liabilities				
Increase in patient accounts	(	13,208)		(26,919)
Increase in other current assets		(2,885)		(3.000)
Decrease (increase) in other assets		216		(4.334)
Increase in other liabilities		3,447		8,573
Increase in other long-term liabilities		218		13,686
Net cash provided by operating activities		50,108		54,635
Investing activities				
Additions to property and equipment	(	73,077)		(40.331)
Acquisition of physician practices and related entities, net of cash acquired		(1,863)		(7.059)
Purchase of short-term investment under repurchase agreement	(1)	88,975)	(	188,908)
Sale of short-term investment under repurchase agreement		88,924		188,936
Increase in assets whose use is limited and investments	(1	97,676)		(35,938)
Net cash used in investing activities	(2	72,667)		(83,300)
Financing activities  Page mont of long term debt		(2.461)		(1.210)
Repayment of long-term debt Proceeds from issuance of long-term debt		(2,461)		(1.219) 29,475
e e e e e e e e e e e e e e e e e e e		33,428		29,473
Cost of long-term debt issuance Proceeds from obligation under repurchase agreement		(6,148)		183,330
		83,330		
Payments on obligation under repurchase agreement		44,440)	(	183,330)
Payment on line of credit	,	72,929)		2.560
Restricted contributions and investment income		01,565		2,568
Net cash provided by financing activities		92,345		30,824
Increase in cash and cash equivalents		69,786		2,159
Cash and cash equivalents at beginning of year		25,875		23,716
Cash and cash equivalents at end of year		95,661	\$	25,875
				•

See accompanying notes

# Notes to Consolidated Financial Statements (Dollar Amounts in Thousands)

June 30, 2012 and 2011

#### 1. Organization and Mission

The Christ Hospital (the Hospital) and Subsidiaries' (collectively, the Company) mission is to provide high-quality personalized health care to the residents of Cincinnati and surrounding areas The Company is a tax-exempt Ohio corporation, formed on June 25, 1891 The Christ Hospital, Inc (the Corporation) is the sole member of the Company The Company owns or controls the following companies, all of which are included in the consolidated financial statements of the Company as of June 30, 2012 and June 30, 2011, unless otherwise noted

The Christ Hospital Physicians, LLC (TCHP) is a wholly owned domestic limited liability company whose operations consist of managing physician practices serving the residents of Cincinnati and the surrounding areas This entity owns 100% of the interest in various medical practices

The Christ College of Nursing and Health Sciences (the College), a tax-exempt Ohio corporation whose operations consist of preparing men and women for careers in nursing and other health science programs

**ExCEL Insurance Company, Ltd. (ExCEL)** is a wholly owned captive insurance company domiciled in the Cayman Islands, which insures professional and general liability risks of the Company

The Carl and Edyth Lindner Center for Research and Education at The Christ Hospital, LLC (Lindner) is a wholly owned domestic limited liability company whose operations consist of performing medical clinical trials in Cincinnati and the surrounding areas

The Christ Hospital Foundation (the Foundation) is a tax-exempt Ohio corporation which conducts and supports charitable activities exclusively for the benefit of the Hospital

## Notes to Consolidated Financial Statements (continued) (Dollar Amounts in Thousands)

#### 1. Organization and Mission (continued)

TCH/USP Surgery Centers, LLC (TCH/USP) is a joint venture between the Company and USP Surgery Centers, Inc The Company maintains a majority ownership interest of 50 1% in TCH/USP and therefore, consolidates the balance sheet, statement of operations and changes in net assets, and cash flows of TCH/USP with the recognition of a noncontrolling interest of 49 9% not controlled by the Company TCH/USP maintains a 51% interest in The Christ Hospital Spine Surgery Center, LLC (the Surgery Center) The Surgery Center performs spine and related back surgeries and procedures in Cincinnati and surrounding areas

The Christ Hospital Clinically Integrated Network, LLC (CIN) (formerly known as The Christ Hospital PHO, LLC) is a wholly owned domestic limited liability company, formed on December 16, 2011, which operations consist of working with medical practices and other health care providers, consumers, and payors to provide services and facilitate the efficient delivery of quality care

From January 1, 1995 to April 10, 2006, the Hospital was a member of The Health Alliance of Greater Cincinnati (the Alliance) In January 2009, the Company reached a financial settlement agreement with the Alliance to finalize the financial details of the Hospital's withdrawal from the Alliance The Company has operated fully independent of the Alliance since July of 2008

The accompanying consolidated financial statements include the accounts, after elimination of all significant intercompany transactions and balances, of the Company The Company prepares its consolidated financial statements in accordance with U S generally accepted accounting principles

## Notes to Consolidated Financial Statements (continued) (Dollar Amounts in Thousands)

#### 2. Significant Accounting Policies

#### **New Accounting Pronouncements**

The Financial Accounting Standards Board (FASB) has issued Accounting Standards Update (ASU) No 2010-24, *Health Care Entities (Topic 954): Presentation of Insurance Claims and Related Insurance Recoveries* (ASU 2010-24) The amendments in ASU 2010-24 clarify that a health care entity may not net insurance recoveries against related claim liabilities. In addition, the amount of the claim liability must be determined without consideration of insurance recoveries ASU 2010-24 is effective for fiscal years, and interim periods within those fiscal years, beginning after December 15, 2010. The Company adopted the provisions of the ASU 2010-24 as of June 30, 2012. The adoption did not have a material impact on the consolidated financial statements.

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

The FASB has issued ASU No 2011-08, *Testing Goodwill for Impairment* (ASU 2011-08) ASU 2011-08 allows companies to qualitatively evaluate reporting units for potential goodwill impairments, and in some cases, not perform the two-step quantitative test specified in Accounting Standards Codification (ASC) 350, *Intangibles – Goodwill and Other* The ASU is effective for fiscal years beginning after December 15, 2011, with early adoption permitted The Company did not early adopt ASU 2011-08 and is currently evaluating the impact of the adoption of ASU 2011-08

The FASB has issued ASU No 2011-04, Fair Value Measurements (Topic 820), Amendments to Achieve Common Fair Value Measurement and Disclosures Requirements in GAAP and IFRSs (ASU 2011-04) The amendments in ASU 2011-04 change the wording used to describe many of the requirements in GAAP for measuring fair value and for disclosing information about fair value measurements. The ASU is effective for fiscal years, and interim periods within those fiscal years, beginning after December 15, 2011. The Company is currently evaluating the impact of adoption and will make all required disclosures upon adoption.

## Notes to Consolidated Financial Statements (continued) (Dollar Amounts in Thousands)

#### 2. Significant Accounting Policies (continued)

#### **Fair Value Measurements**

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

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

- Level 1 inputs utilize quoted market prices in active markets for identical assets or liabilities that the Company has the ability to access
- Level 2 inputs may include quoted prices for similar assets and liabilities in active markets, as well as inputs that are observable for the asset and liability (other than quoted prices), such as interest rates, foreign exchange rates, and yield curves that are observable at commonly quoted intervals
- Level 3 inputs are unobservable inputs for the asset or liability, which is typically based on an entity's own assumptions, as there is little, if any, related market activity

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

Notes to Consolidated Financial Statements (continued)
(Dollar Amounts in Thousands)

#### 2. Significant Accounting Policies (continued)

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

The Company's nonfinancial assets and liabilities not permitted or required to be measured at fair value on a recurring basis typically relate to assets and liabilities acquired in a business combination or a contribution received from an outside donor. The Company is required to provide additional disclosures about fair value measurements as part of the consolidated financial statements for each major category of assets and liabilities measured at fair value on a nonrecurring basis.

#### Cash and Cash Equivalents

The Company considers highly liquid investments with original maturities of three months or less at the date of purchase to be cash equivalents

#### **Master Repurchase Agreement**

The Company participated in a master repurchase agreement with an independent financial institution (Bank of America Securities, LLC) The Company transferred to the financial institution a U S Treasury bill with a stated maturity of three to six months in exchange for a tax-exempt financing arrangement Concurrently, the Company entered into an agreement to repurchase the U S Treasury bill at the date of its stated maturity This arrangement was repaid with proceeds from the tax-exempt bond obligation issued in June 2012 Prior to its termination in June 2012, and in accordance with ASC 210, *Balance Sheet*, the Company had reflected the U S Treasury bill and obligation to repurchase the U S Treasury bill from the financial institution on its consolidated balance sheets

## Notes to Consolidated Financial Statements (continued) (Dollar Amounts in Thousands)

#### 2. Significant Accounting Policies (continued)

#### **Net Patient Accounts Receivable**

Net patient accounts receivable and net patient service revenue less the provision for bad debts are recorded at estimated amounts expected to be collected. These estimated amounts are subject to further adjustments upon review by third-party payors

The provision for bad debts is based upon management's assessment of historical and expected net collections considering historical business and economic conditions, trends in health care coverage and other collection indicators Periodically throughout the year, management assesses the adequacy of the allowance for uncollectible accounts based upon historical write-off experience of self-pay accounts receivable including those balances after insurance payments and not covered by insurance The results of this review are then used to make any modifications to the provision for bad debts to establish an appropriate allowance for uncollectible accounts There have been no significant changes in the current year to the underlying assumptions used by the Company to estimate the allowance for uncollectible accounts

After satisfaction of amounts due from insurance and reasonable efforts to collect from the patients themselves have been exhausted, the Company may place certain past-due patient balances with collection agencies, subject to the terms of certain restrictions on collection efforts as determined by the Company Patient accounts receivable are written off after collection efforts have been followed in accordance with the Company's policies Overall, the total write-offs of uncollectible accounts and allowances on self-pay patient accounts has not changed significantly since June 30, 2011 The Company has not experienced significant changes in write-off trends, however has made changes to its charity care policy which has resulted in lower self-pay patient accounts receivables at June 30, 2012, as the revenue and related patient accounts receivables for patients who qualify for charity care are not recognized in the consolidated financial statements

## Notes to Consolidated Financial Statements (continued) (Dollar Amounts in Thousands)

#### 2. Significant Accounting Policies (continued)

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

	2012	2011
Medicare	33%	33%
Medicaid	9	9
Self-pay	12	16
Commercial and other	46	42
	100%	100%

#### **Pledges Receivable**

The Company receives certain unconditional promises to pay, which are recorded in the form of pledges receivable. An allowance for doubtful pledges is established for those pledges that the Company estimates to be uncollectible, if deemed necessary. As of June 30, 2012 and 2011, pledges are primarily donor restricted for capital needs of the Company and are included in the consolidated balance sheets in other accounts receivable and other long-term assets based on the period of expected receipt. Collections of these pledges are expected to be made over the following time frame at June 30.

		2012	2011		
2012	\$	_	\$	2,750	
2013	-	2,750	•	250	
2014		250		250	
Gross pledges receivable		3,000		3,250	
Less allowance for doubtful pledges		_			
Net pledges receivable	\$	3,000	\$	3,250	

## Notes to Consolidated Financial Statements (continued) (Dollar Amounts in Thousands)

#### 2. Significant Accounting Policies (continued)

#### Inventory

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

#### **Assets Whose Use Is Limited and Investments**

Assets whose use is limited includes funds restricted by donors for charitable purposes, restricted under tax-exempt bond financings, restricted cash for collateral related to long-term obligations, and trustee-held funds for the retirement of certain professional liability obligations. Assets whose use is limited consists of cash and cash equivalents and marketable debt securities, consisting primarily of U S government agency and corporate debt securities.

Investments are made up of marketable debt securities, consisting primarily of U S government, U S government agency, and corporate debt securities

Interest and dividend earnings (net of expenses), net realized losses on investments, and the net change in unrealized gains on investments are considered investment income and are included in excess of revenue over expenses, as other, primarily investment income unless the income or loss is restricted by donor or by law

The global financial markets and banking system are subject to volatility which could adversely impact the Company The Company's assets whose use is limited and investments are exposed to various risks such as interest rate, market, and credit risks

#### **Property and Equipment**

Property and equipment are stated at historical cost or, if donated or impaired, at fair market value at the date of receipt or determination Depreciation is provided over the estimated useful life of each class of depreciable asset which ranges from 2 to 30 years, and is computed using the straight-line method. For property and equipment under capital lease, amortization is determined over the shorter period of the lease term or the estimated useful life of the property and equipment and is included in depreciation and amortization expense. Interest cost incurred during the period of construction of major capital projects is capitalized as a component of the cost of acquiring those assets.

## Notes to Consolidated Financial Statements (continued) (Dollar Amounts in Thousands)

#### 2. Significant Accounting Policies (continued)

The cost and related accumulated depreciation of property and equipment that is sold or retired are removed from the respective accounts and the resulting gain or loss is recorded in other revenue

The Company continually evaluates whether circumstances have occurred that would indicate the remaining useful life of long-lived assets may warrant revision or that the remaining balance of such assets may not be recoverable. When factors indicate that such assets should be evaluated for possible impairment, the Company uses an estimate of the undiscounted cash flows over the remaining life of the assets in measuring whether the asset is recoverable. There was no impairment loss recorded for the year ended June 30, 2012 or 2011.

#### **Asset Retirement Obligations**

The Company follows ASC 410, Asset Retirement and Environmental Obligations (ASC 410), which requires a liability to be recorded if the fair value of the obligation to retire an asset can be reasonably estimated. Asset retirement obligations covered by ASC 410 include those for which an entity has a legal obligation to perform an asset retirement activity, however, the timing and/or method of settling the obligation are conditional on a future event that may or may not be within the control of the entity. Consistent with ASC 410, the Company records all known asset retirement obligations for which the fair value of the liability can be reasonably estimated, including certain obligations relating to asbestos abatement, storage tank removal and magnet removal associated with magnetic resonance imaging equipment. The Company has recorded asset retirement obligations of \$1,262 and \$1,200 (including cumulative accretion) which is included in long-term benefits and other liabilities, and asset retirement costs of \$121 and \$140, net of accumulated depreciation of \$325 and \$306 as of June 30, 2012 and 2011, respectively. In addition to the amounts recorded, the Company may have other conditional asset retirement obligations as yet unknown to management. Such obligations have not been recorded in the consolidated financial statements.

## Notes to Consolidated Financial Statements (continued) (Dollar Amounts in Thousands)

### 2. Significant Accounting Policies (continued)

#### Goodwill and Intangible Assets, Net

Goodwill and intangible assets have been primarily generated from the acquisition of certain businesses, as well as the formation of certain joint ventures. Amortization of intangible assets is calculated on a straight-line basis over the estimated life of the specific intangible asset and range from a period of three to five years. Amortization expense was \$2,412 and \$3,277 for the years ended June 20, 2012 and 2011, respectively. The following is a progression of goodwill through June 30, 2012.

Balance as of June 30, 2010	\$ 29,091
Goodwill acquired	5,817
Balance as of June 30, 2011	34,908
Goodwill acquired	
Balance as of June 30, 2012	\$ 34,908

The following is a summary of goodwill and intangible assets as of June 30

2012	Carrying Accumulated Amount Amortization		_		Net
Identifiable intangible assets	\$ 12,428	\$	(9,502)	\$	2,926
Goodwill Total	 35,201 47,629	\$	(293) (9,795)	\$	34,908 37,834
2011	arrying Amount		umulated ortization		Net
Identifiable intangible assets Goodwill	\$ 11,761 35,201	\$	(7,090) (293)	\$	4,671 34,908
Total	\$ 46,962	\$	(7,383)	\$	39,579

The Company annually performs an evaluation of goodwill for impairment considering qualitative and quantitative factors. There was no impairment loss recognized in 2012 or 2011, or indicators that an impairment loss will be recognized in the near term

## Notes to Consolidated Financial Statements (continued) (Dollar Amounts in Thousands)

#### 2. Significant Accounting Policies (continued)

#### **Unamortized Bond Issuance Costs**

Unamortized debt issuance cost of \$6,148 and \$0 at June 30, 2012 and 2011, respectively, represents costs related to the issuance of tax-exempt bond obligations Substantially all of these amounts are being amortized over the terms of the related tax-exempt bond obligations at amounts approximating the effective interest method

#### **Defined Benefit Pension Plans**

The Company has two defined benefit pension plans, The Christ Hospital Pension Plan (the TCH Plan), covering the majority of employees who qualify as to age and length of service, and The Christ Hospital Cardiovascular Pension Plan (TCHCVA Plan), which covers certain previously acquired physicians now part of TCHP The TCH Plan and the TCHCVA Plan are collectively referred to as the Plans The TCHCVA Plan is a frozen plan As a result, no future service cost will be incurred

The Company funds actuarially determined pension amounts in accordance with a long-term funding policy to ensure that the Plans maintain adequate funding over time and meet minimum Employee Retirement Income Security Act of 1974 (ERISA) funding requirements

#### **Net Assets**

Unconditional promises to give cash and other assets are reported at fair value at the date the promise is received, which is then treated as cost. The gifts are reported as either temporarily or permanently restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or the purpose of the restriction is accomplished, temporarily restricted net assets are reclassified as unrestricted net assets and reported in the consolidated statements of operations as either net assets released from restrictions for purchases of property and equipment or as net assets released from restrictions for operations. Donor-restricted contributions whose restrictions are met within the same year as received are reflected as unrestricted contributions in the accompanying consolidated financial statements

## Notes to Consolidated Financial Statements (continued) (Dollar Amounts in Thousands)

#### 2. Significant Accounting Policies (continued)

#### **Net Patient Service Revenue**

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

Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors and others for services rendered, including estimated retroactive adjustments due to future audits, reviews, and investigations. The differences between the estimated and actual adjustments are recorded as part of net patient service revenue in future periods, as the amounts become known, or as years are no longer subject to such audits, reviews, and investigations. The Company recognizes a significant amount of patient service revenue at the time the services are rendered even though they do not assess the patient's ability to pay

#### **Charity Care**

The Company has a policy of treating certain patients regardless of their ability to pay as defined by established policies of the Company The Company provides care, without charge or at amounts less than its established rates, to patients who meet certain criteria under its charity care policy Amounts determined to qualify as charity care are not reported as net patient service revenue The cost to the Company to provide charity care was \$14,174 and \$8,772 for the years ended June 30, 2012 and 2011, respectively The cost to the Company to provide charity care was determined through application of the ratio of patient costs to charges, consistent with Schedule H of Form 990 filed with the Internal Revenue Service, to current-year charity care write-offs

The Ohio Hospital Care Assurance Program (HCAP) provides some reimbursement to the Company for services provided to qualified persons who cannot afford to pay The amount of HCAP reimbursements was \$80 and \$473 for the years ended June 30, 2012 and 2011, respectively

## Notes to Consolidated Financial Statements (continued) (Dollar Amounts in Thousands)

#### 2. Significant Accounting Policies (continued)

#### Other Revenue

The American Recovery and Reimbursement Act of 2009 established incentive payments under the Medicare and Medicaid programs for certain professionals and hospitals that meaningfully use certified electronic health record technology. Payments under the program are calculated based upon estimated discharges, charity care and other input data and are predicated upon the Company's attainment of program and attestation criteria and are subject to regulatory audit. The Company has opted to follow a grant accounting method, which provides for ratable recognition over the respective attestation period. As a result, management estimated and recognized revenue of \$5,916 and \$0 within other revenue for the years ended June 30, 2012 and 2011, respectively Amounts recognized are subject to change, with such changes impacting operations in the period in which they occur

Other revenue also includes net assets released from restrictions for operating activities, cafeteria revenue, rental income, donation revenue, gains and losses on the sale or disposal of property and equipment, and revenue from other miscellaneous sources

### **Excess of Revenue Over Expenses**

The consolidated statements of operations and changes in net assets include the line excess of revenue over expenses which represents the operating indicator for the Company Consistent with industry practice, changes in net assets which are excluded from the excess of revenue over expenses include restricted contributions, investment income on restricted investments, and certain pension benefit adjustments

#### **Federal Income Taxes**

The Company is recognized as exempt from federal income tax under Section 501(a) of the Internal Revenue Code as a charitable organization qualifying under Internal Revenue Code Section 501(c)(3)

The Company completed an analysis of uncertain tax positions in accordance with applicable accounting guidance at June 30, 2012 and 2011, and determined no amounts were required to be recognized in the consolidated financial statements at June 30, 2012 and 2011

## Notes to Consolidated Financial Statements (continued) (Dollar Amounts in Thousands)

#### 2. Significant Accounting Policies (continued)

#### **Use of Estimates**

The preparation of the consolidated financial statements in conformity with US generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the consolidated financial statements Estimates also affect the reported amounts of revenue and expenses during the period Actual results could differ from those estimates

#### Reclassification

Certain reclassifications were made to the 2011 consolidated financial statement presentation to conform to the 2012 presentation, which had no impact on previously reported excess revenues over expenses or net assets

### **Noncontrolling Interests**

The consolidated financial statements include all of the assets, liabilities, revenue and expenses of less-than-100%-owned entities that the Company controls in accordance with applicable accounting guidance Accordingly, the Company has reflected a noncontrolling interest for the portion of net assets not owned by the Company, separately in the consolidated balance sheets The following is a progression of net assets attributable to noncontrolling interests

Net assets attributable to noncontrolling interest at June 30, 2010	\$ 16,571
Excess of revenue over expenses attributable to noncontrolling interest	4,389
Distributions to equity owners	(3,950)
Net assets attributable to noncontrolling interest at June 30, 2011	17,010
Excess of revenue over expenses attributable to noncontrolling interest	6,833
Distributions to equity owners	(6,577)
Net assets attributable to noncontrolling interest at June 30, 2012	\$ 17,266

# Notes to Consolidated Financial Statements (continued) (Dollar Amounts in Thousands)

### 3. Cash and Cash Equivalents, and Assets Whose Use Is Limited and Investments

The following is a summary of the carrying amounts of the Company's cash and cash equivalents, assets whose use is limited, and investments as of June 30

	 2012		2011
Cash and cash equivalents	\$ 251,569	\$	114,956
Marketable debt securities			
U S government	63,000		62,949
U S government agencies	135,302		8,372
Corporate	64,545		64,155
Other	3,529		_
	\$ 517,945	\$	250,432

Interest and dividend earnings (net of expenses), net realized losses on investments and the net change in unrealized gains on investments are considered investment income and are included in other, primarily investment income on the consolidated statements of operations. The following is a summary of other, primarily investment income for the years ended June 30.

	 2012	2011
Interest and dividend earnings (net of expenses)	\$ 3,268 \$	962
Net realized losses on investments	(2,020)	(911)
Net change in unrealized gains on investments	1,101	2,178
Unrealized loss on interest rate swap agreement	(1,774)	(846)
	\$ 575 \$	1,383

## Notes to Consolidated Financial Statements (continued) (Dollar Amounts in Thousands)

#### 4. Net Patient Service Revenue

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

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

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

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

The Company's Medicare, Medicaid, and other payors' (including commercial and self-pay) net patient service revenue is summarized as follows for the years ended June 30

	 2012	2011
Medicare	\$ 302,783	\$ 285,006
Medicaid	51,009	49,566
Self-pay	19,619	18,587
Commercial and other	280,549	266,420
	\$ 653,960	\$ 619,579

## Notes to Consolidated Financial Statements (continued) (Dollar Amounts in Thousands)

#### 4. Net Patient Service Revenue (continued)

The Company classifies its net patient service revenue based on the primary payor at the time a patient presents for services As a result, commercial and other include certain amounts that were ultimately directly billed to the patient after the primary insurance payment (self-pay after insurance)

Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation. See additional discussion of federal health care programs, including the Medicare and Medicaid programs in Note 12. As a result, there is at least a possibility that recorded estimates will change by a material amount in the near term. Net patient service revenue has increased (decreased) by \$3,970 and \$(686) for the years ended June 30, 2012 and 2011, respectively, due to favorable (unfavorable) changes in estimates related to prior-years' cost report settlements and other third-party payor activity

### 5. Property and Equipment

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

		2012		2011
Land and improvements	\$	14,408	\$	14,692
Buildings and improvements	Ф	146,762	Ψ	302,331
Equipment		498,774		355,026
		659,944		672,049
Less accumulated depreciation		437,502		472,515
		222,442		199,534
Construction in progress		27,735		14,061
	\$	250,177	\$	213,595

Depreciation expense was \$37,306 and \$43,584 for the years ended June 30, 2012 and 2011, respectively, and is included in depreciation and amortization in the consolidated statements of operations

# Notes to Consolidated Financial Statements (continued) (Dollar Amounts in Thousands)

### 5. Property and Equipment (continued)

The Company had unamortized computer software costs of \$15,260 and \$15,625 recorded at June 30, 2012 and 2011, respectively The Company recognized expense related to computer software costs of \$9,714 and \$16,747 for the years ended June 30, 2012 and 2011, respectively, which is included in depreciation and amortization in the consolidated statements of operations

### 6. Long-Term Debt

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

	 2012	2011
Healthcare Facilities Revenue Fixed Rate Bonds, Series 2012 (The Christ Hospital Project) Healthcare Facilities Revenue Variable Rate Bonds,	\$ 324,085	\$ -
Series 2010 (The Christ Hospital)	28,220	29,352
Line of credit with Fifth Third Bank	_	72,929
Obligation under repurchase agreement	_	61,110
Other debt	2,193	2,808
Capital lease obligations	1,101	1,815
	355,599	168,014
Original issue net premium	9,343	_
Less current portion of long-term debt	2,804	63,782
	\$ 362,138	\$ 104,232

A summary of scheduled principal payments on long-term debt is as follows

	Amo 	unts ue
Year Ending June 30		
2013	\$	2,804
2014		2,236
2015		1,860
2016		1,275
Thereafter	34	7,424
	\$ 35	5,599

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## Notes to Consolidated Financial Statements (continued) (Dollar Amounts in Thousands)

#### 6. Long-Term Debt (continued)

In June 2012, the Company issued its Hospital Facilities Fixed Rate Revenue Bonds (Series 2012 Bonds) in the par amount of \$324,085 at a net premium of \$9,347 \$87,000 of the Series 2012 Bonds is guaranteed by a Municipal Bond Insurance Policy issued by Assured Guaranty Municipal Corporation The insured bonds mature on June 1 of the years 2028 through 2030, inclusive, and on July 1, 2042 The borrowings are being used to fund the construction of The Christ Hospital Orthopaedic and Spine Center Project (the Project), pay down prior borrowings, and pay the related cost of issuance The Series 2012 Bonds mature in various amounts through 2042 with various fixed rates ranging from 3 00% to 5 50%

In December 2010, the Company issued its Healthcare Facilities Variable Rate Revenue Bonds (Series 2010 Bonds) in the par amount of \$30,000. The borrowings were used to refund several patient care projects at the Company, in addition to financing the construction of the Green Township Ambulatory Outpatient Center. The Series 2010 Bonds were a direct placement issue and are held entirely by Fifth Third Bank with a final maturity in 2030. The interest rate associated with the Series 2010 Bonds is variable and was 1 40% and 1 12% at June 30, 2012 and 2011, respectively

As of June 30, 2011, the Company had a \$61,110 obligation under the repurchase agreement with Bank of America Securities, LLC The Company repaid this master repurchase agreement in 2012 with the proceeds from the Series 2012 Bonds This obligation was fully collateralized by a U S Treasury bill with a market value of \$62,949 at June 30, 2011 The collateral was recorded in the current portion of assets whose use is limited on the consolidated balance sheets

Until June 2012, the Company maintained a line of credit with Fifth Third Bank for \$80,000 The Company repaid the amount outstanding under the line of credit with the proceeds from the Series 2012 Bonds At June 30, 2011, the Company had a fully collateralized balance outstanding of \$72,929 that was scheduled to mature on June 30, 2013 The balance of the collateral held by Fifth Third Bank at June 30, 2011 was \$73,182 The collateral was recorded in assets whose use is limited on the consolidated balance sheets long-term at June 30, 2011 The interest rate associated with this line of credit was variable and was 1 00% at June 30, 2011

## Notes to Consolidated Financial Statements (continued) (Dollar Amounts in Thousands)

#### 6. Long-Term Debt (continued)

The aggregate carrying amount, both current and long-term, for the Company's variable rate long-term debt summarized in this note at June 30, 2012 and 2011, was \$31,514 and \$168,014, respectively, approximates fair value for such long-term debt Management has determined the carrying amount of the Company's line of credit with Fifth Third Bank, obligations under repurchase agreement, other debt and capital lease obligations are representative of fair value as the interest rates associated with these instruments are set by financial institutions, are shorter term in nature, and would be consistent with the expectations of market participants Management has determined that the carrying amount of the Company's Series 2010 Bonds is representative of fair value as the interest rates associated with these obligations are variable and set by market participants. These determinations are consistent with Level 2 measurements under the fair value hierarchy

The aggregate carrying amount, both current and long-term, for the Company's fixed rate long-term debt summarized in this note at June 30, 2012 and 2011 was \$333,428 and \$0, respectively Management has determined the fair value of the Company's Series 2012 Bonds, which represents all fixed rate long-term debt at June 30, 2012, to be \$333,428 The fair value was determined to be the stated par amount of the long-term debt (\$324,085) plus the premium received as a result of the Series 2012 Bonds being issued and sold to market participants near the consolidated balance sheet (June 2012)

Interest payments made were \$2,207 and \$1,743 for the years ended June 30, 2012 and 2011, respectively Interest capitalized was \$59 and \$0 for the years ended June 30, 2012 and 2011, respectively

The Hospital, Linder and TCHP are the sole members of the obligated group (Obligated Group) The Obligated Group is liable for the Series 2012 Bonds issued under an Obligated Group Master Trust Indenture and has entered into a mortgage and unconditionally assigns all leases, rents, revenues, and profits of the mortgaged property as security to the bond holders. The mortgaged property includes the main campus of the Hospital, with the exception of the patient heart tower. The patient heart tower represents 7% of the main campus of the Hospital. All other long-term debt is the general obligation of the Company. The Obligated Group is subject to certain covenants under its current long-term debt agreements and Master Trust Indenture. The Company is subject to certain additional restrictive covenants under the Series 2010 Bonds reimbursement agreements. Management is of the opinion that the Company was in compliance with all restrictive covenants at June 30, 2012 and 2011.

Notes to Consolidated Financial Statements (continued)
(Dollar Amounts in Thousands)

#### 6. Long-Term Debt (continued)

In conjunction with the Series 2010 Bonds, the Company entered into a derivative transaction in the form of an interest rate swap agreement which it uses to manage the relative amounts of its variable rate long-term debt exposure and lower its borrowing costs. The interest rate swap agreement was contracted between the Company and a third party (Fifth Third Bank) that provide economic payments between parties based on changes in notional amounts and defined interest rates The interest rate swap agreement, terminating in fiscal year 2021, had a notional amount of \$28,220 and \$29,352 at June 30, 2012 and 2011, respectively. The interest rate swap agreement calls for the Company to pay a fixed rate of 2 24% and the Company to receive payments based on the USD-LIBOR-BBA Index The fair value of the interest rate swap agreement was a \$2,620 and \$846 as of June 30, 2012 and 2011, respectively, and is reported in long-term benefits and other liabilities on the consolidated balance sheets. The Company recorded a loss on the interest rate swap agreement of \$1,774 and \$846 for the years ended June 30, 2012 and 2011, respectively This loss represents the change in fair value, and is reported as other, primarily investment income in the consolidated statements of operations Net payments to counterparty of \$613 and \$311 for June 30, 2012 and 2011, respectively, are included as an increase in interest expense

#### 7. Functional Expenses

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

Health care services	\$	531,263	\$ 497,497
Support services		132,816	124,374
	<u> </u>	664,079	\$ 621.871

2012

2011

## Notes to Consolidated Financial Statements (continued) (Dollar Amounts in Thousands)

#### 8. Retirement Plans

The Company sponsors certain retirement plans, as defined in the following paragraphs, for the benefit of select employees These retirement plans require the Company to record long-term assets and/or liabilities for the future benefits of these employees

#### 457(b) Eligible Deferred Compensation Plans

The purpose of the 457(b) Eligible Deferred Compensation Plans (the 457(b) Plan) is to enable eligible employees, as defined by the 457(b) Plan documents, to enhance their retirement security by permitting them to enter into agreements with the Company to defer a portion of their compensation and receive benefits generally at retirement, death, or in the event of financial hardship due to unforeseeable emergencies. The 457(b) Plan meets the requirements of Section 457(b) of the Internal Revenue Code, as amended. The Company had a long-term asset included in other long-term assets and corresponding liability included in long-term benefits and other liabilities recorded of \$7,275 and \$5,861 as of June 30, 2012 and 2011, respectively. The Company recorded expense related to the 457(b) Plan of \$1,414 and \$2,887 for the years ended June 30, 2012 and 2011, respectively

#### The Christ Hospital 401(a) Retirement Savings Plan

The Company sponsors a 401(a) defined contribution plan covering all former employees of the Alliance who are now employees of the Company Participant contributions are no longer allowed into The Christ Hospital 401(a) Retirement Savings Plan subsequent to the spin-off agreement Discretionary employer contributions may be contributed by the Company at the discretion of the Company's Board of Directors No amounts were contributed during the years ended June 30, 2012 and 2011 The Christ Hospital 401(a) Retirement Savings Plan is subject to the provisions of ERISA

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## Notes to Consolidated Financial Statements (continued) (Dollar Amounts in Thousands)

#### 8. Retirement Plans (continued)

#### The Christ Hospital 403(b) Retirement Savings Plan

The Company sponsors a 403(b) defined contribution plan covering substantially all employees Each year, participants may contribute up to 100% of their pretax annual compensation, as defined in The Christ Hospital 403(b) Retirement Savings Plan Document subject to certain Internal Revenue Code limitations Discretionary employer contributions may be contributed by the Company at the discretion of the Company's Board of Directors A contribution of \$1,146 and \$1,385 was made for the years ended June 30, 2012 and 2011, respectively, and was recorded as an expense by the Company The Christ Hospital 403(b) Retirement Savings Plan is subject to the provisions of ERISA

#### **Defined Benefit Pension Plans**

The Company recognizes in the consolidated balance sheets the funded status of the Plans, consisting of the TCH Plan and the TCHCVA Plan, measured as the difference between the fair value of plan assets and the benefit obligation (the projected benefit obligation for defined benefit pension plans) Further, actuarial gains and losses that arise in subsequent periods and are not recognized as net periodic cost in the same periods will be recognized as a component of unrestricted net assets

Between the two qualified noncontributory defined benefit retirement plans, substantially all the Company's employees are covered Under the Plans, employee benefits are based on employees' years of service, retirement age, and compensation Vesting occurs over a five-year period Annual contributions are made to the Plans sufficient to satisfy legal funding requirements

# Notes to Consolidated Financial Statements (continued) (Dollar Amounts in Thousands)

### 8. Retirement Plans (continued)

The Company recognizes the funded status (that is, the difference between the fair value of plan assets and the projected benefit obligation) of the Plans in the consolidated balance sheets, with a corresponding adjustment to unrestricted net assets. Actuarial gains and losses that arise and are not recognized as net periodic pension expense in the same periods will be recognized as a component of unrestricted net assets. Those amounts will be subsequently recognized as a component of net periodic pension expense. The following is a summary of the changes in the benefit obligation, fair value of plan assets, and funded status of the Plans at June 30.

	2012	2011
Accumulated benefit obligation	 250,845	\$ 185,065
Change in benefit obligation		
Benefit obligation at beginning of period	\$ 212,742	\$ 194,385
Service cost	7,132	6,910
Interest cost	11,909	10,956
Settlements	(1,387)	_
Actuarial loss (gain)	55,513	(1,782)
Benefits paid	(5,345)	(4,762)
Transfer of benefit obligation	_	7,035
Benefit obligation at end of period	280,564	212,742
Change in plan assets		
Fair value of plan assets at beginning of period	149,507	121,871
Actual return on plan assets	9,708	24,583
Company contributions	13,513	2,500
Benefits paid	(5,345)	(4,762)
Settlements	(1,387)	_
Transfer of plan assets	_	5,315
Fair value of plan assets at end of period	165,996	149,507
Underfunded status	\$ (114,568)	\$ (63,235)

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## Notes to Consolidated Financial Statements (continued) (Dollar Amounts in Thousands)

### 8. Retirement Plans (continued)

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

	2012	2011
Net actuarial loss Cumulative shortfall of employer contributions	\$ (104,413) \$	(50,399)
over net periodic pension expense	(10,155)	(12,836)
	\$ (114,568) \$	(63,235)

Net actuarial loss is amortized as a component of net periodic pension expense, only if the losses exceed 10% of greater of the projected benefit obligation or the fair value of plan assets. Net prior service cost is amortized on a straight-line basis over the estimated useful life of the plan participants. The net actuarial loss that is expected to be recognized in net periodic pension expense during fiscal year ended June 30, 2013 is \$8,026

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

	 2012	2011
Net actuarial (loss) gain Amortization of net actuarial loss	\$ (57,316) 3,191	\$ 15,079 3,291
	\$ (54,125)	\$ 18,370

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# Notes to Consolidated Financial Statements (continued) (Dollar Amounts in Thousands)

### 8. Retirement Plans (continued)

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

	2012		2011	
Service cost Interest cost Expected return on plan assets	\$	7,132 11,909 (11,511)	\$ 6,910 10,956 (11,286)	
Amortization of actuarial loss		3,191	3,291	
	\$	10,721	\$ 9,871	

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

	TCH Plan		TCHCV	'A Plan
	2012	2011	2012	2011
Discount rate	4.20%	5 70%	4.20%	5 70%
Rate of compensation increase	2.50% – 3.50%	3 50%	N/A	N/A

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

	TCH Plan		TCHCV	'A Plan
	2012	2011	2012	2011
Discount rate	5.70%	5 60%	5.70%	5 00%
Expected long-term return on plan assets	7.75%	8 25%	7.75%	8 25%
Rate of compensation increase	3.50%	3 50%	N/A	N/A

# Notes to Consolidated Financial Statements (continued) (Dollar Amounts in Thousands)

### 8. Retirement Plans (continued)

In selecting the expected return on plan assets, the Company considered historical returns as well as adherence to future asset allocations set forth in the Plans' investment policies This basis is consistent with the prior year

The target and range asset allocations for the plan assets set forth in the Plans' investment policy is as follows for June 30, 2012

	Target	Range
	·	
Marketable debt strategy funds	36%	31%-41%
Marketable equity strategy funds	24%	19%-29%
Ultra long duration strategy funds	40%	35%-45%

The following is a summary of the fair value of plan assets as of June 30

	 2012		2011	
Cash and cash equivalents Collective investment funds	\$ 509 165,487	\$	35 149,472	
	\$ 165,996	\$	149,507	

The Plans' assets are invested in a portfolio designed to preserve principal and obtain competitive investment returns with long-term investment growth, consistent with actuarial assumptions, while minimizing unnecessary investment risk Diversification is achieved by allocating assets to various asset classes and investment styles

# Notes to Consolidated Financial Statements (continued) (Dollar Amounts in Thousands)

### 8. Retirement Plans (continued)

The following is a summary of the Plans' plan assets as of June 30, 2012 measured at fair value on a recurring basis based on the fair value hierarchy

	Level 1	Level 2	Level 3	Total
Cash and cash equivalents Collective investment funds Marketable debt strategy	\$ _	\$ 509	\$ _	\$ 509
funds	_	58,382	_	58,382
Marketable equity strategy funds Ultra long duration	_	100,772	_	100,772
strategy funds	_	6,333	_	6,333
	\$ _	\$ 165,996	\$ _	\$ 165,996

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

Collective investment funds Marketable debt strategy funds - 56,228 - 56,228 Marketable equity strategy funds - 88,587 - 88,587 Ultra long duration strategy funds - 4,657 - 4,657		<u>I</u>	Level 1	Level 2	Level 3	<u>Total</u>
funds       -       56,228       -       56,228         Marketable equity strategy funds       -       88,587       -       88,587         Ultra long duration strategy funds       -       4,657       -       4,657	Collective investment funds	\$	-	\$ 35	\$ -	\$ 35
funds       -       88,587       -       88,587         Ultra long duration       -       4,657       -       4,657         strategy funds       -       4,657       -       4,657	funds		_	56,228	_	56,228
strategy funds – 4,657 – 4,657	funds		_	88,587	_	88,587
\$ _ \$ 149.507 \$ _ \$ 149.507	<del>-</del>		_	4,657	_	4,657
$\frac{\psi}{} \qquad \qquad \psi \qquad \frac{1+2,307}{} \qquad \qquad - \qquad \psi \qquad \frac{1+2,307}{}$		\$	_	\$ 149,507	\$ _	\$ 149,507

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## Notes to Consolidated Financial Statements (continued) (Dollar Amounts in Thousands)

#### 8. Retirement Plans (continued)

The Company's cash and cash equivalents, included in plan assets, are generally classified within Level 2 of the fair value hierarchy because they are valued using broker or dealer quotations or alternative pricing sources with reasonable levels of price transparency

The Company's collective investment funds are not readily marketable, however consist primarily of marketable equity, marketable debt, and ultra long duration strategy funds (the collective investment funds) The collective investment funds, while not readily marketable, consist primarily of marketable debt and equity securities that have been pooled for the benefit of select institutional investors to reduce administrative costs Management has determined that the net asset value (NAV) is an appropriate estimate of the fair value of these investments at June 30, 2012 and 2011, based on the fact that the collective investment funds are audited and accounted for at fair value by the administrators of the collective investment funds in accordance with U S generally accepted accounting principles. Since the Company has the ability to redeem its investment in the respective collective investment fund at the NAV with no significant restrictions on the redemption at the consolidated balance sheet date, the Company has categorized the collective investment funds as a Level 2 measurement in the fair value hierarchy

Following is the summary of the inputs and techniques as of June 30, 2012 and 2011 used for valuing Level 2 securities within plan assets

Securities	Input	Technique
Cash equivalents Collective investment funds	Broker/Dealer NAV	Market Market

The Company expects to contribute \$11,129 to the Plans in 2013

## Notes to Consolidated Financial Statements (continued) (Dollar Amounts in Thousands)

#### 8. Retirement Plans (continued)

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

Year Ending June 30		
2013	\$ 7,86	53
2014	7,42	29
2015	8,56	59
2016	9,10	)3
2017	9,70	)3
2018–2021	67,11	15

#### 9. Self-Insurance Reserves

The Company participates in self-insurance programs for professional and general employee, workers' compensation and employee health benefit risks to the extent of certain self-insured limits. In addition, various umbrella insurance policies have been purchased to provide coverage in excess of the self-insured limits. Actuarially determined amounts are contributed to ExCEL to provide for the estimated cost of professional and general liability claims. The loss reserves recorded for estimated self-insured professional and general liability, workers' compensation, and employee health benefit claims include estimates of the ultimate costs for both reported claims and claims incurred but not yet reported

# Notes to Consolidated Financial Statements (continued) (Dollar Amounts in Thousands)

#### 9. Self-Insurance Reserves (continued)

#### **Professional and General Liability**

ExCEL covers professional and general liabilities of the Company under a claims-made policy, covering claims incurred on or after July 1, 2008 ExCEL provides both primary and excess layers of insurance coverage, and reinsures 100% of the excess layer of \$25,000 by purchasing insurance from commercial carriers For policy years 2012 and 2011, the primary coverage for each claim is \$3,000 and \$9,000 in the aggregate. The reserve for professional and general liabilities has been established to provide for estimated payments and expenses for related claims, including those incurred but not yet reported. As a result, there is a reasonable possibility that recorded estimates may change by a material amount Professional actuaries were retained to assist in the development of the reserve for professional and general liabilities ExCEL only records a liability related to asserted and reported claims under its claims-made policy The undiscounted liability recorded by ExCEL is \$9,251 and \$8,965 at June 30, 2012 and 2011. respectively The Company records the liability for incurred but not reported claims on the records of the Hospital The liability for incurred but not reported claims is \$5,081 and \$4,696 at June 30, 2012 and 2011, respectively, and is discounted at 3% at both June 30, 2012 and 2011. In the opinion of management, the reserve for professional and general liabilities and the trust fund are adequate to provide arising claims that have occurred on or after July 1, 2008

The Company has had historical professional and general exposure covered through arrangements which existed during its participation in the Alliance The Alliance's self-insurance trust (the Trust) covers the exposure for claims arising before July 1, 2001, on an occurrence basis The Health Alliance Assurance Company (HAAC) covers the liability for claims arising after June 30, 2001 and before July 1, 2008, on a claims-made basis, up to certain limits The Alliance will continue to manage the activities of the Trust and HAAC consistent with its past practice There are no amounts recorded in the consolidated financial statements of the Company at June 30, 2012 and 2011, related to the Trust or HAAC

Notes to Consolidated Financial Statements (continued)
(Dollar Amounts in Thousands)

#### 9. Self-Insurance Reserves (continued)

On or before July 2015, the exposure covered by the Trust and HAAC will be settled in accordance with the financial settlement agreement between the Company and the Alliance If liabilities are incurred in excess of those currently reserved for, as actuarially determined, by the Trust and HAAC, the Company could be required to make additional cash payments to cover the shortfall in the Trust and HAAC as defined in the financial settlement agreement Based on the actuarial valuations of the Trust and HAAC at June 30, 2012 and 2011, the Company was not required to record any excess liability in the consolidated balance sheets

### Workers' Compensation

The Company maintains an on-site disability management/employee health department that is the initial point of contact for employee injuries, and also retains Hunter Consulting as third-party administrator. The workers' compensation reserve is recorded at the consolidated balance sheet date based on an actuarial valuation. The estimated liability of \$2,067 and \$1,883 at June 30, 2012 and 2011, respectively, for outstanding and incurred but not reported claims is included in long-term benefits and other obligations. Management believes this amount to be adequate for the cost of potential losses.

#### **Employee Health Benefits**

The Company is self-insured for employee health benefits Employee health benefits are paid through a local claims processor based on plan coverage determined by the Company An estimated liability of \$4,555 and \$4,463 for outstanding and incurred but not reported claims has been included in compensation and benefits at June 30, 2012 and 2011, respectively, and is believed by management to be adequate for the cost of potential losses

# Notes to Consolidated Financial Statements (continued) (Dollar Amounts in Thousands)

#### 10. Lease Commitments

The Company enters into a variety of different operating leases during the normal course of business Future minimum payments under noncancelable operating leases with terms of one year or more are

	A	mounts Due
Year Ending June 30		
2013	\$	13,043
2014		9,699
2015		5,956
2016		4,455
Thereafter		7,965
	\$	41,118

Rental expense under operating leases amounted to \$16,098 and \$12,910 for the years ended June 30, 2012 and 2011, respectively

#### 11. Related-Party Transactions

The Elizabeth Gamble Deaconess Home Association (the Association), a tax-exempt Ohio corporation, is the sole member of The Christ Hospital, Inc The Association provides support to The Christ Hospital and Subsidiaries The Association's activities are primarily related to the management of its endowment funds and other resources

In June 2012, the Company and the Association entered into a grant agreement whereby the Association provided \$100,000 in cash (which is a Level 1 measurement), for certain portions of the construction of the Project Under the terms of the grant agreement, the use of the funds provided by the Association are restricted to specific construction activities and, therefore, have been recorded by the Company as temporarily restricted at June 30, 2012

The Corporation is the sole corporate member of The Christ Hospital Health Services Corporation (CHHS) CHHS owns a 66 7% ownership interest in Mason Properties Company, which owns and operates a medical office building in Mason, Ohio

Notes to Consolidated Financial Statements (continued)
(Dollar Amounts in Thousands)

#### 11. Related-Party Transactions (continued)

The Company participates in an agreement with Mason Properties Company and Fifth Third Bank to guarantee Mason Properties Company's \$2,091 loan with Fifth Third Bank The loan had an outstanding balance of \$1,857 and \$1,960 at June 30, 2012 and 2011, respectively

#### 12. Contingencies and Commitments

The Company is subject to a Corporate Integrity Agreement with the United States Department of Health and Human Services Office of the Inspector General (OIG) with a term of five years from October 27, 2010 The Corporate Integrity Agreement requires that the Company maintain its compliance program in accordance with the terms of the Corporate Integrity Agreement The agreement contains specific requirements regarding focus arrangements, including developing policies and procedures to ensure compliance with federal law relating to such arrangements, and the general training of certain Company employees as to the requirements of the Company's compliance program and the Corporate Integrity Agreement The requirements of the Corporate Integrity Agreement have resulted in increased costs to maintain the Company's compliance program and could result in greater scrutiny by federal regulatory authorities Violations of the Corporate Integrity Agreement could subject the Company to significant monetary and/or administrative penalties, including the possibility of exclusion from the Medicare, Medicaid, and other federal health care programs Management believes that the Company is in compliance, in all material respects, with the Corporate Integrity Agreement

During 2012, the OIG requested additional information from the Company in connection with services provided by one physician This matter was resolved without material impact to the Company but did result in an amendment to the Corporate Integrity Agreement requiring a claims review of vascular studies The amendment to the Corporate Integrity Agreement did not extend the terms of the Corporate Integrity Agreement

Notes to Consolidated Financial Statements (continued)
(Dollar Amounts in Thousands)

#### 12. Contingencies and Commitments (continued)

#### **Health Care Regulatory Environment**

The health care industry is subject to numerous laws and regulations of federal, state, and local governments Compliance with these laws and regulations, specifically those relating to the Medicare and Medicaid programs, can be subject to review and interpretation, as well as regulatory actions unknown and unasserted at this time Federal government activity continues with respect to investigations and allegations concerning possible violations of regulations by health care providers, which could result in the imposition of significant fines and penalties, as well as significant repayment of previously billed and collected revenue from patient services Management believes that the Company is in compliance, in all material respects, with current laws and regulations. The Company has recorded reserves for routine regulatory compliance issues and believes these reserves are adequate to cover any potential repayment of previously billed and collected revenue from patient services

#### Litigation

During the normal course of business, the Company may become involved in litigation Management assesses the probable outcome of unresolved litigation and records estimated settlements consistent with ASC 450, *Contingencies* (ASC 450) After consultation with legal counsel, management believes that all such currently existing matters will be resolved without material adverse impact to the consolidated financial position or results of operations of the Company

#### 13. Fair Value Measurements

The carrying amounts reported in the consolidated balance sheets for current assets and current liabilities are reasonable estimates of fair value due to the short-term nature of these financial instruments. These financial instruments are not required to be marked to fair value on a recurring basis and therefore are not disclosed in the following table under ASC 820

# Notes to Consolidated Financial Statements (continued) (Dollar Amounts in Thousands)

## 13. Fair Value Measurements (continued)

The following tables present the financial instruments carried at fair value, on a recurring basis under the fair value hierarchy at

		June 3	0, 2	2012		
	Level 1	Level 2		Level 3	Total	
Assets						
Cash and cash equivalents	\$ 95,661	\$ _	\$	_	\$	95,661
Assets whose use is limited						
and investments						
Cash and cash equivalents	155,908	_		_		155,908
US government debt securities	63,000	_		_		63,000
US government agency						
debt securities	_	135,302		_		135,302
Corporate debt securities	_	64,545		_		64,545
Other	_	3,529		_		3,529
Total assets whose use is limited						
and investments	218,908	203,376		_		422,284
Retirement plan assets	7,275	_		_		7,275
Total assets at fair value	\$ 321,844	\$ 203,376	\$		\$	525,220
Liabilities						
Interest rate swap agreements						
lıabılıty	\$ _	\$ 2,620	\$	_	\$	2,620
Total liabilities at fair value	\$ 	\$ 2,620	\$	_	\$	2,620

# Notes to Consolidated Financial Statements (continued) (Dollar Amounts in Thousands)

#### 13. Fair Value Measurements (continued)

			June 3	30, 2	2011	
	-	Level 1	Level 2		Level 3	Total
Assets						
Cash and cash equivalents	\$	25,875	\$ _	\$	_	\$ 25,875
Assets whose use is limited						
and investments						
Cash and cash equivalents		89,081	_		_	89,081
US government debt securities		62,949	_		_	62,949
US government agency						
debt securities		_	8,372		_	8,372
Corporate debt securities		_	64,155		_	64,155
Total assets whose use is limited						
and investments		152,030	72,527		_	224,557
Retirement plan assets		5,861	_		_	5,861
Total assets at fair value	\$	183,766	\$ 72,527	\$	_	\$ 256,293
Liabilities						
Interest rate swap agreements						
lıabılıty	\$	_	\$ 846	\$	_	\$ 846
Total liabilities at fair value	\$		\$ 846	\$		\$ 846

The retirement plan assets of \$7,275 and \$5,861 at June 30, 2012 and 2011 represent the asset associated with the 457(b) Plan discussed in Note 8 These numbers are included in other long-term assets. The remaining amount included in other long-term assets is not carried at fair value.

The interest rate swap agreement liability of \$2,620 and \$846 at June 30, 2012 and 2011, respectively, are included in long-term benefits and other liabilities. The remaining amount included in long-term benefits and other liabilities is not carried at fair value.

# Notes to Consolidated Financial Statements (continued) (Dollar Amounts in Thousands)

#### 13. Fair Value Measurements (continued)

#### Cash and Cash Equivalents and Assets Whose Use Is Limited

The Company's cash and cash equivalents and assets whose use is limited are generally classified within Level 1 or Level 2 of the fair value hierarchy because they are valued using quoted market prices, broker or dealer quotations, or alternative pricing sources with reasonable levels of price transparency. The types of financial instruments based on quoted market prices in active markets include most US government securities and money market securities (cash equivalents). Such instruments are generally classified within Level 1 of the fair value hierarchy. The Company does not adjust the quoted market price for such financial instruments.

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

Following is the summary of the inputs and techniques as of June 30, 2012 and 2011 used for valuing Level 2 securities in the portfolio

<b>Securities</b>	Input	Technique
Cash equivalents U S government agency debt securities	Broker/Dealer Broker/Dealer	Market Market
Corporate debt securities	Broker/Dealer	Market

# Notes to Consolidated Financial Statements (continued) (Dollar Amounts in Thousands)

#### 13. Fair Value Measurements (continued)

#### **Interest Rate Swap Agreements**

The Company participates in interest rate swap agreements to manage its exposures to fluctuations in interest rates and overall long-term debt portfolio. The Company's interest rate swap agreements are not traded on an exchange. The valuation of interest rate swap agreements is determined using widely accepted valuation techniques, including discounted cash flow analysis on the expected cash flows of each interest rate swap agreement based on the USD-LIBOR-BBA Index and respective fixed rates disclosed in Note 6. The Company has determined there are several observable inputs for valuation of the interest swap, and therefore Level 2 classification is appropriate.

#### 14. Temporarily and Permanently Restricted Net Assets

Temporarily and permanently restricted net assets at June 30 are available for the following purposes

	 2012	2011
Temporarily restricted		
Capital	\$ 100,000	\$ _
Health care services	 6,065	5,600
	\$ 106,065	\$ 5,600
Permanently restricted		
Investments to be held in perpetuity, the income		
from which is expendable to support health		
care services	 4,496	\$ 4,350

#### 15. Fourth Quarter Adjustments (Unaudited)

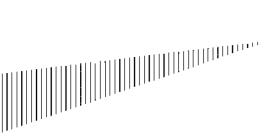
Companies that are considered public (e.g., have publicly traded debt) are required to disclose significant changes occurring in the fourth quarter that may impact previously reported quarterly financial statements. Management has determined there are no transactions that require disclosure for the quarter ended June  $30,\,2012$ 

Notes to Consolidated Financial Statements (continued) (Dollar Amounts in Thousands)

#### 16. Subsequent Events

The Company has evaluated and disclosed subsequent events through August 22, 2012, which is the date the consolidated financial statements were issued and made publicly available. No recognized or nonrecognized subsequent events were identified for recognition or disclosure in the consolidated financial statements.

Supplemental Information





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### Report of Independent Auditors

The Board of Directors
The Christ Hospital and Subsidiaries

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying consolidating balance sheets and consolidating statements of operations are presented for purposes of additional analysis and are not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole

August 22, 2012

1203-1346006 47

Ernst + Young LLP

# Consolidating Balance Sheet

June 30, 2012

							Tł	ne Christ					
							C	ollege of				TI	ne Christ
	The	The	Christ				Nu	rsing and	The Christ			Ho	spital and
	Christ	Ho	spital	Reclassif	ications/	Obligated		Health	Hospital	Other	Reclassifications/	Su	bsidiaries
	 Hospital	Physici	ians, LLC	Elimin:	ations C	Froup Total	S	sciences	Foundation	Subsidiaries	Eliminations	Co	nsolidated
Assets						(In Thou	sands)						
Current assets													
Cash and eash equivalents	\$ 92,843	\$	2,704	\$	- \$	95,547	\$	1	\$ -	\$ 113	- \$ -	\$	95,661
Net patient accounts receivable, less allowance for													_
uncollectible accounts of \$19.674	68,597		10,445		_	79,042		_	_	1,532	_		80,574
Other accounts receivable	2,125		236		_	2,361		1,664	2,750	4,470	_		11,245
Inventories	8,477		954		_	9,431		_	_	103	_		9,534
Prepaid and other current assets	8,901		549		_	9,450		27	_	69	_		9,546
Total current assets	180,943		14,888		-	195,831		1,692	2,750	6,287	_		206,560
Assets whose use is limited and investments													
Assets whose use is limited													
Restricted by donor	99,971		_		_	99,971		_	7,554	_	_		107,525
Tax-exempt bond proceeds	136,956		_		_	136,956		_	_	_	_		136,956
Funds for self-insurance reserves	_		_		_	_		_	_	10,861	_		10,861
Investments	151,304		_		_	151,304		_	15,332	306	_		166,942
	388,231		-		-	388,231		_	22,886	11,167	_		422,284
Property and equipment, net	238,904		9,178		_	248,082		611	_	1,484	_		250,177
Goodwill and intangible assets, net	10,497		4,653		_	15,150		_	_	22 (0)			37,834
Unamortized bond issuance costs	6,148		_		_	6,148		_	_	_	_		6,148
Other long-term assets	30,728		7,036		(19,280)	18,484		_	250	_	(7,395)		11,339
Total assets	\$ 855,451	\$	35,755		(19,280) \$	871,926	\$	2,303	\$ 25,886	\$ 41,622		\$	934,342

# Consolidating Balance Sheet

June 30, 2011

Page						The Christ College of				The Christ
No.   Part   P		The	The Christ			0	The Christ			
Current post to Cash and cash equivalents   Cash and cas			•				•			
Current assets Can and eash equivalents Can and eash equivalents Can and eash equivalents Current proton of assets whose use is limited Restricted short-term in estiment under repurchase agreement Net patient accounts receivable. less allowance for uncollectible accounts of \$20.878  70.077  6.747  7.6819  7.078  8.849  100.475  7.6819  7.078  8.849  100.475  7.0819  7.081		<u>Hospital</u>	Physicians, LLC	Eliminations			Foundation	Subsidiaries	Eliminations	Consolidated
Cash and eash equivalents Current portion of assets whose use is limited Restricted short-term in vestment under repurchase agreement Restricted byto denorm in vestment under repurchase agreement Restricted byto denorm in vestment under repurchase agreement Restricted short-term in vestment under repurchase agreement Restricted by donor					(In Tho	usands)				
Current portion of assets whose use is limited   Restricted short-term investment under repurchase agreement   62.949   - 6.2949   - 7.0249								_		
Restricted short-term in westment under repurchase agreement   62.949   -   -   62.949   -   -   -   62.949   -   -   -   62.949   -   -   -   62.949   -   -   -   62.949   -   -   -   62.949   -   -   -   62.949   -   -   -   62.949   -   -   -   62.949   -   -   -   62.949   -   -   -   62.949   -   -   -   62.949   -   -   -   62.949   -   -   -   -   62.949   -   -   -   -   62.949   -   -   -   -   -   -   62.949   -   -   -   -   -   -   -   -   -	•	\$ 23,633	\$ 2.077	<b>S</b> –	\$ 25,710	\$ 1	\$ -	\$ 164	\$ -	\$ 25.875
Tepurchase agreement   Cacality	•									
Net patient accounts receivable, less allowance for uncollectible accounts of \$20.878 70.072 6.74 - 76.819 - 1 1.410 78.229 0.00 1.410 1.4	Restricted short-term investment under									
uncollectible accounts of \$20.878         70.072         6.747         -         76.819         -         -         1.410         78.229           Other accounts receivable         3.598         38         -         3.636         908         2.750         1.555         -         8.849           Inventories         10.475         -         10.475         -         -         6         6         -         10.543           Prepaid and other current assets         6.001         219         -         6.220         32         -         61         -         6.313           Estimated receivable from third-party pavors, net         1.350         -         -         1.350         -         -         1.350         -         -         -         -         -         1.350         - <th< td=""><td>repurchase agreement</td><td>62,949</td><td>-</td><td>_</td><td>62,949</td><td>-</td><td>-</td><td>-</td><td>-</td><td>62,949</td></th<>	repurchase agreement	62,949	-	_	62,949	-	-	-	-	62,949
Other accounts receivable         3.598         38         -         3.636         908         2.750         1.555         -         8.849           Inventories         10.475         -         -         10.475         -         -         6.88         -         10.543           Prepaid and other current assets         6.001         219         -         6.220         32         -         61         -         6.313           Estimated receivable from third-party pavors, net         1.350         -         -         1.350         -         -         1.350         -         -         -         -         6.220         32         -         61         -         6.313           Estimated receivable from third-party pavors, net         1.350         -         -         1.350         -         -         1.350         -         -         -         -         -         1.350         -         -         -         -         -         -         1.350         -	Net patient accounts receivable, less allowance for									
Inventories   10.475   -   -   10.475   -   -   68   -   10.543     Prepard and other current assets   6.001   219   -   6.220   32   -   61   -   6.313     Estimated receivable from third-party pavors, net   1.350   -   -   1.350   -   -   -   -   1.350     Total current assets   178.078   9.081   -   187.159   941   2.750   3.258   -   194.108     Assets whose use is limited and investments	uncollectable accounts of \$20,878	70,072	6.747		76,819	-	-	1,410		78,229
Preparid and other current assets   6.001   219   - 6.220   32   - 61   - 6.313     Estimated receivable from third-party pavors, net   1.350   1.350   1.350     Total current assets   178.078   9.081   - 187.159   941   2.750   3.258   - 194.108     Assets whose use is limited and investments   Assets whose use is limited	Other accounts receivable	3,598	38	_	3,636	908	2,750	1,555	_	8,849
Stimated receivable from third-party pavois, net   1,350   -   -   1,350   -   -   -   -   1,350	Inventories	10,475	-	_	10.475	_	_	68	_	10,543
Assets whose use is limited and investments Assets whose use is limited and investments Assets whose use is limited  Restricted by donor  Restricted by donor  15.012  15.012  15.012  15.012  15.012  15.012  15.012  15.012  15.013  15.014  15.015  15.015  15.015  15.015  15.016  15.016  15.017  15.017  15.018  15.018  15.018  15.019	Prepaid and other current assets	6,001	219	_	6.220	32	_	61	_	6,313
Assets whose use is limited and investments Assets whose use is limited.  Restricted by donor  Restricted by donor  15.012  15.012  15.012  15.012  15.012  15.012  15.012  15.012  15.013  15.014  15.015  15.015  15.015  15.015  15.016  15.016  15.017  15.017  15.018  15.018  15.018  15.019  15	Estimated receivable from third-party payors, net	1,350	_	=	1,350	=	=	=	=	1,350
Assets whose use is limited  Restricted by donot  Tax-exempt bond proceeds  15.012  Collateral related to long-term obligations  73.182  Funds for self-insurance reserves  8.435  Assets whose use is limited  73.182		178,078	9,081	-	187,159	941	2,750	3,258	-	194,108
Restricted by donot         -         -         -         -         -         6.761         -         -         6.761           Tax-exempt bond proceeds         15.012         -         -         15.012         -         -         -         -         15.012           Collateral related to long-term obligations         73.182         -         -         73.182         -         -         -         -         73.182           Funds for self-insurance reserves         8.435         -         -         8.435         -         -         -         -         8.435           Investments         42.846         -         -         42.846         -         15.372         -         -         58.218           139.475         -         -         139.475         -         22.133         -         -         161.608           Property and equipment, net         204.109         6.986         -         211.095         764         -         1.736         -         213.595           Goodwill and intangible assets, net         11.034         5.861         -         16.895         -         -         22.684         -         39.579           Other long-term assets	Assets whose use is limited and investments									
Tax-exempt bond proceeds         15.012         -         -         15.012         -         -         15.012         -         -         -         -         -         -         15.012           Collateral related to long-term obligations         73.182         -         -         73.182         -         -         -         -         73.182           Funds for self-insurance reserves         8.435         -         -         8.435         -         -         -         -         8.435           Investments         42.846         -         -         42.846         -         15.372         -         -         -         58.218           Investments         139.475         -         -         139.475         -         22.133         -         -         161.608           Property and equipment, net         204.109         6.986         -         211.095         764         -         1.736         -         213.595           Goodwill and intangible assets, net         11.034         5.861         -         16.895         -         -         22.684         -         39.579           Other long-term assets         32.014         5.700         (19.280)         18.434	Assets whose use is limited									
Collateral related to long-term obligations         73.182         -         -         73.182         -         -         -         -         -         -         73.182           Funds for self-insurance reserves         8.435         -         -         8.435         -         -         -         -         8.435           Investments         42.846         -         -         42.846         -         15.372         -         -         58.218           139.475         -         -         139.475         -         22.133         -         -         161.608           Property and equipment, net         204.109         6.986         -         211.095         764         -         1.736         -         213.595           Goodwill and intangible assets, net         11.034         5.861         -         16.895         -         -         22.684         -         39.579           Other long-term assets         32.014         5.700         (19.280)         18.434         -         500         16         (7.395)         11.555	Restricted by donor	=	=	=	=	=	6,761	=	=	6,761
Collateral related to long-term obligations         73.182         -         -         73.182         -         -         73.182         -         -         -         -         -         73.182           Funds for self-insurance reserves         8.435         -         -         8.435         -         -         -         -         -         8.435           Investments         42.846         -         -         42.846         -         15.372         -         -         58.218           139.475         -         -         139.475         -         22.133         -         -         161.608           Property and equipment, net         204.109         6.986         -         211.095         764         -         1.736         -         213.595           Goodwill and intangible assets, net         11.034         5.861         -         16.895         -         -         22.684         -         39.579           Other long-term assets         32.014         5.700         (19.280)         18.434         -         500         16         (7.395)         11.555	Tax-exempt bond proceeds	15,012	_	_	15,012	_	_	_	_	15,012
The estments	Collateral related to long-term obligations	73,182	_	_	73,182	_	_	_	_	73,182
Table   Tabl	Funds for self-insurance reserves	8,435	=	=	8,435	=	=	=	=	8,435
Property and equipment, net     204,109     6,986     -     211,095     764     -     1,736     -     213,595       Goodwill and intangible assets, net     11,034     5,861     -     16,895     -     -     22,684     -     39,579       Other long-term assets     32,014     5,700     (19,280)     18,434     -     500     16     (7,395)     11,555	Investments	42.846	-	_	42.846	-	15,372	-	_	58.218
Goodwill and intangible assets, net       11.034       5.861       -       16.895       -       -       -       22.684       -       39.579         Other long-term assets       32.014       5.700       (19.280)       18.434       -       500       16       (7.395)       11.555		139.475	-	-	139,475	-	22,133	-	-	161,608
Goodwill and intangible assets, net 11.034 5.861 - 16.895 22.684 - 39.579 Other long-term assets 32.014 5.700 (19.280) 18.434 - 500 16 (7.395) 11.555	Property and equipment, net	204,109	6.986	_	211.095	764	-	1.736	-	213,595
Other long-term assets 32.014 5.700 (19.280) 18.434 - 500 16 (7.395) 11.555	•	11.034	5.861	_	16.895	_	-	22,684	_	39,579
· · · · · · · · · · · · · · · · · · ·	•	32.014	5,700	(19,280)	18,434	-	500	16	(7.395)	11.555
	•	\$ 564,710	\$ 27,628	\$ (19.280)	\$ 573,058	\$ 1,705	\$ 25,383	\$ 27,694	\$ (7.395)	\$ 620,445

## Consolidating Balance Sheet (continued)

June 30, 2012

Liabilities and net assets	The Christ	The Christ				ollege of					e Christ
	Christ	Harmital			Nu	rsing and	The Christ			Hos	spital and
		Hospital	Reclassifications/	Obligated		Health	Hospital	Other	Reclassifications/	Sul	bsidiaries
	Hospital	Physicians, LLC	Eliminations	Group Total		ciences	Foundation	Subsidiaries	Eliminations	Con	isolidated
					(In Th	ousands)					
Current liabilities											
Accounts payable and accrued expenses	\$ 18,382	\$ 1,206	S -	\$ 19,588	\$	1,385	\$ -	S 712	\$ -	\$	21,685
Compensation and benefits	26,052	7,369	_	33,421		546	_	146	_		34,113
Current portion of long-term debt	1,935	_	_	1,935		_	_	869	_		2,804
Due to (from) related party	(114,513)	132,563	(23,182)	(5,132)		2,068	(19)	(2,945)	6,028		_
Estimated payable from third-party payors net	616	_	_	616		_	_	_	_		616
Total current liabilities	(67,528)	141,138	(23,182)	50,428		3,999	(19)	(1,218)	6,028		59,218
Long-term self-insurance reserves	5,081	_	_	5,081		_	_	6,525	_		11,606
Pension liability	112,172	2,396	_	114,568		_	_	_	_		114,568
Long-term benefits and other liabilities	8,002	6,999	_	15,001		64	_	2,726	_		17,791
Long-term debt net of current portion	360,813	_	_	360,813		_	_	1,325	_		362,138
Total liabilities	418,540	150,533	(23,182)	545,891		4,063	(19)	9,358	6,028		565,321
Net assets (deficit)											
Unrestricted	336,911	(114,778)	3,902	226,035		(1,760)	15,344	14,998	(13,423)		241,194
Temporarily restricted	100,000	_	_	100,000		_	6,065	_			106,065
Permanently restricted	_	_	_	_		_	4,496	_	_		4,496
Total net assets (deficit) excluding noncontrolling interest	436,911	(114,778)	3,902	326,035		(1,760)	25,905	14,998	(13,423)		351,755
Noncontrolling interest	_	_	_	_		_	_	17,266	_		17,266
Total net assets (deficit)	436,911	(114,778)	3,902	326,035		(1,760)	25,905	32,264	(13,423)		369,021
Total liabilities and net assets (deficit)	\$ 855,451	\$ 35,755	\$ (19,280)	\$ 871,926	\$	2,303	\$ 25,886	\$ 41,622	\$ (7,395)	\$	934,342

# Consolidating Balance Sheet (continued)

June 30, 2011

Liabilities and net assets		The Christ Hospital	The Christ Hospital Physicians, LLC	Reclassifications/ Eliminations	Oblig Group	L.	The Christ College of Nursing and Health Sciences	I The Christ Hospital	Other Subsidiaries	Reclassifications/ Eliminations	The Christ Hospital and Subsidiaries Consolidated
Current liabilities							(III I HORSGINGS)				
Accounts payable and accrued expenses	\$	19 800	\$ 657	<b>S</b> =	S 2	20 457	\$ 76.	3 <b>S</b> –	S 222	<b>S</b> –	\$ 21 442
Compensation and benefits	9	24 762	6 125	_		30 887	510	-	122	_	31 525
Current portion of long-term debt		1 868	0 125	_	-	1 868			804	_	2 672
Due to (from) related party		(45 665)	87 629	(21 768)		20 196	3 09	(162)		3 721	_
Obligation under repurchase agreement		61 110	-	(21 100)		51 110		' '	(20015)	-	61 110
Total current liabilities	_	61 875	94 411	(21 768)		34 518	4 369	(162)	(25 697)	3 721	116 749
Long-term self-insurance reserves		11 254	_	_	1	1 254			_	_	11 254
Pension liability		62 086	1 149	_	6	3 235			_	_	63 235
Long-term benefits and other liabilities		7 663	5 680	-	1	3 343	10	5 –	-	_	13 359
Long-term debt net of current portion		102 250	_	_	10	2 250			1 982	_	104 232
Total liabilities		245 128	101 240	(21 768)	32	24 600	4 38	5 (162)	(23 715)	3 721	308 829
Net assets (deficit)											
Unrestricted		319 582	(73 612)	2 488	24	8 458	(2 68)	)) 15 595	34 399	(11 116)	284 656
Temporarily restricted		_		_		_		5 600	_		5 600
Permanently restricted		-	-	-		_		4 350	_	_	4 350
Total net assets (deficit) excluding noncontrolling interest		319 582	(73 612)	2 488	24	8 458	(2 68)	25 545	34 399	(11 116)	294 606
Noncontrolling interest		=	=	-		_			17 010	_	17 010
Total net assets (deficit)		319 582	(73 612)	2 488	24	8 458	(2 68)	25 545	51 409	(11 116)	311 616
Total liabilities and net assets (deficit)	\$	564 710	\$ 27,628	\$ (19,280)	\$ 57	3 058	\$ 1.70	5 \$ 25,383	\$ 27,694	\$ (7,395)	\$ 620,445

# Consolidating Statement of Operations

Year Ended June 30, 2012

	The Christ Hospital	The Christ Hospital Physicians, LLC	Reclassifications/ Eliminations	Obligated Group Total	The Christ College of Nursing and Health Sciences (In Thousands)	The Christ Hospital Foundation	Other Subsidiaries	Reclassifications/ Eliminations	The Christ Hospital and Subsidiaries Consolidated
Revenue					(In Inousanas)				
Net patient service revenue (net of contractual allowances)	\$ 573,951	\$ 84,185	\$ (4,176)	\$ 653,960	s –	<b>s</b> –	<b>s</b> –	s –	\$ 653,960
Provision for bad debts	(7,576)	(3,285)		(10,861)	(2)	_	_	_	(10,863)
Net patient service revenue less provision for bad debts	566,375	80,900	(4,176)	643,099	(2)	_	_	-	643,097
Other revenue	23,952	4,140	(4,760)	23,332	4,178	1,573	12,449	(3,650)	37,882
Total operating revenue	590,327	85,040	(8,936)	666,431	4,176	1,573	12,449	(3,650)	680,979
Expenses									
Salaries and wages	191,713	78,654	_	270,367	3,440	-	-	-	273,807
Fringe benefits	55,329	10,469	_	65,798	853	_	-	-	66,651
Purchased services	87,523	11,340	(7,574)	91,289	1,729	18	241	(1,343)	91,934
Professional fees	13,141	453	_	13,594	_	-	55	-	13,649
Supplies	131,540	15,579	(1)	147,118	35	4	2	-	147,159
Utilities and insurance	10,345	2,519	(3,650)	9,214	_	-	840	-	10,054
Depreciation and amortization	35,416	4,185	_	39,601	156	-	(39)	_	39,718
Interest	2,206	1	_	2,207	_	_	_	_	2,207
Other net	15,592	1,378	(17)	16,953	134	1,849	(35)	(1)	18,900
Total operating expenses	542,805	124,578	(11,242)	656,141	6,347	1,871	1,064	(1,344)	664,079
Excess of revenue over expenses (expenses over revenue) before other income (loss)	47,522	(39,538)	2,306	10,290	(2,171)	(298)	11,385	(2,306)	16,900
Other income (loss)									
Other primarily investment income (loss)	735	(349)	_	386	_	48	141	_	575
Excess of revenue over expenses (expenses over revenue)	48,257	(39,887)	2,306	10,676	(2,171)	(250)	11,526	(2,306)	17,475
Excess of revenue over expenses attributable to noncontrolling interest		_		_	_	_	6,833		6,833
Excess of revenue over expenses (expenses over revenue) attributable to The Christ Hospital and Subsidiaries	\$ 48,257	\$ (39,887)	\$ 2,306	\$ 10,676	\$ (2,171)	s (250)	\$ 4,693	\$ (2,306)	\$ 10,642

# Consolidating Statement of Operations

Year Ended June 30, 2011

	The Christ Hospital	The Christ Hospital Physicians, LLC	Reclassifications/ Eliminations	Obligated Group Total	The Christ College of Nursing and Health Sciences (In Thousands)	The Christ Hospital Foundation	Other Subsidiaries	Reclassifications/ Eliminations	The Christ Hospital and Subsidiaries Consolidated
Revenue					(In Inousands)				
Net patient service revenue (net of contractual allowances)	\$ 566.257	\$ 57,412	\$ (4.090)	\$ 619.579	\$ -	\$ -	\$ -	\$ -	\$ 619.579
Provision for bad debts	(16 551)	(1.072)	-	(17 623)	-	-	-	_	(17 623)
Net patient service revenue less provision for bad debts	549 706	56 340	(4 090)	601 956	-	-	-	-	601 956
Other revenue	13 656	1 985	(3 ~64)	11 8	3 109	2 830	9 213	(2 441)	24 588
Total operating revenue	563 362	58 325	(7 854)	613 833	3 109	2 830	9 213	(2 441)	626 544
Expenses									
Salaries and wages	186 188	59 950	-	246 138	3 369	_	-	-	249 507
Fringe benefits	53 289	11.672	-	64 961	872	-	-	-	65 833
Purchased services	81 071	9 519	(6 49~)	84 093	1 730	20	2	(1.343)	84
Protessional tees	13 241	446	-	13 68	-	-	33	-	13 720
Supplies	127 609	2 116	-	129 725	43	1	2	_	1291
Utilities and insurance	12 396	1 949	(2.441)	11 904	_	-	2 218	_	14 122
Depreciation and amortization	42 903	3 730	_	46 633	36	-	192	_	46 861
Interest	1 ~43	-	-	1 743	_	-	_	_	1 ~43
Other net	<sup>-</sup> 163	1 069	(14)	8 218	86	2 836	4 397	_	15 537
Total operating expenses	525 603	90 451	(8 952)	607 102	6 136	2.857	<sup>-</sup> 119	(1 343)	621 871
Excess of revenue over expenses (expenses over revenue) before other income (loss)	37 759	(32 126)	1 098	6 -31	(3.027)	(27)	2 094	(1 098)	4673
Other income									
Other primarily investment income	46	671	_	-1-	-	363	303	_	1 383
Excess of revenue over expenses (expenses over revenue)	37 805	(31 455)	1 098	<sup>-</sup> 448	(3.027)	336	2 397	(1 098)	6.056
Excess of revenue over expenses attributable to noncontrolling interest							4 389	_	4 389
Excess of revenue over expenses (expenses over revenue) attributable to The Christ Hospital and Subsidiaries	\$ 37,805	\$ (31,455)	\$ 1,098	\$ <u></u>	\$ (3,027)	\$ 336	\$ (1,992)	\$ (1,098)	\$ 1,66°

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