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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 07-01-2012 , 2012, and ending 06-30-2013

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

C Name of organization
THE GOOD SAMARITAN HOSPITAL OF CINCINNATI OHIO

Doing Business As

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

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

D Employer identification number
31-0537486

E Telephone number
(513) 569-6575

G Gross receipts $ 534,612,186

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

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

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

H(c) Group exemption number ▶ 0928

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

J Website: ▶ WWW TRIHEALTH COM

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1852

M State of legal domicile OH

Part I Summary

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

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

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	12
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	8
5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	**5**	3,932
6	Total number of volunteers (estimate if necessary)	**6**	1,550
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	177,933
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-149,607

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	1,629,240	2,693,838
9	Program service revenue (Part VIII, line 2g)	518,618,062	486,547,135
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	9,368,293	30,228,597
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	9,623,333	12,594,030
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	539,238,928	532,063,600
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	571,823	461,765
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	229,114,192	224,865,431
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	265,823,926	226,863,114
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	495,509,941	452,190,310
19	Revenue less expenses Subtract line 18 from line 12	43,728,987	79,873,290

Revenue / Expenses

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	723,288,138	773,878,136
21	Total liabilities (Part X, line 26)	252,211,328	234,246,732
22	Net assets or fund balances Subtract line 21 from line 20	471,076,810	539,631,404

Net Assets or Fund Balances

Part II Signature Block

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

Sign Here

Signature of officer — Date: 2014-05-14

MICHAEL CROFTON VP-FINANCE
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
				P00961884

Firm's name ▶ BKD LLP — Firm's EIN ▶ 44-0160260

Firm's address ▶ 312 WALNUT STREET SUITE 3000
CINCINNATI, OH 45202 — Phone no (513) 621-8300

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

Part III **Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission

SEE SCHEDULE O

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 360,178,231 including grants of $ 461,765) (Revenue $ 491,239,533)

SEE SCHEDULE H

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

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

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses** ▶ 360,178,231

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see 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*	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 I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *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 V*	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d	Yes	
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 and XII*	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 and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Yes	

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	315		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	3,932		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	3a		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	14b			

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

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year **1a** 12			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent **1b** 8			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	**2**	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	**5**		No
6	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			
a	The governing body?	**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?	**8b**	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	**9**		No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**		No
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**		No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**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?			
a	The organization's CEO, Executive Director, or top management official	**15a**	Yes	
b	Other officers or key employees of the organization	**15b**	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**16a**	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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶

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

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

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

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation 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
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MICHAEL HAVERKAMP TRUSTEE	1 00 3 00	X						0	0	0
(2) ROBERT WALKER CHAIRMAN	1 00 3 00	X		X				0	0	0
(3) JOHN PROUT PRESIDENT/CEO	15 00 45 00	X		X				0	1,991,921	331,413
(4) PAUL EDGETT III TRUSTEE	1 00 3 00	X						0	734,377	86,500
(5) THOMAS FINN SECRETARY	1 00 3 00	X		X				0	0	0
(6) MYRTIS POWELL TRUSTEE	1 00 3 00	X						0	0	0
(7) SR SALLY DUFFY TRUSTEE	1 00 3 00	X						0	0	0
(8) MICHAEL MCGRAW VICE CHAIR/TREASURER	1 00 3 00	X		X				0	0	0
(9) STEPHEN BLATT MD TRUSTEE/MED STAFF PRES-GOOD SAM	18 00 3 00	X						45,000	123,837	20,252
(10) STUART DONOVAN MD TRUSTEE/MED STAFF PRES-BETHESDA	3 00 8 00	X						20,793	45,000	0
(11) CRAIG EISENTROUT MD TRUSTEE	1 00 3 00	X						0	0	0
(12) WAYNE SHIRCLIFF TRUSTEE	1 00 3 00	X						0	0	0
(13) DONNA NIENABER ESQ SVP CORP COUNSEL/ASST SECRTRY	15 00 45 00			X				0	540,699	164,782
(14) CRAIG RUCKER SVP CFO/ASST TREASURER	15 00 45 00			X				0	618,981	143,478
(15) WILLIAM GRONEMAN EXEC VP SYSTEM DEVELOPMENT	15 00 45 00				X			0	578,641	178,557
(16) GERALD OLIPHANT EXEC VP & COO	15 00 45 00				X			0	660,542	139,447
(17) GEORGES FEGHALI MD CHIEF MEDICAL OFFICER	15 00 45 00				X			0	664,294	181,461

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JOHN ROBINSON MD	25 00				X			0	353,874	84,193
SVP-HOSPITAL OPERATIONS	35 00									
(19) JAMIE EASTERLING	60 00				X			0	153,174	30,575
EXEC DIRECTOR-GOOD SAMARITAN	0 00									
(20) DAVE DORNHEGGEN	30 00				X			0	396,095	120,368
COO-GOOD SAMARITAN HOSPITAL	30 00									
(21) DAVID DHANRAJ MD	60 00					X		325,344	0	58,348
PHYSICIAN	0 00									
(22) ROBERT ROHS MD	60 00					X		323,980	0	39,888
PHYSICIAN	0 00									
(23) MICHAEL HOLBERT MD	60 00					X		249,318	0	38,612
PHYSICIAN	0 00									
(24) DAVID NAMASKY MD	60 00					X		244,250	0	29,544
PHYSICIAN	0 00									
(25) AMY MARCOTTE MD	60 00					X		243,874	0	14,863
PHYSICIAN	0 00									
(26) MICHAEL CROFTON	15 00						X	0	300,076	79,447
FORMER OFFICER	45 00									
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								1,452,559	7,161,511	1,741,728

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 88

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
CATHOLIC HEALTH INITIATIVES 198 INVERNESS DRIVE WEST ENGLEWOOD CO 80112	CLINICAL ENGINEERING	5,480,574
AMERICAN NURSING CARE INC 1700 EDISON DRIVE SUITE 300 MILFORD OH 45150	NURSING	1,586,952
PATIENT TRANSPORT SERVICES INC 1700 EDISON DRIVE SUITE 300 MILFORD OH 45150	PATIENT TRANSPORTATION	983,125
MORRISON MANAGEMENT SPECIALISTS PO BOX 102289 ATLANTA GA 30368	FOOD SERVICE	757,779
PHYSICIAN ANESTHESIA SERVICES 20 MEDICAL VILLAGE DRIVE EDGEWOOD KY 41017	MEDICAL	710,000

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 38

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	2,693,838			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f		2,693,838			
Program Service Revenue			Business Code				
	2a	PATIENT SERVICES	621990	485,144,820	484,966,887	177,933	
	b	AFFILIATED ORG RENTAL	532000	2,196,440			2,196,440
	c	MEDICAL RESEARCH	900099	1,221,801	1,221,801		
	d	JV REVENUE	900099	1,081,100	1,081,100		
	e	JOA REVENUE	990009	-3,097,026	-3,097,026		
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		486,547,135			
	3	Investment income (including dividends, interest, and other similar amounts)		9,683,850			9,683,850
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
			(i) Real / (ii) Personal				
	6a	Gross rents	1,686,746				
	b	Less rental expenses	1,048,756				
	c	Rental income or (loss)	637,990				
	d	Net rental income or (loss)		637,990			637,990
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	16,827,643 / 4,747,971				
	b	Less cost or other basis and sales expenses	0 / 1,030,867				
	c	Gain or (loss)	16,827,643 / 3,717,104				
	d	Net gain or (loss)		20,544,747			20,544,747
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances	a 861,709				
	b	Less cost of goods sold	b 468,963				
	c	Net income or (loss) from sales of inventory		392,746			392,746
		Miscellaneous Revenue	Business Code				
	11a	EHR MEANINGFUL USE	900099	6,062,781	6,062,781		
	b	CAFETERIA	722100	3,069,669			3,069,669
	c	PHARMACY	446110	1,426,854			1,426,854
	d	All other revenue		1,003,990	1,003,990		
	e	**Total.** Add lines 11a–11d		11,563,294			
	12	**Total revenue.** See Instructions		532,063,600	491,239,533	177,933	37,952,296

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	461,765	461,765		
2 Grants and other assistance to individuals in the United States See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	3,813,058		3,813,058	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	173,728,508	145,940,933	27,787,575	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	11,555,314	8,604,037	2,951,277	
9 Other employee benefits	22,386,879	16,468,698	5,918,181	
10 Payroll taxes	13,381,672	11,190,947	2,190,725	
11 Fees for services (non-employees)				
a Management	1,684,346	1,627,878	56,468	
b Legal	2,574,836		2,574,836	
c Accounting	330,125		330,125	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	1,303,838		1,303,838	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	25,356,453	12,777,019	12,579,434	
12 Advertising and promotion	3,167,841	396,646	2,771,195	
13 Office expenses	5,049,707	2,997,834	2,051,873	
14 Information technology	9,978,412	673,641	9,304,771	
15 Royalties . .				
16 Occupancy	9,868,842	8,087,052	1,781,790	
17 Travel	586,757	306,975	279,782	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	6,665,722	6,665,722		
21 Payments to affiliates	5,716,140		5,716,140	
22 Depreciation, depletion, and amortization	27,008,698	18,763,914	8,244,784	
23 Insurance	4,808,174	4,291,360	516,814	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a MEDICAL/DIETARY SUPPLY	105,454,896	105,113,555	341,341	
b OHIO HOSPITAL FEE	8,124,168	8,124,168		
c EQUIPMENT AND REPAIR	7,719,435	7,225,667	493,768	
d DUES AND SUBSCRIPTIONS	227,526	227,526		
e All other expenses	1,237,198	232,894	1,004,304	
25 **Total functional expenses.** Add lines 1 through 24e	452,190,310	360,178,231	92,012,079	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing			1	
	2	Savings and temporary cash investments		18,016,875	2	19,431,731
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		49,075,276	4	50,093,511
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		3,195,353	8	3,420,461
	9	Prepaid expenses and deferred charges		44,164	9	95,030
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 564,314,923			
	b	Less accumulated depreciation	10b 366,082,668	188,331,114	10c	198,232,255
	11	Investments—publicly traded securities		42,391,998	11	23,998,853
	12	Investments—other securities See Part IV, line 11		367,126,008	12	341,866,209
	13	Investments—program-related See Part IV, line 11			13	23,440,617
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		55,107,350	15	113,299,469
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		723,288,138	16	773,878,136
Liabilities	17	Accounts payable and accrued expenses		56,371,056	17	35,357,073
	18	Grants payable			18	
	19	Deferred revenue		68,349	19	1,002,560
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties		146,120,324	24	45,173,865
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		49,651,599	25	152,713,234
	26	**Total liabilities.** Add lines 17 through 25		252,211,328	26	234,246,732
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		465,440,222	27	534,122,770
	28	Temporarily restricted net assets		5,636,588	28	5,508,634
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		471,076,810	33	539,631,404
	34	Total liabilities and net assets/fund balances		723,288,138	34	773,878,136

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	532,063,600
2	Total expenses (must equal Part IX, column (A), line 25)	2	452,190,310
3	Revenue less expenses Subtract line 2 from line 1	3	79,873,290
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	471,076,810
5	Net unrealized gains (losses) on investments	5	8,979,939
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-1,470,485
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-18,828,150
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	539,631,404

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
THE GOOD SAMARITAN HOSPITAL OF CINCINNATI OHIO

Employer identification number
31-0537486

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

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

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

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

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

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

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

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

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

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

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

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Non-functionally integrated

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

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

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

		Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	**11g(i)**		
(ii) A family member of a person described in (i) above?	**11g(ii)**		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	**11g(iii)**		

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (see instructions) **12**

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2011 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2012.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2011.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2012.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2011.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2012** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2011** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2012.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support tests—2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

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

Facts And Circumstances Test

Explanation

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **See separate instructions.**

OMB No 1545-0047

2012

Open to Public Inspection

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

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

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

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

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

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

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

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

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

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

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

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

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

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

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

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

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

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

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		11,650
j	Total Add lines 1c through 1i			11,650
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carry over 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) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

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

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1. Also, complete this part for any additional information

Identifier	Return Reference	Explanation
EXPLANATION OF LOBBYING ACTIVITIES	PART II-B, LINE 1	DURING THE TAX YEAR, THE GOOD SAMARITAN HOSPITAL OF CINCINNATI, OHIO ("HOSPITAL") PAID ANNUAL MEMBERSHIP DUES TO VARIOUS NATIONAL, STATE AND LOCAL ORGANIZATIONS, A PORTION ($2,417) OF WHICH RELATED TO LOBBYING ACTIVITIES. IN ADDITION, TRIHEALTH, INC., A RELATED ORGANIZATION OF HOSPITAL, WHICH PROVIDES ADMINISTRATIVE SUPPORT SERVICES TO HOSPITAL, PAID ANNUAL MEMBERSHIP DUES TO VARIOUS NATIONAL, STATE AND LOCAL ORGANIZATIONS A PORTION OF WHICH RELATED TO LOBBYING ACTIVITIES. A PORTION OF THE AFOREMENTIONED ADMINISTRATIVE SUPPORT SERVICES ARE ALLOCATED TO HOSPITAL AND $4,324 OF THE AMOUNT SHOWN ON LINE 1I REPRESENTS HOSPITAL'S SHARE OF THESE LOBBYING EXPENSES. FINALLY, HOSPITAL'S CONTROLLING ORGANIZATION, CATHOLIC HEALTH INITIATIVES, PAYS ANNUAL DUES TO THE AMERICAN HOSPITAL ASSOCIATION ("AHA") AND CATHOLIC HOSPITAL ASSOCIATION ("CHA"), A PORTION OF WHICH IS ALLOCATED TO LOBBYING ACTIVITIES. FOR THE TAX YEAR, THE AMOUNT SHOWN ON LINE 1I ABOVE REPRESENTS HOSPITAL'S SHARE OF ALLOCATED LOBBYING EXPENSES. AHA $3,537, CHA $1,372

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
THE GOOD SAMARITAN HOSPITAL OF CINCINNATI OHIO

Employer identification number
31-0537486

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

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

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

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

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

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

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

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table

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

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

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

		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	10,779,284	10,449,966	9,912,083	9,440,827	10,458,034
b	Contributions	117,390	124,844	46,487	187,161	5,916
c	Net investment earnings, gains, and losses	528,844	307,886	491,396	284,095	-673,232
d	Grants or scholarships					
e	Other expenditures for facilities and programs	307,533	103,412	0	0	349,891
f	Administrative expenses					
g	End of year balance	11,117,985	10,779,284	10,449,966	9,912,083	9,440,827

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶ 95 000 %
- c Temporarily restricted endowment ▶ 5 000 %

The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)	Yes	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	Yes	

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		14,180,409		14,180,409
b Buildings		339,591,554	204,588,307	135,003,247
c Leasehold improvements		3,780,648	1,811,005	1,969,643
d Equipment		187,407,230	157,790,903	29,616,327
e Other		19,355,082	1,892,453	17,462,629
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				198,232,255

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) CHI OPERATING INVESTMENT PROGRAM	341,866,209	F
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	341,866,209	

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

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

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

(a) Description	(b) Book value
(1) INVESTMENT IN DIRECT AFFILIATES	32,007,305
(2) MALPRACTICE INSURANCE/WORKERS COMPENSATION RECEIVABLE	22,794,403
(3) DUE FROM RELATED ORGANIZATIONS	58,497,761
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	113,299,469

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

1 (a) Description of liability	(b) Book value
Federal income taxes	
RETIREMENT PLAN LIABILITY	13,044,035
ENVIRONMENTAL REMEDIATION LIABILITY	1,453,422
MALPRACTICE INSURANCE/WORKERS COMPENSATION LIABILITY	22,794,403
ACCRUED EIB	6,069,403
THIRD PARTY SETTLEMENTS	7,131,555
DEBT PAYABLE TO RELATED ORGANIZATION	102,220,416
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	152,713,234

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

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

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

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

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

Part XIII Supplemental Information

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

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	INVESTMENT PROCEEDS FROM ENDOWMENT FUNDS ARE USED TO SUPPORT PROGRAMS AT THE GOOD SAMARITAN HOSPITAL OF CINCINNATI, OHIO
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X, LINE 2	THE FINANCIAL STATEMENTS OF THE GOOD SAMARITAN HOSPITAL OF CINCINNATI, OHIO ARE AUDITED AS PART OF TRIHEALTH AND ITS SUBSIDIARIES AND AFFILIATES ("TRIHEALTH") FOLLOWING IS THE TEXT OF THE FOOTNOTE TO THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS OF TRIHEALTH THAT REPORTS ITS AND ITS SUBSIDIARIES AND AFFILIATES LIABILITY, IF APPLICABLE, FOR CERTAIN TAX POSITIONS UNDER ASC 740-10-25 TRIHEALTH COMPLETED AN ANALYSIS OF UNCERTAIN TAX POSITIONS IN ACCORDANCE WITH APPLICABLE ACCOUNTING GUIDANCE AT JUNE 30, 2013, AND DETERMINED NO AMOUNTS WERE REQUIRED TO BE RECOGNIZED IN THE COMBINED FINANCIAL STATEMENTS AT JUNE 30, 2013 IN ADDITION, HOSPITAL'S FINANCIAL INFORMATION IS INCLUDED IN THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS OF CATHOLIC HEALTH INITIATIVES ("CHI"), A RELATED ORGANIZATION CHI'S FIN 48 (ASC 740) FOOTNOTE FOR THE YEAR ENDED JUNE 30, 2013 READS AS FOLLOWS CHI IS A TAX-EXEMPT COLORADO CORPORATION AND HAS BEEN GRANTED AN EXEMPTION FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE CHI OWNS CERTAIN TAXABLE SUBSIDIARIES AND ENGAGES IN CERTAIN ACTIVITIES THAT ARE UNRELATED TO ITS EXEMPT PURPOSE AND THEREFORE SUBJECT TO INCOME TAX MANAGEMENT REVIEWS ITS TAX POSITIONS ANNUALLY AND HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
THE GOOD SAMARITAN HOSPITAL OF CINCINNATI OHIO

Employer identification number
31-0537486

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			19,942,873	6,310,280	13,632,593	3 010 %
b Medicaid (from Worksheet 3, column a)			81,776,209	65,570,108	16,206,101	3 580 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			101,719,082	71,880,388	29,838,694	6 590 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			1,345,619	2,120	1,343,499	0 300 %
f Health professions education (from Worksheet 5)			25,375,544	9,335,804	16,039,740	3 550 %
g Subsidized health services (from Worksheet 6)			3,264,902	2,104,166	1,160,736	0 260 %
h Research (from Worksheet 7)			2,415,672	0	2,415,672	0 530 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			203,005	0	203,005	0 040 %
j **Total.** Other Benefits			32,604,742	11,442,090	21,162,652	4 680 %
k **Total.** Add lines 7d and 7j			134,323,824	83,322,478	51,001,346	11 270 %

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

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

Part III **Bad Debt, Medicare, & Collection Practices**

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		1	Yes	
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2	33,164,416		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3	0		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	94,086,692		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	96,889,516		
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-2,802,824		
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used				

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Did the organization have a written debt collection policy during the tax year?	9a	Yes	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	Yes	

Part IV **Management Companies and Joint Ventures** (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

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

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year?
1

	Name, address, and primary website address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
1	GOOD SAMARITAN HOSPITAL 375 DIXMYTH AVENUE CINCINNATI, OH 45220 WWW TRIHEALTH COM	X	X		X		X	X			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or facility reporting group GOOD SAMARITAN HOSPITAL

For single facility filers only: line Number of Hospital Facility (from Schedule H, Part V, Section A) 1

			Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)				
1	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9	**1**	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ 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			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Part VI)			
2	Indicate the tax year the hospital facility last conducted a CHNA 20 12			
3	In conducting its most recent CHNA, did the hospital facility take into account input from representatives of the community served by the hospital facility, including those with special knowledge of or expertise in public health? 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**	Yes	
4	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	**4**	Yes	
5	Did the hospital facility make its CHNA report widely available to the public?	**5**	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website			
b	☑ Available upon request from the hospital facility			
c	☐ Other (describe in Part VI)			
6	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply to date)			
a	☑ Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA			
b	☐ Execution of the implementation strategy			
c	☐ Participation in the development of a community-wide plan			
d	☐ Participation in the execution of a community-wide 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 its 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 CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	**7**		No
8a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	**8a**		No
b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	**8b**		
c	If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy		Yes	No
9 Did the hospital facility have in place during the tax year a written financial assistance policy that Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	**9**	Yes	
10 Used federal poverty guidelines (FPG) to determine eligibility for providing *free* care?	**10**	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 100 000000000000% If "No," explain in Part VI the criteria the hospital facility used			
11 Used FPG to determine eligibility for providing *discounted* care?	**11**	Yes	
If "Yes," indicate the FPG family income limit for eligibility for discounted care 400 000000000000% If "No," explain in Part VI the criteria the hospital facility used			
12 Explained the basis for calculating amounts charged to patients?	**12**	Yes	
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)			
13 Explained the method for applying for financial assistance?	**13**	Yes	
14 Included measures to publicize the policy within the community served by the hospital facility?	**14**	Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☐ The policy was posted on the hospital facility's website			
b ☐ The policy was attached to billing invoices			
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 on admission to the hospital facility			
f ☑ The policy was available upon request			
g ☑ Other (describe in Part VI)			
Billing and Collections			
15 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	**15**	Yes	
16 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other similar actions (describe in Part VI)			
17 Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?	**17**		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			
e ☐ Other similar actions (describe in Part VI)			

Part V Facility Information *(continued)*

18 Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)

- **a** ☐ Notified individuals of the financial assistance policy on admission
- **b** ☐ Notified individuals of the financial assistance policy prior to discharge
- **c** ☐ Notified individuals of the financial assistance policy in communications with the patients regarding the patients' bills
- **d** ☐ Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy
- **e** ☐ Other (describe in Part VI)

Policy Relating to Emergency Medical Care

		Yes	No
19 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 regardless of their eligibility under the hospital facility's financial assistance policy?	**19**	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			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

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

20 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d ☑ Other (describe in Part VI)			
21 During the tax year, did the hospital facility charge any FAP-eligible individuals 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**		No
If "Yes," explain in Part VI			
22 During the tax year, did the hospital facility charge any FAP-eligible individuals an amount equal to the gross charge for any service provided to that individual?	**22**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

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

How many non-hospital health care facilities did the organization operate during the tax year?
10

	Name and address	Type of Facility (describe)
1	GOOD SAMARITAN MEDICAL CENTER 6949 GOOD SAMARITAN DRIVE CINCINNATI, OH 45247	EMERGENCY DEPARTMENT/OUTPATIENT SERVICES
2	GOOD SAMARITAN PHYSICAL THERAPY 8748 UNION CENTRE DRIVE WEST CHESTER, OH 45069	PHYSICAL THERAPY
3	GOOD SAMARITAN HOSPITAL OUTPATIENT CTR 6350 GLENWAY AVENUE CINCINNATI, OH 45211	OUTPATIENT PHYSICIAN CLINIC
4	GOOD SAMARITAN HOSPITAL WEIGHT MGMT CTR 3219 CLIFTON AVENUE SUITE 225 CINCINNATI, OH 45220	WEIGHT MANAGEMENT SERVICES
5	GOOD SAMARITAN HOSPITAL WOMEN'S CENTER 3219 CLIFTON AVENUE SUITE 100 CINCINNATI, OH 45220	WOMEN'S HEALTH SERVICES
6	TRIHEALTH OUTPATIENT CENTER 7777 BEECHMONT AVE CINCINNATI, OH 45255	OUTPATIENT PHYSICIAN/PATIENT SERVICES
7	TRIHEALTH INFUSION CENTER - EASTGATE 4452 EASTGATE BLVD STE 107 CINCINNATI, OH 45245	INFUSION CENTER
8	TRIHEALTH INFUSION CENTER - WESTSIDE 5520 CHEVIOT RD SUITE A CINCINNATI, OH 45247	INFUSION CENTER
9	TRIHEALTH INFUSION CENTER - NORTH 10550 MONTGOMERY RD STE 22 CINCINNATI, OH 45242	INFUSION CENTER/RADIATION THERAPY
10	TRIHEALTH SLEEP MEDICINE 6350 GLENWAY AVENUE CINCINNATI, OH 45211	SLEEP MEDICINE

Part VI Supplemental Information

Complete this part to provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b, Part V, Section A, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22

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

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

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

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

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

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

8 **Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22

Identifier	ReturnReference	Explanation
		PART I, LINE 3C THE GOOD SAMARITAN HOSPITAL OF CINCINNATI, OHIO UTILIZES THE FEDERAL POVERTY GUIDELINES ("FPG") IN DETERMINING CHARITY CARE ELIGIBILITY SEE THE RESPONSES TO PART I, LINE 3A AND 3B AN INDIVIDUAL'S INCOME UNDER FPG IS A SIGNIFICANT FACTOR IN DETERMINING ELIGIBILITY FOR CHARITY CARE TRIHEALTH HOSPITAL INC UTILIZES THE FEDERAL POVERTY GUIDELINES ("FPG") IN DETERMINING CHARITY CARE ELIGIBILITY SEE THE RESPONSES TO PART I, LINE 3A AND 3B AN INDIVIDUAL'S INCOME UNDER FPG IS A SIGNIFICANT FACTOR IN DETERMINING ELIGIBILITY FOR CHARITY CARE ADDITIONALLY, AN INDIVIDUAL'S INCOME IN RELATION TO HIS/HER MEDICAL EXPENSES IS ALSO TAKEN INTO ACCOUNT AND SUCH A PATIENT MAY BE EXTENDED DISCOUNTED OR FREE CARE BASED UPON THE FACTS AND CIRCUMSTANCES
		PART I, LINE 6A IN 1995, THE GOOD SAMARITAN HOSPITAL OF CINCINNATI, OHIO AND BETHESDA HOSPITAL, INC FORMED A PARTNERSHIP CALLED TRIHEALTH, INC TO CREATE AN INTEGRATED HEALTH DELIVERY SYSTEM WHOSE MISSION IS TO IMPROVE THE HEALTH OF THE PEOPLE THEY SERVE, WITH AN EMPHASIS ON PREVENTION, WELLNESS AND EDUCATION THE COMMUNITY BENEFIT PROVIDED BY THE GOOD SAMARITAN HOSPITAL OF CINCINNATI, OHIO IS TRACKED ON A STANDALONE BASIS, HOWEVER ITS COMMUNITY BENEFIT IS REPORTED IN COMBINATION WITH BETHESDA HOSPITAL, INC 'S COMMUNITY BENEFIT IN A REPORT PREPARED BY TRIHEALTH, INC

Identifier	ReturnReference	Explanation
		PART I, LINE 7 FOR THE AMOUNTS REPORTED AT COST IN PART I, LINE 7, THE GOOD SAMARITAN HOSPITAL OF CINCINNATI, OHIO UTILIZED WORKSHEET 2 - RATIO OF PATIENT CARE COST-TO-CHARGES, WHICH WAS PROVIDED IN THE INSTRUCTIONS TO SCHEDULE H, TO CALCULATE THE COST-TO-CHARGE RATIO
		PART I, LINE 7G THE SUBSIDIZED HEALTH SERVICES COMMUNITY BENEFIT AMOUNT REPORTED IN PART I, LINE 7(G) DOES NOT INCLUDE COSTS ATTRIBUTABLE TO PHYSICIAN CLINICS

Identifier	ReturnReference	Explanation
		PART I, L7 COL(F) BAD DEBT EXPENSE IS NOT INCLUDED ON FORM 990, PART IX, LINE 25 IT IS PRESENTED ON FORM 990, PART VIII, LINE 2 AS A DEDUCTION FROM PATIENT SERVICE REVENUE WHICH CORRESPONDS TO ITS FINANCIAL STATEMENT PRESENTATION SEE RESPONSE TO PART III, LINE 4 THEREFORE, NO ADJUSTMENT TO TOTAL EXPENSES SHOWN ON FORM 990, PART IX, LINE 25 IS NECESSARY
		PART II THE UPTOWN CONSORTIUM ("CONSORTIUM") IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS EXEMPT FROM INCOME TAX UNDER INTERNAL REVENUE CODE SECTION 501(A) AS AN ORGANIZATION DESCRIBED IN INTERNAL REVENUE CODE SECTION 501 (C)(3) IT IS MADE UP OF THE FIVE LARGEST EMPLOYERS OF CINCINNATI'S "UPTOWN" INCLUDING THE GOOD SAMARITAN HOSPITAL OF CINCINNATI, OHIO "UPTOWN" GENERALLY INCLUDES THE NEIGHBORHOODS OF AVONDALE, CLIFTON, CLIFTON HEIGHTS, CORRYVILLE, FAIRVIEW, MT AUBURN AND UNIVERSITY HEIGHTS THE CONSORTIUM IS DEDICATED TO BUILDING THE HUMAN, SOCIAL AND PHYSICAL IMPROVEMENT OF UPTOWN CINCINNATI IT WILL UNDERTAKE A VARIETY OF INVESTMENT AND PROGRAM ACTIVITIES IN UPTOWN TO HELP PROVIDE HOUSING, HEALTH CARE AND JOB OPPORTUNITIES

Identifier	ReturnReference	Explanation
		PART III, LINE 4 THE GOOD SAMARITAN HOSPITAL OF CINCINNATI, OHIO'S FINANCIAL STATEMENTS ARE AUDITED AS PART OF THE TRIHEALTH AUDIT REPORT NET PATIENT ACCOUNTS RECEIVABLE (PART OF FOOTNOTE B) NET PATIENT ACCOUNTS RECEIVABLE AND NET PATIENT SERVICE REVENUE HAVE BEEN ADJUSTED TO THE ESTIMATED AMOUNTS EXPECTED TO BE COLLECTED THESE ESTIMATED AMOUNTS ARE SUBJECT TO FURTHER ADJUSTMENTS UPON REVIEW BY THIRD-PARTY PAYORS THE PROVISION FOR BAD DEBTS IS BASED UPON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS CONSIDERING HISTORICAL BUSINESS AND ECONOMIC CONDITIONS, TRENDS IN HEALTH CARE COVERAGE, AND OTHER COLLECTION INDICATORS MANAGEMENT PERIODICALLY ASSESSES THE ADEQUACY OF THE ALLOWANCES FOR UNCOLLECTIBLE ACCOUNTS BASED UPON HISTORICAL WRITE-OFF EXPERIENCE THE RESULTS OF THESE REVIEWS ARE USED TO MODIFY AS NECESSARY THE PROVISIONS FOR BAD DEBTS AND TO ESTABLISH APPROPRIATE ALLOWANCES FOR UNCOLLECTIBLE NET PATIENT ACCOUNTS RECEIVABLE SIGNIFICANT PROVISION IS MADE FOR SELF-PAY PATIENT ACCOUNTS RECEIVABLE IN THE PERIOD OF SERVICE BASED UPON HISTORICAL WRITE-OFF EXPERIENCE AFTER SATISFACTION OF AMOUNTS DUE FROM INSURANCE, TRIHEALTH FOLLOWS ESTABLISHED GUIDELINES FOR PLACING CERTAIN PATIENT BALANCES WITH COLLECTION AGENCIES, SUBJECT TO THE TERMS OF CERTAIN RESTRICTIONS ON COLLECTION EFFORTS AS DETERMINED BY TRIHEALTH OVERALL, THE TOTAL WRITE-OFFS OF UNCOLLECTIBLE ACCOUNTS AND ALLOWANCES ON SELF-PAY PATIENT ACCOUNTS RECEIVABLE HAS NOT SIGNIFICANTLY CHANGED SINCE JUNE 30, 2012 TRIHEALTH HAS NOT EXPERIENCED SIGNIFICANT CHANGES IN WRITE-OFF TRENDS AND HAS NOT CHANGED ITS CHARITY CARE POLICY SINCE JUNE 30, 2012 THE OVERALL ALLOWANCE PERCENTAGE FOR UNCOLLECTIBLE ACCOUNTS WENT FROM 56 2% (UNAUDITED) AT JUNE 30, 2012 TO 56 6% AT JUNE 30, 2013 AS A RESULT OF SLIGHT CHANGES IN PAYOR MIX AND THE TIMING OF WRITE-OFFS FINANCIAL INSTRUMENTS THAT POTENTIALLY SUBJECT TRIHEALTH TO CONCENTRATIONS OF CREDIT RISK CONSIST PRIMARILY OF NON-GOVERNMENTAL PATIENT ACCOUNTS RECEIVABLE TRIHEALTH GRANTS CREDIT WITHOUT COLLATERAL TO ITS PATIENTS, MOST OF WHOM ARE INSURED UNDER THIRD-PARTY PAYOR AGREEMENTS THE PERCENTAGES OF GROSS PATIENT ACCOUNTS RECEIVABLE FROM PATIENTS AND THIRD-PARTY PAYORS AT JUNE 30 APPROXIMATED THE FOLLOWING 2013 - MEDICARE 19%, MEDICAID 3%, MANAGED CARE 22%, SELF PAY 23%, COMMERCIAL AND OTHER 33%2012 (UNAUDITED) - MEDICARE 17%, MEDICAID 4%, MANAGED CARE 22%, SELF PAY 22%, COMMERCIAL AND OTHER 35%TRIHEALTH 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 PATIENT SERVICE REVENUE IS REPORTED AT THE ESTIMATED NET REALIZABLE AMOUNTS FROM PATIENTS, THIRD-PARTY PAYORS AND OTHERS FOR SERVICES RENDERED, INCLUDING ESTIMATED RETROACTIVE ADJUSTMENTS DUE TO FUTURE AUDITS, REVIEW AND INVESTIGATIONS THE DIFFERENCES BETWEEN THE ESTIMATED AND ACTUAL ADJUSTMENTS ARE RECORDED AS PART OF NET PATIENT SERVICE REVENUE IN FUTURE PERIODS, AS THE AMOUNTS BECOME KNOWN, OR AS YEARS ARE NO LONGER SUBJECT TO SUCH AUDITS, REVIEWS AND INVESTIGATIONS TRIHEALTH RECOGNIZES A SIGNIFICANT AMOUNT OF PATIENT SERVICE REVENUE AT THE TIME THE SERVICES ARE RENDERED EVEN THOUGH IT DOES NOT ASSESS THE PATIENTS ABILITY TO PAY AS A RESULT, THE PROVISION FOR BAD DEBT IS PRESENTED AS A DEDUCTION FROM PATIENT SERVICE REVENUE NET OF CONTRACTUAL PROVISIONS AND DISCOUNTS AS FOR THE AMOUNT OF BAD DEBT THAT REASONABLY COULD BE ATTRIBUTABLE TO PATIENTS WHO LIKELY WOULD QUALIFY FOR FINANCIAL ASSISTANCE UNDER THE ORGANIZATION'S CHARITY CARE POLICY, THE GOOD SAMARITAN HOSPITAL OF CINCINNATI, OHIO DOES NOT REPORT ACTUAL BAD DEBT EXPENSE AS COMMUNITY BENEFIT IF UPON FURTHER RESEARCH, IT IS ULTIMATELY DETERMINED THAT A PORTION OF BAD DEBT EXPENSE IS ATTRIBUTABLE TO PATIENTS WHO WOULD LIKELY QUALIFY FOR FINANCIAL ASSISTANCE UNDER TRIHEALTH'S CHARITY CARE POLICY, THOSE COSTS WOULD BE RECLASSIFIED, AS APPROPRIATE, TO COMMUNITY BENEFIT AT THAT TIME PLEASE NOTE THAT BAD DEBT EXPENSE IS NOT DETERMINED UNTIL AFTER ALL DISCOUNTS AND ANY ASSOCIATED PAYMENTS ARE TAKEN INTO ACCOUNT IF ANY PAYMENTS ARE RECEIVED AFTER A PATIENT ACCOUNT IS DETERMINED TO BE BAD DEBT, THE ACCOUNT WILL BE ADJUSTED ACCORDINGLY AT THAT TIME
		PART III, LINE 8 THE GOOD SAMARITAN HOSPITAL OF CINCINNATI, OHIO USES THE "STEPDOWN METHODOLOGY" IN DETERMINING THE MEDICARE ALLOWABLE COSTS REPORTED ON THE MEDICARE COST REPORT THIS METHOD OF COST FINDING PROVIDES FOR THE ALLOCATION OF THE COST OF SERVICES RENDERED BY EACH GENERAL SERVICE COST CENTER TO OTHER COST CENTERS WHICH UTILIZE SUCH SERVICES ONCE THE COSTS OF A GENERAL SERVICE COST CENTER HAVE BEEN ALLOCATED, THAT COST CENTER IS CONSIDERED CLOSED ONCE CLOSED, IT DOES NOT RECEIVE ANY OF THE COSTS SUBSEQUENTLY ALLOCATED FROM THE REMAINING GENERAL SERVICE COST CENTERS THE GOOD SAMARITAN HOSPITAL OF CINCINNATI, OHIO DID NOT REPORT ANY MEDICARE SHORTFALL AS COMMUNITY BENEFIT IN PART III, LINE 7 OF THIS SCHEDULE

Identifier	ReturnReference	Explanation
		PART III, LINE 9B AS OF THE FILING OF THIS RETURN, THE GOOD SAMARITAN HOSPITAL OF CINCINNATI, OHIO, AS PART OF TRIHEALTH, INC , MAINTAINS A WRITTEN DEBT COLLECTION POLICY TRIHEALTH, INC , WHO PERFORMS THE BILLING SERVICES FOR ALL AFFILIATED HOSPITALS, WILL NOT INITIATE COLLECTION PRACTICES ON PATIENTS WHO ARE KNOWN TO QUALIFY FOR CHARITY CARE OR FINANCIAL ASSISTANCE BEFORE COLLECTION ACTIONS ARE TAKEN, TRIHEALTH, INC WILL MAKE REASONABLE EFFORTS, GENERALLY AS EARLIER IN THE BILLING PROCESS AS POSSIBLE, TO DETERMINE WHETHER A PATIENT IS ELIGIBLE FOR FINANCIAL ASSISTANCE AFTER SUCH EFFORTS HAVE BEEN MADE AND A BALANCE REMAINS THAT IS THE RESPONSIBILITY OF THE PATIENT OR GUARANTOR, TRIHEALTH, INC MAY PURSUE, IN ITS SOLE DISCRETION, WHATEVER ACTIONS IT MAY BE ENTITLED TO TAKE UNDER LAW
GOOD SAMARITAN HOSPITAL		PART V, SECTION B, LINE 7 OBESITY - GOOD SAMARITAN HOSPITAL WILL ADDRESS THIS NEED IS HAMILTON AND BUTLER COUNTIES, HOWEVER, IT WILL NOT, AT THIS TIME, ENTER INTO SPECIFIC PROGRAMS IN WARREN AND CLERMONT COUNTIES THESE COUNTIES HAVE POPULATIONS THAT ARE SIGNIFICANTLY SMALLER AND LESS DENSE THAN HAMILTON AND BUTLER COUNTIES, THEREBY PRESENTING ADDITIONAL CHALLENGES FOR AN EFFECTIVE AND COMPREHENSIVE STRATEGY LATINO - LOW INCOME - WITH CHRONIC HEALTH CONDITIONS - GOOD SAMARITAN HOSPITAL WILL NOT ADDRESS THIS NEED SPECIFICALLY AS ITS AFFILIATED HOSPITAL, BETHESDA HOSPITAL, INC , WHICH IS IN THE TRIHEALTH, INC SYSTEM AND THE FREE HEALTH CENTER, AN AFFILATED ORGANIZATION ALSO WITHIN THE TRIHEALTH, INC SYSTEM SERVE LOW INCOME LATINOS IN HAMILTON COUNTY AND HAVE TARGETED THIS NEED THE EXISTENCE OF AN ALTERNATIVE MEANS OF ADDRESSING THIS PARTICULAR NEED ALLOWS GOOD SAMARITAN HOSPITAL TO ALLOCATE RESOURCES TO ADDRESS OTHER SIGNIFICANT HEALTH NEEDS SUBSTANCE ABUSE/MENTAL HEALTH - THIS NEED WILL BE ADDRESSED BY GOOD SAMARITAN HOSPITAL THROUGH ITS GERIATRIC AND ADULT BEHAVIORAL HEALTH PATIENT UNITS IT WILL NOT ADDRESS MENTAL HEALTH NEEDS OTHERWISE AS THERE IS A COMPREHENSIVE OUTPATIENT PROGRAM FOR SUBSTANCE ABUSE ELSEWHERE IN THE TRIHEALTH, INC SYSTEM, TO WHICH GOOD SAMARITAN HOSPITAL BELONGS GOOD SAMARITAN HOSPITAL BELIEVES THAT IT CAN LEVERAGE THE TRIHEALTH NETWORK TO ASSIST IN ADDRESSING PORTIONS OF THIS SIGNIFICANT NEED, THEREBY PERMITTING IT TO ALLOCATE RESOURCES TO OTHER SIGNIFICANT NEEDS

Identifier	ReturnReference	Explanation
GOOD SAMARITAN HOSPITAL		PART V, SECTION B, LINE 12H SELECT CLINIC DISCOUNT - ELIGIBLE SERVICES RENDERED IN OR ORDERED BY PHYSICIANS AT SELECT CLINICS MAY BE DISCOUNTED IN AN AMOUNT NOT TO EXCEED 85% O/B CLINIC DISCOUNT - O/B CLINIC PATIENTS RECEIVING ELIGIBLE SERVICES WHO DO NOT QUALIFY FOR FREE CARE AND FOR WHOM THE CHARITY CARE DISCOUNT IS NOT SUFFICIENT MAY RECEIVE A DISCOUNTED FLAT FEE PRICE FOR SUCH SERVICES UNIQUE CIRCUMSTANCES ALLOWANCE - ALLOWANCES MAY BE GRANTED TO PATIENTS WITH UNIQUE CIRCUMSTANCES WHO DO NOT QUALIFY FOR ANY OTHER FINANCIAL ASSISTANCE
GOOD SAMARITAN HOSPITAL		PART V, SECTION B, LINE 14G GOOD SAMARITAN HOSPITAL DOES NOT PROVIDE A DETAILED COPY OF ITS FINANCIAL ASSISTANCE POLICY TO PATIENTS HOWEVER IT DOES PROVIDE A SUMMARY OF THE POLICY IN A MANNER LISTED IN LINES 13A-13E IN ADDITION, SUCH INFORMATION SHALL BE PROVIDED IN LANGUAGES CONSIDERED TO BE COMMONLY SPOKEN BY THE POPULATION GOOD SAMARITAN HOSPITAL SERVES IF TRANSLATION OR OTHER ASSISTANCE IS NEEDED TO FACILITATE COMPLETION AND/OR UNDERSTANDING OF THE FINANCIAL ASSISTANCE POLICY AND/OR APPLICATION TRANSLATION AND OTHER REASONABLE REQUESTS FOR ASSISTANCE WILL BE PROVIDED

Identifier	ReturnReference	Explanation
GOOD SAMARITAN HOSPITAL		PART V, SECTION B, LINE 20D THE GOOD SAMARITAN HOSPITAL OF CINCINNATI, OHIO ("GSH") ISSUES A BILLING STATEMENT TO ALL FAP ELIGIBLE INDIVIDUALS THAT STATES GROSS CHARGES FOR THE CARE RECEIVED AS THE STARTING POINT FOR APPLYING THE DISCOUNTS AND DEDUCTIONS THE FAP ELIGIBLE INDIVIDUAL IS ENTITLED TO UNDER ITS FAP, SUCH THAT THE AMOUNT THAT AN FAP ELIGIBLE INDIVIDUAL IS REQUIRED TO PAY IS (I) LESS THAN THE GROSS CHARGES FOR SUCH CARE, AND (II) TYPICALLY LESS THAN THE AMOUNTS GENERALLY BILLED TO PERSONS WITH INSURANCE CURRENTLY, AS PART OF THE TRIHEALTH SYSTEM, GSH PROVIDES FREE CARE TO PATIENTS WHOSE INCOME FALLS BELOW 100% OF THE FEDERAL POVERTY GUIDELINES IN ADDITION, IT PROVIDES DISCOUNTED CARE ON A SLIDING SCALE TO PATIENTS WITH INCOMES ALL THE WAY UP TO 400% OF THE FEDERAL POVERTY GUIDELINES ANY UNINSURED PATIENT THAT FILLS OUT A FINANCIAL ASSISTANCE FORM AUTOMATICALLY RECEIVES A 40% DISCOUNT REGARDLESS OF INCOME WHILE OTHER PATIENTS RECEIVE A 45% DISCOUNT (INCOME BETWEEN 300% AND 400% OF POVERTY GUIDELINES), 60% DISCOUNT (INCOME BETWEEN 200% AND 300% OF POVERTY GUIDELINES), OR AN 80% DISCOUNT (INCOME BETWEEN 100% AND 200% OF POVERTY GUIDELINES) THE CURRENT AVERAGE DISCOUNT WITH COMMERCIAL INSURANCE COMPANIES IS 63% SO VIRTUALLY ALL PATIENTS QUALIFYING FOR FINANCIAL ASSISTANCE WITH INCOME UP TO 300% OF THE POVERTY GUIDELINES ARE RECEIVING DISCOUNTS EQUAL TO OR GREATER THAN THE AVERAGE COMMERCIAL INSURANCE DISCOUNT IN ADDITION, GSH BELIEVES THE TRIHEALTH FINANCIAL ASSISTANCE POLICY IS GENEROUS AS MANY HOSPITALS DO NOT OFFER ANY FINANCIAL ASSISTANCE TO PATIENTS WITH INCOME OVER 300% OF THE POVERTY GUIDELINE HOWEVER, IT PREFERS TO EXTEND DISCOUNTS TO SUCH INDIVIDUALS RATHER THAN DENY THEM ELIGIBILITY UNDER THE POLICY SO THAT SUCH INDIVIDUALS RECEIVE SOME FINANCIAL ASSISTANCE RATHER THAN NONE
		PART VI, LINE 2 IN 1852, THE SISTERS OF CHARITY ESTABLISHED GOOD SAMARITAN HOSPITAL OF CINCINNATI, OHIO ("GSH") IN AN EFFORT TO ADDRESS THE NEEDS OF THE GROWING CITY OF CINCINNATI IN 1995, GSH & BETHESDA HOSPITAL, INC ("BETHESDA") FORMED A PARTNERSHIP TO CREATE A LOCAL HEALTH SYSTEM TRIHEALTH, INC ("TRIHEALTH") TRIHEALTH'S MISSION IS TO IMPROVE THE HEALTH STATUS OF THE COMMUNITY THROUGH A FULL RANGE OF HEALTH RELATED SERVICES (E G PREVENTION, WELLNESS & EDUCATION)THE SERVICES DESCRIBED BELOW, & OTHERS NOT LISTED, PROMOTE A HEALTHY COMMUNITY AND SEEK TO REDUCE THE BURDENS ON THE GOVERNMENT FOR EXAMPLE, IF GSH DID NOT ADDRESS THE ROOT CAUSES OF LOW BIRTH WEIGHT & PREMATURITY, THE BURDEN TO GOVERNMENT MEDICAL PROGRAMS SUCH AS MEDICAID WOULD BE EVEN GREATER GSH, AS PART OF TRIHEALTH, PARTICIPATED IN AND WAS A FUNDER OF THE WORK OF A COLLABORATIVE, REGIONAL EFFORT, THE A I M FOR BETTER HEALTH COMMUNITY HEALTH NEEDS ASSESSMENT (A I M) IN THE AREAS ASSESSED THE POPULATIONS SURVEYED WERE MORE OFTEN UNDERSERVED, INCLUDING THE UNINSURED, UNDERINSURED, LOW SOCIOECONOMIC STATUS, MINORITIES, AND OVER AGE SIXTY-FIVE, OR WITH A DIAGNOSIS OF MENTAL ILLNESS THE A I M , PUBLISHED IN THE SPRING OF 2012, WAS THE BASIS FOR THE DEVELOPMENT OF GSH' COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION PLAN THAT WAS APPROVED DURING FISCAL YEAR 2013 FREE & DISCOUNTED SERVICES ARE PROVIDED FOR THOSE UNABLE TO PAY & MEETING ELIGIBILITY CRITERIA THROUGH THE HOSPITAL CARE ASSURANCE PROGRAM (HCAP), GSH SERVES PATIENTS MEETING CRITERIA SET FORTH BY THE STATE OF OHIO GSH POLICY IS TO PROVIDE CHARITY CARE ON A SLIDING SCALE DISCOUNTING WHEN THE FAMILY INCOME IS UP TO 400 % OF THE ANNUALLY ESTABLISHED FEDERAL POVERTY GUIDELINE IT OFFERS AN UNINSURED DISCOUNT FOR MEDICALLY NECESSARY SERVICES FOR THOSE WHO HAVE NO INSURANCE & WHO DO NOT QUALIFY FOR OTHER FINANCIAL ASSISTANCE OPTIONS FINANCIAL COUNSELORS ASSIST PATIENTS IN COMPLETING THE FINANCIAL ASSISTANCE APPLICATION WHICH IS AVAILABLE ON TRIHEALTH'S WEBSITE & BROCHURES ABOUT FINANCIAL ASSISTANCE ARE VISIBLE & AVAILABLE IN HOSPITAL REGISTRATION & ADMITTING AREAS GSH FUNDS THE TRIHEALTH OUTREACH MINISTRIES & COMMUNITY HEALTH WORKER PROGRAMS THESE PROGRAMS PROVIDE, AT NO CHARGE, HOME VISITS TO LOW INCOME CLIENTS IN 9 NEIGHBORHOODS CLIENTS INCLUDE SENIORS & FRAIL ELDERLY IN THEIR HOMES OR IN CONGREGATE SUBSIDIZED HOUSING, THE MENTALLY & PHYSICALLY HANDICAPPED LIVING ALONE OR IN GROUP HOMES, & MOTHERS WHO ARE PREGNANT OR WHO HAVE RECENTLY DELIVERED A BABY REFERRALS COME FROM HOSPITAL CARE COORDINATORS, OTHER HOSPITALS & AGENCIES THE TEAM PROVIDES HEALTH SCREENINGS, EDUCATION ON MANAGING CHRONIC ILLNESSES, & CONNECTIONS TO ASSISTANCE HEALTHY WOMEN HEALTHY LIVES IS A PROGRAM BASED ON THE PREMISE THAT PREVENTION, EARLY DETECTION, TREATMENT & ACCESS TO HEALTH CARE SERVICES IMPROVE INDIVIDUAL & COMMUNITY HEALTH OUTCOMES THE FOCUS IS ON HEALTH RISKS ASSOCIATED WITH THE ONSET OF MENOPAUSE WELL ORGANIZED SCREENING & EDUCATION EVENTS BRING THE SERVICES TO AT RISK POPULATIONS OF AFRICAN AMERICAN, APPALACHIAN, HISPANIC, UNINSURED & UNDERINSURED WOMEN FORTY YEARS OF AGE OR OLDER SCREENING INCLUDES OSTEOPOROSIS, MAMMOGRAPHY, CHOLESTEROL, HYPERTENSION, & OBESITY EVERY WOMAN RECEIVES A NURSE CONSULTATION, A COPY OF THEIR RESULTS & A WRITTEN PRIMARY CARE REFERRAL WOMEN WITH ABNORMAL RESULTS ARE CONTACTED & ASSISTED IN ACCESSING PRIMARY CARE THIS PROGRAM SERVES AS AN ENTRY POINT TO HEALTH CARE SERVICES FOR MANY WOMEN IN THE COMMUNITY HAMILTON COUNTY'S INFANT MORTALITY RATE OF 19%, THE HIGHEST IN OHIO HAS LED GSH TO FOCUS ON MATERNAL & INFANT HEALTH PROGRAMS STRATEGIES INCLUDE INVESTIGATING THE ROOT CAUSES OF PREMATURITY & LOW BIRTH WEIGHT IN RESPONSE, GSH PROVIDES AND SUPPORTS A DIVERSITY OF PROGRAMS OF PRENATAL CARE FOR AT RISK MOTHERS PERINATAL CARE COORDINATION NURSES & SOCIAL WORKERS FROM GSH ASSIST MOTHERS IN THE GSH FACULTY MEDICAL CENTER AND TRIHEALTH MIDWIVES LOCATIONS THEY ALSO TRAVEL TO OUTSIDE CLINICS IN ORDER TO REACH OUT & HELP UNINSURED & UNDERINSURED MOTHERS ACCESS PUBLIC PROGRAMS, REFERRALS, EDUCATION, ASSESSMENT & RESOURCES THE B4 (BEFORE, BETWEEN, AND BEYOND PREGNANCY FOR YOUR BABY AND YOU) IS A PREMATURITY PREVENTION PROGRAM THAT PROVIDES INTERCONCEPTION HEALTH EDUCATION, TARGETED CASE MANAGEMENT, AND SUPPORT TO MOTHERS WHOSE INFANTS ARE BORN AT LESS THAN 32 COMPLETED WEEKS OF GESTATION AND RECEIVE CARE IN GSHS NICU THE GOAL OF THE PROGRAM IS TO PROMOTE A CONTINUUM OF WELLNESS CARE FOR WOMEN IN ORDER TO IMPROVE THEIR OWN HEALTH AND REDUCE THEIR RISK FOR RECURRING POOR BIRTH OUTCOMES, INCLUDING PREMATURITY AND NEONATAL MORTALITY ALSO, IN COLLABORATION WITH WINTON HILLS HEALTH CENTER, GSH FUNDS THE SALARIES OF AN OB/GYN PHYSICIAN AND A NURSE MIDWIFE AT THE CENTER AND ITS SATELLITE EXTENSION THIS AFFORDS HEALTH CARE ACCESS TO WOMEN IN THE AREA SURROUNDING THE CENTER GSH CONTINUES A COMMITMENT TO EDUCATING THE NEXT GENERATION OF HEALTH CARE PROVIDERS, PHYSICIANS & ALLIED HEALTH PROFESSIONALS GSH, AS PART OF TRIHEALTH, INC , SPONSORS MEDICAL RESIDENCIES THERE WERE 26 RESIDENTS IN INTERNAL MEDICINE & 21 GENERAL SURGERY RESIDENTS AT GSH IN FISCAL YEAR 2013 5 RESIDENTS/FELLOWS IN VASCULAR SURGERY RECEIVED EXTENDED LEARNING & PREPARATION AT GSH 32 TOTAL RESIDENTS IN OBSTETRICS & GYNECOLOGY LEARNED IN A JOINT RESIDENCY AT BOTH BETHESDA & GSH IN THE GSH FACULTY MEDICAL CENTER ("FMC"), A MULTI-SPECIALTY CENTER, MEDICAL RESIDENTS PROVIDE CARE TO PATIENTS UNDER THE GUIDANCE OF ATTENDING PHYSICIANS FMC SERVICES INCLUDE OBSTETRICS & GYNECOLOGY, INTERNAL MEDICINE, VASCULAR & GENERAL SURGERY, DYSPLASIA, HIGH-RISK PREGNANCY, URO-GYNECOLOGY & GASTRO-INTESTINAL THE FMC PHARMACIST HELPS ELIGIBLE CLIENTS COMPLETE THE MEDICATION ASSISTANCE PROGRAMS APPLICATIONS THE GSH ON-SITE PHARMACY PROVIDES PRESCRIPTIONS FOR THOSE IN NEED, AT REDUCED OR NO COST GSH FUNDS THE SALARIES OF STAFF SUPPORTING THE CLIENTS AND PHYSICIANS OF THE FACULTY MEDICAL CENTER THIS STAFF INCLUDES CARE COORDINATORS, SOCIAL WORKERS, DIETITIANS, PHARMACISTS, AND FINANCIAL COUNSELORS GSH COLLABORATES WITH LOCAL & REGIONAL COLLEGES, UNIVERSITIES & TRAINING CENTERS TO PROVIDE MENTORING, INTERNSHIPS, CLERKSHIPS, SUPERVISED EDUCATION & CLINICAL ROTATIONS TO STUDENTS IN HEALTH FIELDS THESE PARTNERSHIPS HELP STUDENTS LEARN ABOUT & PREPARE FOR PROFESSIONS IN NURSE PRACTITIONER, RESPIRATORY THERAPY, RADIOLOGY TECHNOLOGY, STERILE PROCESSING, PHLEBOTOMY, MEDICAL LABORATORY, CLINICAL DIETETICS, PHARMACY, SPEECH, AUDIOLOGY, PHYSICAL THERAPY, OCCUPATIONAL THERAPY, NURSE MIDWIFERY, & NEONATAL NURSE PRACTITIONER PASTORAL CARE OFFERS A CLINICAL PASTORAL EDUCATION PROGRAM EDUCATING CLERGY & OTHERS IN PASTORAL SKILLS TO MINISTER EFFECTIVELY TO THE SICK & THE DYING GSH'S RESEARCH PROGRAM MANAGES BASIC & APPLIED SCIENTIFIC STUDIES & SPONSORED CLINICAL TRIALS IT ALSO SUPPORTS THE EDUCATION ACTIVITIES OF STAFF PHYSICIANS & SURGEONS, TEACHING FACULTY, RESIDENTS, & ALLIED HEALTH PROFESSIONALS WHAT IS LEARNED THROUGH THE RESEARCH & EDUCATION PROGRAMS IS SHARED WITH THE LARGER COMMUNITY THE RESEARCH PROGRAM HELPS RESEARCHERS GIVE PROFESSIONAL PRESENTATIONS AT REGIONAL & NATIONAL MEETINGS AS HAVE STUDIES & ARTICLES PUBLISHED IN PEER-REVIEWED MEDICAL JOURNALS THROUGH THESE PROGRAMS, GSH CONTINUES ITS SPECIAL CONCERN FOR THE VULNERABLE EMPLOYEES, PHYSICIANS & LEADERS PROVIDING & GUIDING THESE PROGRAMS FOR COMMUNITY HEALTH ARE LIVING THE CORE VALUES OF STEWARDSHIP & RESPONSE TO COMMUNITY NEEDS

Identifier	ReturnReference	Explanation
		PART VI, LINE 3 TRIHEALTH, INC ("TRIHEALTH") PERFORMS THE BILLING SERVICES FOR ALL AFFILIATED HOSPITALS INCLUDING THE GOOD SAMARITAN HOSPITAL OF CINCINNATI, OHIO BROCHURES/APPLICATIONS, PROVIDED IN MULTIPLE LANGUAGES, ARE VISIBLE AND AVAILABLE IN THE REGISTRATION AND ADMITTING AREAS OF ALL TRIHEALTH AFFILIATED HOSPITALS IN ADDITION, THE APPLICATION IS PRINTED ON THE REVERSE SIDE OF A PATIENT'S BILL WITH INSTRUCTIONS ON HOW TO COMPLETE THE APPLICATION AS WELL AS HOW TO RETURN IT FINANCIAL COUNSELORS ASSIST PATIENTS IN COMPLETING THE FINANCIAL ASSISTANCE APPLICATION FINALLY, TRIHEALTH INC 'S WEBSITE CONTAINS INFORMATION REGARDING ITS CHARITY CARE AND FINANCIAL ASSISTANCE PROGRAMS WITH DIRECTIONS ON HOW TO CONTACT THE APPROPRIATE PERSONNEL TO INITIATE AN APPLICATION OR ASK QUESTIONS ABOUT THE PROCESS
		PART VI, LINE 4 LOCATED IN CINCINNATI, OHIO, GOOD SAMARITAN HOSPITAL OF CINCINNATI, OHIO AND THE TRIHEALTH SYSTEM SERVE HAMILTON, BUTLER, WARREN AND CLERMONT COUNTIES, AS WELL AS PERSONS FROM INDIANA AND KENTUCKY OHIO'S THIRD LARGEST CITY, CINCINNATI HAS AN ESTIMATED POPULATION OF 300,000 THE POPULATION WITHIN THE FOUR OHIO COUNTIES SERVED BY TRIHEALTH IS ESTIMATED TO BE 1,600,000 AND 11% PERCENT OF THIS POPULATION IS UNINSURED THE GEOGRAPHIC AREA SERVED BY THE GOOD SAMARITAN HOSPITAL OF CINCINNATI, OHIO IS PREDOMINANTLY URBAN WITH A LARGE SEGMENT OF ITS PATIENTS UNINSURED, UNDERINSURED OR MEDICAID RECIPIENTS

Identifier	ReturnReference	Explanation
		PART VI, LINE 5 THE ONGOING PURPOSE OF THE GOOD SAMARITAN HOSPITAL OF CINCINNATI, OHIO ("GSH") IS TO PROVIDE CARE WITH COMPASSION ITS MISSION IS TO IMPROVE THE HEALTH STATUS OF THE COMMUNITY THROUGH HEALTH RELATED SERVICES--PREVENTION, WELLNESS AND EDUCATION ITS BOARD OF DIRECTORS IS COMPRISED OF INDEPENDENT COMMUNITY REPRESENTATIVES GSH IS AN ACUTE TERTIARY TEACHING HOSPITAL AS PART OF TRIHEALTH A SYSTEM OF SERVICES SPANNING ACUTE CARE TO HOME CARE, BABIES TO SENIORS IT PROVIDES A 24-HOUR EMERGENCY ROOM, FOUR INTENSIVE CARE UNITS FOR NEONATES AND ADULTS, ADULT AND GERIATRIC INPATIENT PSYCHIATRIC CARE, AND AN ACCREDITED REHABILITATION MEDICINE PROGRAM SERVICES ARE OPEN TO ALL INDIVIDUALS REGARDLESS OF ABILITY TO PAY GSH HAS AN OPEN MEDICAL STAFF AND A HISTORY OF TRAINING AND EDUCATING MEDICAL RESIDENTS AND HEALTH CARE PROFESSIONALS ITS MEDICAL AND SCIENTIFIC RESEARCH PROGRAMS INCLUDE STUDIES THAT ARE NOT COMMERCIALLY SPONSORED GSH PARTICIPATES IN MEDICARE AND MEDICAID AND OTHER GOVERNMENT-SPONSORED HEALTH CARE PROGRAMS, AND HAS AN ACTIVE CHARITY CARE PROGRAM SEE RESPONSE TO PART VI, LINE 2 FOR ADDITIONAL INFORMATION
		PART VI, LINE 6 IN 1995, THE GOOD SAMARITAN HOSPITAL OF CINCINNATI, OHIO AND BETHESDA HOSPITAL, INC FORMED A PARTNERSHIP CALLED TRIHEALTH, INC TO CREATE AN INTEGRATED HEALTH DELIVERY SYSTEM WHOSE MISSION IS TO IMPROVE THE HEALTH OF THE PEOPLE THEY SERVE, WITH AN EMPHASIS ON PREVENTION, WELLNESS AND EDUCATION TRIHEALTH, INC 'S SITES INCLUDE TWO HOSPITAL LOCATIONS AND VARIOUS PHYSICIAN OFFICE BUILDINGS THROUGHOUT THE GREATER CINCINNATI AREA IN ADDITION TO FITNESS, REHABILITATION, OCCUPATIONAL HEALTH, PALLIATIVE CARE SERVICES AND OUTPATIENT CENTERS IT ALSO PROVIDES SERVICES IN HOMES AND WORKPLACES AND DELIVERS CARE AND EDUCATION COOPERATIVELY THROUGH COMMUNITY-BASED ORGANIZATIONS, SUCH AS CHURCHES, SCHOOLS, CLINICS AND SOCIAL AGENCIES

Additional Data

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

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

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

How many non-hospital health care facilities did the organization operate during the tax year?
10

Name and address	Type of Facility (describe)
GOOD SAMARITAN MEDICAL CENTER 6949 GOOD SAMARITAN DRIVE CINCINNATI,OH 45247	EMERGENCY DEPARTMENT/OUTPATIENT SERVICES
GOOD SAMARITAN PHYSICAL THERAPY 8748 UNION CENTRE DRIVE WEST CHESTER,OH 45069	EMERGENCY DEPARTMENT/OUTPATIENT SERVICES
GOOD SAMARITAN HOSPITAL OUTPATIENT CTR 6350 GLENWAY AVENUE CINCINNATI,OH 45211	EMERGENCY DEPARTMENT/OUTPATIENT SERVICES
GOOD SAMARITAN HOSPITAL WEIGHT MGMT CTR 3219 CLIFTON AVENUE SUITE 225 CINCINNATI,OH 45220	EMERGENCY DEPARTMENT/OUTPATIENT SERVICES
GOOD SAMARITAN HOSPITAL WOMEN'S CENTER 3219 CLIFTON AVENUE SUITE 100 CINCINNATI,OH 45220	EMERGENCY DEPARTMENT/OUTPATIENT SERVICES
TRIHEALTH OUTPATIENT CENTER 7777 BEECHMONT AVE CINCINNATI,OH 45255	EMERGENCY DEPARTMENT/OUTPATIENT SERVICES
TRIHEALTH INFUSION CENTER - EASTGATE 4452 EASTGATE BLVD STE 107 CINCINNATI,OH 45245	EMERGENCY DEPARTMENT/OUTPATIENT SERVICES
TRIHEALTH INFUSION CENTER - WESTSIDE 5520 CHEVIOT RD SUITE A CINCINNATI,OH 45247	EMERGENCY DEPARTMENT/OUTPATIENT SERVICES
TRIHEALTH INFUSION CENTER - NORTH 10550 MONTGOMERY RD STE 22 CINCINNATI,OH 45242	EMERGENCY DEPARTMENT/OUTPATIENT SERVICES
TRIHEALTH SLEEP MEDICINE 6350 GLENWAY AVENUE CINCINNATI,OH 45211	EMERGENCY DEPARTMENT/OUTPATIENT SERVICES

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
THE GOOD SAMARITAN HOSPITAL OF CINCINNATI OHIO

Employer identification number
31-0537486

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) HEALTHY BEGINNINGS INC 47 E HOLLISTER STE 201 CINCINNATI,OH 45219	31-1380939	501(C)(3)	75,000				SUPPORT FUNDING
(2) HEALTHY MOM AND BABIES INC 2270 BANNING ROAD CINCINNATI,OH 45239	31-1155292	501(C)(3)	100,000				CHARITY CARE
(3) DEPAUL CRISTO REY CATHOLIC HIGH SCHOOL 1133 CLIFTON HILLS AVE CINCINNATI,OH 45220		501(C)(3)	5,500				SPONSORSHIP
(4) UPTOWN CONSORTIUM INC 629 OAK STREET SUITE 306 CINCINNATI,OH 45206	20-0688727	501(C)(3)	147,900				GENERAL PURPOSE
(5) THE HEALTH COLLABORATIVE 2649 ERIE AVENUE 2ND FLOOR CINCINNATI,OH 45208	31-1449807	501(C)(3)	21,675				GENERAL PURPOSE
(6) CENTER FOR RESPITE CARE INC PO BOX 141301 CINCINNATI,OH 45229	20-2544994	501(C)(3)	25,500				GENERAL PURPOSE
(7) GOOD SAMARITAN HOSPITAL FOUNDATION OF CINCINNATI INC 619 OAK STREET CINCINNATI,OH 45206	31-1206047	501(C)(3)	6,120				SPONSORSHIP
(8) AMERICAN HEART ASSOCIATION 7272 GREENVILLE AVE DALLAS,TX 75231	13-5613797	501(C)(3)	51,000				SPONSORSHIP
(9) BETHESDA FOUNDATION INC 619 OAK STREET CINCINNATI,OH 45206	23-7374129	501(C)(3)	29,070				SPONSORSHIP

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 9

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

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. Part III can be duplicated if additional space is needed.

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

Part IV **Supplemental Information.**

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

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

Additional Data Return to Form

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

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEALTHY BEGINNINGS INC 47 E HOLLISTER STE 201 CINCINNATI,OH 45219	31-1380939	501(C)(3)	75,000				SUPPORT FUNDING
HEALTHY MOM AND BABIES INC2270 BANNING ROAD CINCINNATI,OH 45239	31-1155292	501(C)(3)	100,000				CHARITY CARE

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DEPAUL CRISTO REY CATHOLIC HIGH SCHOOL 1133 CLIFTON HILLS AVE CINCINNATI,OH 45220		501(C)(3)	5,500				SPONSORSHIP
UPTOWN CONSORTIUM INC629 OAK STREET SUITE 306 CINCINNATI,OH 45206	20-0688727	501(C)(3)	147,900				GENERAL PURPOSE

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE HEALTH COLLABORATIVE2649 ERIE AVENUE 2ND FLOOR CINCINNATI,OH 45208	31-1449807	501(C)(3)	21,675				GENERAL PURPOSE
CENTER FOR RESPITE CARE INCPO BOX 141301 CINCINNATI,OH 45229	20-2544994	501(C)(3)	25,500				GENERAL PURPOSE

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
GOOD SAMARITAN HOSPITAL FOUNDATION OF CINCINNATI INC619 OAK STREET CINCINNATI,OH 45206	31-1206047	501(C)(3)	6,120				SPONSORSHIP
AMERICAN HEART ASSOCIATION7272 GREENVILLE AVE DALLAS,TX 75231	13-5613797	501(C)(3)	51,000				SPONSORSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BETHESDA FOUNDATION INC619 OAK STREET CINCINNATI,OH 45206	23-7374129	501(C)(3)	29,070				SPONSORSHIP

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
THE GOOD SAMARITAN HOSPITAL OF CINCINNATI OHIO

Employer identification number
31-0537486

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

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

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

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
	PART I, LINE 4B	PART I, LINE 4B - NON-QUALIFIED DEFERRED COMPENSATION PLAN ELIGIBLE EXECUTIVES (GENERALLY VICE PRESIDENTS AND ABOVE) PARTICIPATE IN A PROGRAM THAT PROVIDES FOR SUPPLEMENTAL RETIREMENT BENEFITS THE PAYMENT OF BENEFITS UNDER THE PROGRAM, IF ANY, IS ENTIRELY DEPENDENT UPON THE FACTS AND CIRCUMSTANCES UNDER WHICH THE EXECUTIVE TERMINATES EMPLOYMENT WITH THE ORGANIZATION BENEFITS UNDER THE PROGRAM ARE UNFUNDED AND NON-VESTED DUE TO THE SUBSTANTIAL RISK OF FORFEITURE PROVISION, THERE IS NO GUARANTEE THAT THESE EXECUTIVES WILL EVER RECEIVE ANY BENEFIT UNDER THE PROGRAM ANY AMOUNT ULTIMATELY PAID UNDER THE PROGRAM TO THE EXECUTIVE IS REPORTED AS COMPENSATION ON FORM 990, SCHEDULE J, PART II, COLUMN B IN THE YEAR PAID TRIHEALTH, INC , THE RELATED ORGANIZATION THAT PAID THE SALARIES OF THE FOLLOWING INDIVIDUALS LISTED IN SCHEDULE J, PART II, CONTRIBUTED, ON BEHALF OF THE FOLLOWING INDIVIDUALS, TO A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN IN THE AMOUNTS AS NOTED JOHN PROUT - $270,273 DONNA NIENABER, ESQ - $80,229 CRAIG RUCKER - $90,400 MICHAEL CROFTON - $19,219 GERALD OLIPHANT - $94,160 DAVE DORNHEGGEN - $48,639 WILLIAM GRONEMAN - $91,107 GEORGES FEGHALI, MD - $101,398 JOHN ROBINSON, MD - $33,755 IN ADDITION, THE FOLLOWING INDIVIDUALS LISTED IN SCHEDULE J, PART II, RECEIVED A PAYMENT FROM A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN WHICH WAS TREATED AS TAXABLE COMPENSATION BY THEIR RESPECTIVE EMPLOYERS JOHN PROUT - $623,396 WILLIAM GRONEMAN - $18,369
	PART I, LINE 7	PART I, LINE 7 A PHYSICIAN HAS A BASE SALARY BUT IS ALSO ELIGIBLE FOR A BONUS THE BONUS IS CONTINGENT ON THE PROFITABILITY OF HIS OR HER PRACTICE ESSENTIALLY, THE PROFITABILITY OF HIS OR HER PRACTICE GETS PAID TO THE PHYSICIAN AS A BONUS UP TO A MAXIMUM OF $100,000
SUPPLEMENTAL INFORMATION	PART III	PART I, LINE 3 - METHODS USED TO ESTABLISH CEO COMPENSATION TRIHEALTH, INC , A RELATED ORGANIZATION OF THE GOOD SAMARITAN HOSPITAL OF CINCINNATI, OHIO, WHO PAID THE INDIVIDUAL, USES THE FOLLOWING TO ESTABLISH THE COMPENSATION OF THE FILING ORGANIZATION'S CEO/EXECUTIVE DIRECTOR * COMPENSATION COMMITTEE, * INDEPENDENT COMPENSATION CONSULTANT, * COMPENSATION SURVEY OR STUDY, AND * APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE PART I, LINE 4A - SEVERANCE PAYMENTS THE REPORTABLE INDIVIDUALS OF THE GOOD SAMARITAN HOSPITAL OF CINCINNATI, OHIO ARE PAID BY TRIHEALTH, INC , A RELATED ORGANIZATION, RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS EXEMPT FROM FEDERAL INCOME TAX UNDER INTERNAL REVENUE CODE SECTION 501(A) AS AN ORGANIZATION DESCRIBED IN INTERNAL REVENUE CODE SECTION 501(C)(3) THESE INDIVIDUALS DO NOT HAVE EMPLOYMENT AGREEMENTS SO NO SPECIAL ARRANGEMENTS EXIST BEYOND TRIHEALTH, INC 'S STANDARD EMPLOYEE SEVERANCE PACKAGE GENERAL SEVERANCE PAY IS BASED ON LENGTH OF SERVICE IN ADDITION, NOTICE PAY, IF APPLICABLE UNDER TRIHEALTH, INC POLICY, MAY BE ADDED TO THE SEVERANCE PACKAGE AND THE AMOUNT OF NOTICE PAY WILL BE DETERMINED BY HUMAN RESOURCES IN ACCORDANCE WITH TRIHEALTH, INC POLICY PAYMENTS OF SEVERANCE ARE CONDITIONED UPON SIGNING A SEPARATION AND RELEASE AGREEMENT NO REPORTABLE INDIVIDUALS RECEIVED SEVERANCE PAYMENTS FROM TRIHEALTH, INC DURING THE 2012 CALENDAR YEAR

Additional Data

Return to Form

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
JOHN PROUT	(I)	0	0	0	0	0	0	0
	(II)	897,189	440,000	654,732	322,151	9,262	2,323,334	623,396
PAUL EDGETT III	(I)	0	0	0	0	0	0	0
	(II)	440,982	214,258	79,137	64,715	21,785	820,877	57,444
STEPHEN BLATT MD	(I)	0	0	45,000	0	0	45,000	0
	(II)	123,837	0	0	20,252	0	144,089	0
DONNA NIENABER ESQ	(I)	0	0	0	0	0	0	0
	(II)	317,613	179,465	43,621	148,484	16,298	705,481	0
CRAIG RUCKER	(I)	0	0	0	0	0	0	0
	(II)	428,317	166,025	24,639	132,778	10,700	762,459	0
WILLIAM GRONEMAN	(I)	0	0	0	0	0	0	0
	(II)	372,208	147,256	59,177	152,964	25,593	757,198	18,369
GERALD OLIPHANT	(I)	0	0	0	0	0	0	0
	(II)	461,201	180,472	18,869	115,686	23,761	799,989	0
GEORGES FEGHALI MD	(I)	0	0	0	0	0	0	0
	(II)	378,527	268,943	16,824	159,727	21,734	845,755	0
JOHN ROBINSON MD	(I)	0	0	0	0	0	0	0
	(II)	270,570	71,915	11,389	59,119	25,074	438,067	0
JAMIE EASTERLING	(I)	0	0	0	0	0	0	0
	(II)	119,141	29,205	4,828	13,826	16,749	183,749	0
DAVE DORNHEGGEN	(I)	0	0	0	0	0	0	0
	(II)	275,632	100,029	20,434	105,199	15,169	516,463	0
DAVID DHANRAJ MD	(I)	324,786	0	558	38,151	20,197	383,692	0
	(II)	0	0	0	0	0	0	0
ROBERT ROHS MD	(I)	239,990	80,585	3,405	39,300	588	363,868	0
	(II)	0	0	0	0	0	0	0
MICHAEL HOLBERT MD	(I)	248,724	0	594	38,146	466	287,930	0
	(II)	0	0	0	0	0	0	0
DAVID NAMASKY MD	(I)	243,933	0	317	13,479	16,065	273,794	0
	(II)	0	0	0	0	0	0	0
AMY MARCOTTE MD	(I)	243,557	0	317	14,362	501	258,737	0
	(II)	0	0	0	0	0	0	0
MICHAEL CROFTON	(I)	0	0	0	0	0	0	0
	(II)	214,926	53,626	31,524	57,136	22,311	379,523	0

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
THE GOOD SAMARITAN HOSPITAL OF CINCINNATI OHIO

Employer identification number
31-0537486

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

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 2	THE OFFICERS, DIRECTORS AND TRUSTEES OF THE GOOD SAMARITAN HOSPITAL OF CINCINNATI, OHIO LISTED IN PART VII, SECTION A HAVE A "BUSINESS RELATIONSHIP" WITH EACH OTHER BY VIRTUE OF SITTING ON THE BOARDS OF BETHESDA HOSPITAL, INC , TRIHEALTH, INC AND TRIHEALTH HOSPITAL, INC , ALL RELATED/AFFILIATED ENTITIES WAYNE SHIRCLIFF, STUART DONOVAN, MD, ROBERT L WALKER, MICHAEL HAVERKAMP, CRAIG EISENTROUT, MD AND MYRTIS POWELL HAVE A "BUSINESS RELATIONSHIP" WITH EACH OTHER BY VIRTUE OF SITTING ON THE BOARD OF BETHESDA, INC , THE SINGLE CORPORATE MEMBER OF BETHESDA HOSPITAL, INC , AN AFFILIATED ENTITY JOHN PROUT AND MYRTIS POWELL HAVE A "BUSINESS RELATIONSHIP" WITH EACH OTHER BY VIRTUE OF SITTING ON THE BOARD OF THE GOOD SAMARITAN COLLEGE OF NURSING AND HEALTH SCIENCE, A RELATED ENTITY JOHN PROUT, DONNA NIENABER, ESQ , CRAIG RUCKER, WILLIAM GRONEMAN, GERALD OLIPHANT, GEORGES FEGHALI, MD, STUART DONOVAN, MD, STEPHEN BLATT, MD, JOHN ROBINSON, MD, JAMIE EASTERLING AND DAVE DORNHEGGEN HAVE A "BUSINESS RELATIONSHIP" WITH EACH OTHER BY VIRTUE OF SITTING ON RELATED ENTITY BOARDS OF TRIHEALTH, INC AND ITS SUBSIDIARIES AND AFFILIATES AS WELL AS BEING EMPLOYED BY TRIHEALTH, INC OR ITS AFFILIATES/SUBSIDIARIES SR SALLY DUFFY AND MICHAEL MCGRAW HAVE A "BUSINESS RELATIONSHIP" WITH EACH OTHER VIA AN UNRELATED TAX-EXEMPT ORGANIZATION

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

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

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

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

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

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

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

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 9	CHANGE PENSION PLAN/SERP FUNDED STATUS 16,170,927 TRANSFER TO CHI CAPITAL RESOURCE POOL -8,187,624 LOSS ON UNCONSOLIDATED ORGANIZATIONS -26,623,963 MISCELLANEOUS ADJUSTMENT -187,490

Identifier	Return Reference	Explanation
VOLUNTEER INFORMATION	FORM 990, PART I, LINE 6	DURING THE TAX YEAR, THE GOOD SAMARITAN HOSPITAL OF CINCINNATI, OHIO WAS ASSISTED BY 1,550 VOLUNTEERS WHO DONATED OVER 144,100 HOURS

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

Identifier	Return Reference	Explanation
AVERAGE HOURS PER WEEK	FORM 990, PART VII, SECTION A	THE OFFICERS AND DIRECTORS FOR THE GOOD SAMARITAN HOSPITAL OF CINCINNATI, OHIO THAT SHOW AT LEAST 60 HOURS PER WEEK PROVIDE SERVICES TO TRIHEALTH, INC (A RELATED ORGANIZATION WHO PAID THE INDIVIDUALS) AND ITS SUBSIDIARIES/AFFILIATES (''TRIHEALTH'') AS AN ENTIRE SYSTEM HOURS WORKED, INCLUDING THEIR DUTIES AS OFFICERS AND DIRECTORS OF THE FILING ORGANIZATION, ARE NOT TRACKED ON AN ENTITY BY ENTITY BASIS, THUS THE AVERAGE HOURS PER WEEK DISCLOSED ARE ESTIMATES TO SHOW THAT THE TIME SPENT BY THESE INDIVIDUALS RELATE TO THEM FULFILLING THEIR DUTIES AS FULL-TIME, 60 HOURS-PER-WEEK EMPLOYEES OF TRIHEALTH VERSUS THEIR DUTIES AS OFFICERS AND DIRECTORS OF THE FILING ORGANIZATION IN ADDITION, THE COMPENSATION REPORTED ON FORM 990, PART VII WAS PAID TO THESE INDIVIDUALS IN FULFILLMENT OF THEIR DUTIES AS EMPLOYEES OF TRIHEALTH DIRECTORS (AS NOTED WITH A ''MED STAFF PRES'' REFERENCE) FOR THE GOOD SAMARITAN HOSPITAL OF CINCINNATI, OHIO SERVE ON THE BOARD IN THEIR CAPACITY AS MEDICAL STAFF PRESIDENT FOR EITHER BETHESDA HOSPITAL, INC OR THE GOOD SAMARITAN HOSPITAL OF CINCINNATI, OHIO COMPENSATION SHOWN OF $45,000 IS FOR HIS/HER DUTIES AS MEDICAL STAFF PRESIDENT OF THE RESPECTIVE HOSPITAL AND NOT FOR SERVING AS A DIRECTOR IN ADDITION, THESE INDIVIDUALS SERVE AS FACULTY AT THE GOOD SAMARITAN HOSPITAL OF CINCINNATI, OHIO REMAINING COMPENSATION SHOWN IS FOR THOSE DUTIES AND NOT FOR SERVING AS A DIRECTOR

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

Identifier	Return Reference	Explanation
EVALUATION OF PARTICIPATION IN JOINT VENTURE AGREEMENTS	FORM 990, PART VI, LINE 16B	THE GOOD SAMARITAN HOSPITAL OF CINCINNATI, OHIO HAS NOT FORMALLY ADOPTED A WRITTEN POLICY OR PROCEDURE REGARDING JOINT VENTURES HOWEVER, CATHOLIC HEALTH INITIATIVES, A RELATED ORGANIZATION, HAS A SYSTEM-WIDE JOINT VENTURE MODEL OPERATING AGREEMENT WHICH INCORPORATES CONTROLS OVER THE VENTURE SUFFICIENT TO ENSURE THAT (1) THE EXEMPT ORGANIZATION AT ALL TIMES RETAINS CONTROL OVER THE VENTURE SUFFICIENT TO ENSURE THAT THE PARTNERSHIP FURTHERS THE EXEMPT PURPOSE OF THE ORGANIZATION, (2) IN ANY PARTNERSHIP IN WHICH THE EXEMPT ORGANIZATION IS A PARTNER, ACHIEVEMENT OF EXEMPT PURPOSES IS PRIORITIZED OVER MAXIMIZATION OF PROFITS FOR THE PARTNERS, (3) THE PARTNERSHIP DOES NOT ENGAGE IN ANY ACTIVITIES THAT WOULD JEOPARDIZE THE EXEMPT ORGANIZATION'S EXEMPTION, (4) RETURNS OF CAPITAL, ALLOCATIONS, AND DISTRIBUTIONS MUST BE MADE IN PROPORTION TO THE PARTNERS' RESPECTIVE OWNERSHIP INTERESTS, AND (5) ALL CONTRACTS ENTERED INTO BY THE PARTNERSHIP WITH THE EXEMPT ORGANIZATION MUST BE AT ARM'S-LENGTH, WITH PRICES SET AT FAIR MARKET VALUE ANY JOINT VENTURE AGREEMENTS THAT DO NOT CONFORM TO THE MODEL AGREEMENT ARE GENERALLY REVIEWED BY COUNSEL

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
THE GOOD SAMARITAN HOSPITAL OF CINCINNATI OHIO

Employer identification number
31-0537486

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
See Additional Data Table									

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

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity	1a	Yes	
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q		No
r Other transfer of cash or property to related organization(s)	1r	Yes	
s Other transfer of cash or property from related organization(s)	1s	Yes	

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

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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) 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)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

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

Part VII Supplemental Information

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

Identifier	Return Reference	Explanation

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount on Box 20 of K-1	(j) General or Managing Partner? Yes	(j) No	(k) Percentage ownership
AUDUBON LAND COMPANY LLC 5390 N ACADEMY BLVD SUITE 300 COLORADO SPRINGS, CO 80918 84-1513085	REAL ESTATE	CO	N/A									
AVANTAS LLC 11128 JOHN GALT BLVD ST 400 OMAHA, NE 68137 39-2045003	HEALTHCARE	NE	N/A									
BERYWOOD OFFICE PROPERTIES LLC 400 BERYWOOD TRAIL CLEVELAND, TN 37312 62-1875199	PHYS OFFICE	TN	N/A									
BLUEGRASS REGIONAL IMAGING CENTER 1218 SOUTH BROADWAY SUITE 310 LEXINGTON, KY 40504 61-1386736	DIAGNOSTIC	KY	N/A									
CENTRAL NEBRASKA HOME CARE SERVICES PO BOX 1146-4510 SECOND AVENUE KEARNEY, NE 68848 47-0692112	HEALTHCARE SRVC	NE	N/A									
CENTRAL NEBRASKA REHAB SERVICES 3004 W FAIDLEY AVE GRAND ISLAND, NE 68802 81-0653461	PHYSICAL THERAPY	NE	N/A									
CHI OPERATING INVESTMENT PROGRAM LP 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 47-0727942	INVESTMENTS	CO	CHI	INVESTMENT	27,064,101	341,866,208		No	-2,433		No	6 230 %
HEALTHCARE SUPPORT SERVICES LLC PO BOX 9804 GRAND ISLAND, NE 68802 72-1546196	LAUNDRY	NE	N/A									
MRI AT ST JOSEPH MEDICAL CENTER LLC 7253 AMBASSADOR ROAD BALTIMORE, MD 21244 52-1958002	MEDICAL IMAGING	MD	N/A									
NORTH RIVER SURGERY CENTER LLC 2209 WILDWOOD AVENUE SHERWOOD, AR 72120 71-0799771	AMBUL SURG CTR	AR	N/A									
O'DEA MEDICAL ARTS LIMITED PARTNERSHIP 7601 OSLER DRIVE TOWSON, MD 21204 52-1682964	REAL ESTATE	MD	N/A									
ORTHOCOLORADO LLC 11650 WEST 2ND PLACE LAKEWOOD, CO 80255 37-1577105	ORTHO HOSPITAL	CO	N/A									
PENINSULA RADIATION ONCOLOGY 314 MARTIN LUTHER KING JR WAY 111 TACOMA, WA 98405 87-0808610	HEALTHCARE SRVC	WA	N/A									
PENRAD IMAGING 1390 KELLY JOHNSON BLVD COLORADO SPRINGS, CO 80920 84-1072619	MEDICAL IMAGING	CO	N/A									
RUXTON SURGICENTER LLC 8322 BELLONA AVENUE SUITE 201 BALTIMORE, MD 21204 52-2095835	SURGERY CENTER	MD	N/A									

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount on Box 20 of K-1	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
SAINT JOSEPH - SCA HOLDINGS LLC 424 LEWIS HARGETT CIRCLE STE 160 LEXINGTON, KY 40503 45-3801157	OP SURGERY	DE	N/A									
SCA PREMIER SURGERY CENTER OF LOUISVILLE LLC 200 ABRAHAM FLEXNER WAY LOUISVILLE, KY 40202 72-1386840	SURGERY CENTER	KY	N/A									
ST FRANCIS LAND COMPANY 5390 N ACADEMY BLVD SUITE 300 COLORADO SPRINGS, CO 80918 26-3134100	REAL ESTATE	CO	N/A									
ST FRANCIS MEDICAL CENTER ASSOCIATES 1717 SOUTH J STREET TACOMA, WA 98405 91-1352698	MED OFFICE	WA	N/A									
ST JOSEPH-PAML LLC 424 LEWIS HARGETT CIRCLE STE 160 LEXINGTON, KY 40503 45-2116736	MGMT SVCS	KY	N/A									
SUPERIOR MEDICAL IMAGING LLC 5000 NORTH 26TH STREET LINCOLN, NE 68521 26-2884555	OP DIAGNOSTICS	NE	N/A									
SURGERY CENTER OF LEXINGTON LLC 1451 HARRODSBURG ROAD LEXINGTON, KY 40504 62-1179539	SURGERY CENTER	DE	N/A									
SURGERY CENTER OF LOUISVILLE LLC 200 ABRAHAM FLEXNER WAY LOUISVILLE, KY 40202 62-1179537	SURGERY CENTER	KY	N/A									
ALEGENT HEALTH NORTHWEST IMAGING CENTER LLC 3606 N 156TH STREET OMAHA, NE 68116 06-1786985	OP DIAGNOSTICS	NE	N/A									
BERGAN MERCY SURGERY CENTER LLC 7710 MERCY ROAD STE 100 OMAHA, NE 68124 20-8671994	AMBUL SURG CTR	NE	N/A									
LAKESIDE AMBULATORY SURGICAL CENTER LLC 17031 LAKESIDE HILLS DR OMAHA, NE 68130 20-4267902	AMBUL SURG CTR	NE	N/A									
LAKESIDE ENDOSCOPY CENTER LLC 17001 LAKESIDE HILLS PLZ STE 201 OMAHA, NE 68130 20-5544496	ENDOSCOPY SRVC	NE	N/A									
NEBRASKA SPINE HOSPITAL LLC 6901 N 72ND STREET OMAHA, NE 68122 27-0263191	SPINE HOSPITAL	NE	N/A									
PRAIRIE HEALTH VENTURES LLC 421 S 9TH ST 102 LINCOLN, NE 68508 20-4962103	TECH SERVICES	NE	N/A									
SAINT JOSEPH-ANC HOME CARE SERVICES 1700 EDISON DRIVE SUITE 300 MILFORD, OH 45150 26-3330545	HOME HEALTH	KY	N/A									

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount on Box 20 of K-1	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
LINCOLN CK LEASING LLC 8770 BRYN MAWR SUITE 1370 CHICAGO, IL 60631 26-2496856	REAL ESTATE	NE	N/A									
HIGHLINE IMAGING LLC 275 SW 160TH ST BURIEN, WA 98166 20-0460005	DIAGNOSTIC	WA	N/A									
HC SL VINTAGE I LLC 18000 WEST SARAH LANE SUITE 250 BROOKFIELD, WI 53045 27-0453767	PROPERTY HOLD	WI	N/A									
ST LUKE'S HOSPITAL AT THE VINTAGE LLC 6624 FANNIN SUITE 2505 HOUSTON, TX 77030 26-3734516	HOSPITAL	TX	N/A									
PMC HOSPITAL LLC 6624 FANNIN SUITE 2505 HOUSTON, TX 77030 27-3280598	HOSPITAL	TX	N/A									
ST LUKE'S DIAGNOSTIC CATH LAB LLP 6620 MAIN ST SUITE 1520 HOUSTON, TX 77030 71-0959365	DIAGNOSTIC	TX	N/A									
ST LUKE'S LAKESIDE HOSPITAL LLC 6624 FANNIN SUITE 2505 HOUSTON, TX 77030 30-0427437	HOSPITAL	TX	N/A									
ST LUKE'S THE WOODLANDS SLEEP CENTER LLC 6624 FANNIN SUITE 800 HOUSTON, TX 77030 46-2795726	DIAGNOSTIC	TX	N/A									

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
ALTERNATIVE INSURANCE MANAGEMENT SERVICES 3900 OLYMPIC BOULEVARD SUITE 400 ERLANGER, KY 41018 84-1112049	MANAGEMENT SERVICES	CO	N/A	C				Yes	
AMERICAN NURSING CARE 1700 EDISON DRIVE MILFORD, OH 45150 31-1085414	HOME HEALTH	OH	N/A	C				Yes	
AMERIMED INC 1700 EDISON DRIVE MILFORD, OH 45150 31-1158699	HOME HEALTH	OH	N/A	C				Yes	
BC HOLDING COMPANY INC 1850 BLUEGRASS AVE LOUISVILLE, KY 40215 31-1542851	FITNESS CLUB	KY	N/A	C				Yes	
CADUCEUS MEDICAL ASSOCIATES INC 6028 SHALLOWFORD ROAD SUITE D CHATTANOOGA, TN 37422 62-1570736	HEALTHCARE	TN	N/A	C				Yes	
CAPTIVE MANAGEMENT INITIATIVES PO BOX 10073 APO GEORGETOWN, GRAND CAYMAN KY1-1001 CJ 98-0663022	CAPTIVE MANAGEMENT	CJ	N/A	C				Yes	
CENTER FOR TRANSLATIONAL RESEARCH 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 27-2269511	RESEARCH	CO	N/A	T				Yes	
CGH REALTY COMPANY INC 215 N 12TH ST READING, PA 19603 23-2326801	REAL ESTATE	PA	N/A	C				Yes	
COMCARE SERVICES 4231 W 16TH AVENUE DENVER, CO 80204 84-0904813	INACTIVE	CO	N/A	C				Yes	
CONSOLIDATED HEALTH SERVICES 1700 EDISON DRIVE MILFORD, OH 45150 31-1378212	HOME HEALTH	OH	N/A	C				Yes	
DES MOINES MEDICAL CENTER INC 1111 6TH AVENUE DES MOINES, IA 50314 42-0837382	REAL ESTATE	IA	N/A	C				Yes	
FIRST INITIATIVES INSURANCE LTD PO BOX 10073 APO GEORGETOWN, GRAND CAYMAN KY1-1001 CJ 98-0203038	INSURANCE	CJ	N/A	C				Yes	
FRANCISCAN SERVICES INC 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 23-2487967	HEALTHCARE	CO	N/A	C				Yes	
GOOD SAMARITAN OUTREACH SERVICES PO BOX 1990 KEARNEY, NE 68848 47-0659440	MEDICAL CLINIC	NE	N/A	C				Yes	
HEALTH SYSTEMS ENTERPRISES INC PO BOX 1990 KEARNEY, NE 68848 47-0664558	MANAGEMENT	NE	N/A	C				Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
HEALTHCARE MGMT SERVICES ORG INC 1149 MARKET ST TACOMA, WA 98402 91-1865474	HEALTH ORG	WA	N/A	C				Yes	
MEDQUEST 1301 15TH AVENUE WEST WILLISTON, ND 58801 45-0392137	SALE OF DME	ND	N/A	C				Yes	
MERCY PARK APARTMENTS LTD 1111 6TH AVENUE DES MOINES, IA 50314 42-1202422	HOUSING	IA	N/A	C				Yes	
MERCY SERVICES CORP 2700 STEWART PARKWAY ROSEBURG, OR 97470 93-0824308	RETAIL SALES	OR	N/A	C				Yes	
MHSERVICES CORPORATION 2727 MCCLELLAND BLVD JOPLIN, MO 64804 43-1457881	DME	MO	N/A	C				Yes	
MOUNTAIN MANAGEMENT SERVICES INC 6028D SHALLOWFORD ROAD CHATTANOOGA, TN 37422 62-1570739	MGMT SVC ORG	TN	N/A	C				Yes	
NAZARETH ASSURANCE COMPANY 76 ST PAUL STREET SUITE 500 BURLINGTON, VT 05401 03-0304831	INSURANCE	VT	N/A	C				Yes	
PATIENT TRANSPORT SERVICES INC 1700 EDISON DRIVE MILFORD, OH 45150 31-1100798	HOME HEALTH	OH	N/A	C				Yes	
PHYSICIAN HEALTH SYSTEM NETWORK 1149 MARKET ST TACOMA, WA 98402 91-1746721	HEALTH ORG	WA	N/A	C				Yes	
SAINT CLARE'S PRIMARY CARE INC 66 FORD ROAD DENVILLE, NJ 07834 22-2441202	BILLING SERVICES	NJ	N/A	C				Yes	
SAMARITAN FAMILY CARE INC 40 W FOURTH ST 1700 DAYTON, OH 45402 31-1299450	HEALTHCARE	OH	N/A	C				Yes	
SJH SERVICES CORPORATION 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 23-2307408	HEALTHCARE	CO	N/A	C				Yes	
SJL PHYSICIAN MANAGEMENT SERVICES INC 424 LEWIS HARGETT CR 160 LEXINGTON, KY 40503 27-0164198	MANAGEMENT	KY	N/A	C				Yes	
ST ANTHONY DEVELOPMENT COMPANY 1415 SOUTHGATE PENDLETON, OR 97801 93-1216943	ATHLETIC CLUB	OR	N/A	C				Yes	
ST VINCENT COMMUNITY HEALTH SERVICES INC TWO ST VINCENT CIRCLE LITTLE ROCK, AR 72205 71-0710785	HEALTHCARE	AR	N/A	C				Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
ST JOSEPH DEVELOPMENT COMPANY INC 1717 SOUTH J STREET TACOMA, WA 98405 91-1480569	RENTAL	WA	N/A	C				Yes	
ST JOSEPH OFFICE PARK ASSOCIATION 1401 HARRODSBURG ROAD BLDG B70 LEXINGTON, KY 40504 61-1079899	MANAGEMENT	KY	N/A	C				Yes	
TOWSON MANAGEMENT INC 7601 OSLER DRIVE TOWSON, MD 21204 52-1710750	MANAGEMENT SERVICES	MD	N/A	C				Yes	
COLLABHEALTH MANAGED SOLUTIONS INC 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 46-1222808	HOLDING CO	CO	N/A	C				Yes	
COLLABHEALTH PLAN SERVICES INC 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112 46-1224037	ADMIN SERVICES	CO	N/A	C				Yes	
HIGHLINE MEDICAL GROUP 15811 AMBAUM BLVD SW 170 BURIEN, WA 98166 91-1407026	MEDICAL SERVICES	WA	N/A	C				Yes	
SOUNDPATH HEALTH INC 32129 WEYERHAEUSER WAY SOUTH SUITE FEDERAL WAY, WA 98001 42-1720801	INSURANCE	WA	N/A	C				Yes	
SLEHS HOLDINGS INC 6624 FANNIN SUITE 800 HOUSTON, TX 77030 76-0637138	HOLDING CO	TX	N/A	C				Yes	
ST LUKE'S ANESTHESIOLOGY ASSOCIATES 6624 FANNIN SUITE 1100 HOUSTON, TX 77030 46-1517163	MEDICAL CLINIC	TX	N/A	C				Yes	
SLMT PARKING INC 6624 FANNIN SUITE 800 HOUSTON, TX 77030 76-0637140	PARKING	TX	N/A	C				Yes	
ST LUKE'S 6620 MAIN CONDOMINIUM ASSOCIATION 6624 FANNIN SUITE 1100 HOUSTON, TX 77030 30-0355517	CONDOMINIUM ASSOC	TX	N/A	C				Yes	
ST LUKE'S EPISCOPAL HOSPITAL PHYSICIAN HOSPITAL ORGANIZATION INC 6720 BERTNER HOUSTON, TX 77030 76-0377932	PHO	TX	N/A	C				Yes	
ST LUKE'S MEDICAL ARTS CENTER I CONDOMINIUM ASSOCIATION 6624 FANNIN SUITE 1100 HOUSTON, TX 77030 30-0355518	CONDOMINIUM ASSOC	TX	N/A	C				Yes	
ST LUKE'S MEDICAL TOWER CONDOMINIUM ASSOCIATION 6624 FANNIN SUITE 1100 HOUSTON, TX 77030 76-0298751	CONDOMINIUM ASSOC	TX	N/A	C				Yes	
SUGAR LAND DOCTOR GROUP 1317 LAKE POINTE PARKWAY SUGAR LAND, TX 77478 45-4270163	MEDICAL CLINIC	TX	N/A	C				Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
TEXAS HEART INSTITUTE ST LUKE'S EPISCOPAL HOSPITAL COOLEY BLDG CONDO ASSOC 6624 FANNIN SUITE 1100 HOUSTON, TX 77030 90-0064009	CONDOMINIUM ASSOC	TX	N/A	C				Yes	
ALEGENT HEALTHCREIGHTON ST JOSEPH MANAGED CARE SERVICES INC 12809 WEST DODGE ROAD OMAHA, NE 68154 47-0802396	MANAGED CARE	NE	N/A	C				Yes	
ALL SAINTS INSURANCE COMPANY SPC LTD PO BOX 69 GT 720 WEST BAY ROAD GEORGETOWN, GRAND CAYMAN KY1-1001 CJ	INSURANCE	CJ	N/A	C				Yes	
VINTAGE DOCTOR GROUP 6624 FANNIN SUITE 1100 HOUSTON, TX 77030	MEDICAL CLINIC	TX	N/A	C				Yes	
TRIHEALTH PHYSICIAN SOLUTIONS INC 619 OAK STREET-ACCOUNTING 3 WEST CINCINNATI, OH 45206 31-1444353	CLAIMS ADMINISTRATION	OH	N/A	C				Yes	
TRIHEALTH PHYSICIANS OF INDIANA INC 619 OAK STREET-ACCOUNTING 3 WEST CINCINNATI, OH 45206 46-1125130	PHYSICIAN PRACTICES	OH	N/A	C				Yes	

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

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
BETHESDA HOSPITAL INC	A	11,440	FMV
BETHESDA HEALTHCARE INC	A	2,280	FMV
TRIHEALTH PHYSICIAN ENTERPRISE CORP	A	1,574,099	FMV
TRIHEALTH PHYSICIAN INSTITUTE	A	607,343	FMV
TRIHEALTH INC	A	1,288	FMV
GOOD SAMARITAN HOSPITAL FOUNDATION OF CINCINNATI	B	1,225,364	CASH
GOOD SAMARITAN HOSPITAL FOUNDATION OF CINCINNATI	C	2,693,838	CASH
GOOD SAMARITAN HOSPITAL FOUNDATION OF CINCINNATI	O	555,014	FMV
GOOD SAMARITAN COLLEGE OF NURSING & HEALTH SCIENCE	O	5,470,239	FMV
TRIHEALTH INC	P	85,246,195	COST
TRIHEALTH INC	P	184,739,498	COST
COMMUNITY LIMITED CARE DIALYSIS CENTER	S	1,832,982	CASH
GOOD SAMARITAN HOSPITAL FOUNDATION OF CINCINNATI	R	3,079,481	CASH

Form **8453-EO**

Exempt Organization Declaration and Signature for Electronic Filing

OMB No 1545 1878

2012

For calendar year 2012 or tax year beginning JUL 1 , 2012 and ending JUN 30 , 2013

Department of the Treasury
Internal Revenue Service

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

Name of exempt organization: THE GOOD SAMARITAN HOSPITAL OF CINCINNATI, OHIO

Employer identification number: 31 0537486

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the type of return being filed with Form 8453-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a** below and the amount on that line of the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter 0 on the applicable line below. **Do not** complete more than one line in Part I.

1a	**Form 990** check here ▶ [X] b **Total revenue**, if any (Form 990, Part VIII, column (A), line 12)	1b	532063600
2a	**Form 990-EZ** check here ▶ [ ] b **Total revenue**, if any (Form 990-EZ, line 9)	2b	
3a	**Form 1120-POL** check here ▶ [ ] b **Total tax** (Form 1120-POL, line 22)	3b	
4a	**Form 990-PF** check here ▶ [ ] b **Tax based on investment income** (Form 990-PF, Part VI, line 5)	4b	
5a	**Form 8868** check here ▶ [ ] b **Balance due** (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

Part II Declaration of Officer

6 [ ] I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

[ ] If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2012 electronic return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

Sign Here ▶ Signature of officer — Date: 5/13/14 — ▶ VP FINANCE (Title)

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 4163, Modernized e-file (MeF) Information for Authorized IRS *e-file* Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only

ERO's signature ▶ Timothy J. Hellmann	Date 5-8-14	Check if also paid preparer [ ]	Check if self-employed [ ]	ERO's SSN or PTIN P00531609
Firm's name (or yours if self-employed), address, and ZIP code ▶ TIMOTHY J. HELLMANN, 619 OAK STREET ACCOUNTING 3 WEST, CINCINNATI, OH 45206 1690				EIN Phone no 513 569 6575

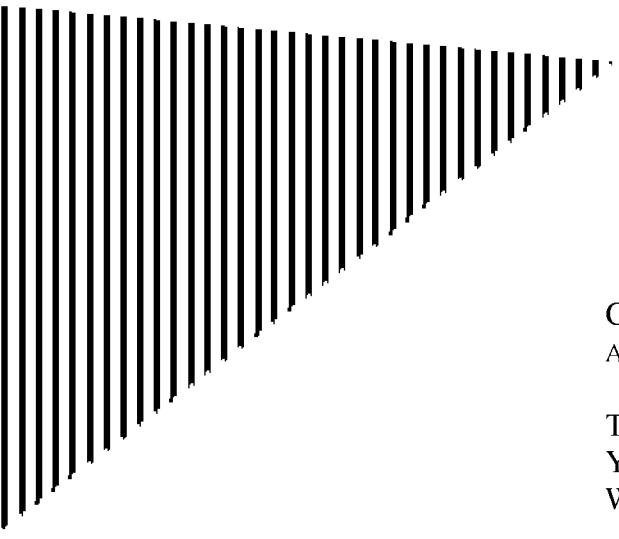
Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid Preparer Use Only

Print/Type preparer's name: AARON HERSHBERGER	Preparer's signature: Aaron D. Hershberger	Date 4/11/14	Check [ ] if self-employed	PTIN P00961884
Firm's name ▶ BKD, LLP				Firm's EIN ▶ 44 0160260
Firm's address ▶ 312 WALNUT STREET, SUITE 3000, CINCINNATI, OH 45202				Phone no. 513 621 8300

LHA For Privacy Act and Paperwork Reduction Act Notice, see the instructions. Form **8453-EO** (2012)

223061 11-05-12



Combined Financial Statements and Supplementary Information

TriHealth
Year Ended June 30, 2013
With Report of Independent Auditors

Ernst & Young LLP

Ernst & Young

TriHealth

Combined Financial Statements and Supplementary Information

Year Ended June 30, 2013

Contents

ERNST & YOUNG

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www ey com

Report of Independent Auditors

The Board of Trustees
of TriHealth

We have audited the accompanying combined financial statements of TriHealth, which comprise the combined balance sheet as of June 30, 2013, the related combined statement of operations and changes in net assets, and cash flows for the year then ended, and the related notes to the combined financial statements

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of the combined financial statements in conformity with U S generally accepted accounting principles, this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of the combined financial statement that are free of material misstatement, whether due to fraud or error

Auditor's Responsibility

Our responsibility is to express an opinion on the combined financial statements based on our audit We conducted our audit in accordance with auditing standards generally accepted in the United States Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the combined financial statements are free of material misstatement

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statement The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the combined financial statements, whether due to fraud or error In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the combined financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control Accordingly, we express no such opinion An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the combined financial statements

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion

Opinion

In our opinion, the combined financial statement referred to above present fairly, in all material respects, the combined financial position of TriHealth at June 30, 2013, and the combined results of their operations and changes in net assets, and their cash flows for the year then ended in conformity with U S generally accepted accounting principles

Report on Summarized Comparative Information

We have not audited, reviewed or compiled the comparative combined balance sheet presented herein as of June 30, 2012, and, accordingly, we express no opinion on it

Ernst & Young LLP

September 18, 2013

TriHealth

Combined Balance Sheets

	June 30 (Unaudited) 2013	2012
	(In Thousands)	
Assets		
Current assets		
Cash and cash equivalents	**$ 8,882**	$ 10,660
Restricted cash	**–**	1,901
Net patient accounts receivable, less allowance of $64,163 in 2013 and $52,163 in 2012	**113,352**	92,831
Other accounts receivable	**11,309**	3,880
Current portion of assets limited as to use	**31,489**	41,320
Inventories	**6,920**	6,815
Prepaid and other current assets	**2,212**	2,250
Due from related organizations, net	**748**	1,574
Total current assets	**174,912**	161,231
Assets limited as to use and investments		
Assets limited as to use		
Internally designated for capital and other funds	**627,393**	664,965
Restricted by donors	**8,666**	8,792
Trustee held funds under professional liability funding arrangement	**22,856**	20,637
Investments	**28,665**	58,127
Total assets limited as to use and investments	**687,580**	752,521
Property and equipment, net	**607,569**	555,149
Investments in unconsolidated organizations	**13,162**	12,963
Goodwill and identifiable intangible assets, net	**136,102**	33,958
Due from related organizations, net	**29,359**	27,497
Other long-term assets	**52,724**	49,932
Total assets	**$ 1,701,408**	$ 1,593,251

	June 30	
		(Unaudited)
	2013	2012
	(In Thousands)	
Liabilities and net assets		
Current liabilities		
Compensation and benefits	**$ 95,442**	$ 90,117
Third-party liabilities	**13,151**	15,152
Accounts payable and accrued expenses	**49,866**	55,687
Current portion of long-term debt	**24,456**	23,394
Total current liabilities	**182,915**	184,350
Accrued professional liability	**46,149**	45,358
Pension obligation	**69,868**	127,550
Long-term compensation and benefits and other long-term liabilities	**62,270**	56,597
Capital lease obligations	**64,140**	21,957
Long-term debt	**289,767**	314,223
Total liabilities	**715,109**	750,035
Net assets		
Unrestricted	**954,291**	813,362
Temporarily restricted	**32,008**	29,854
Total net assets	**986,299**	843,216
Total liabilities and net assets	**$ 1,701,408**	$ 1,593,251

See accompanying notes.

TriHealth

Combined Statement of Operations and Changes in Net Assets

	Year Ended June 30, 2013 (In Thousands)
Revenue	
Patient service revenue (net of contractual provisions and discounts)	$ 1,333,802
Provision for bad debt	(80,458)
Net patient service revenue less provision for bad debts	1,253,344
Nonpatient revenue	
Income from unconsolidated organizations	4,557
Other revenue, net	101,306
Total revenue	1,359,207
Expenses	
Salaries and wages	623,547
Employee benefits	139,873
Medical professional fees	9,068
Purchased services	79,037
Supplies	249,082
Utilities	18,242
Insurance	8,994
Rental, leases, and maintenance	46,172
Depreciation and amortization	66,041
Interest	17,522
Services provided by affiliates	5,716
Shared service allocation	(718)
Other, net	51,506
Total operating expenses	1,314,082
Income from operations	45,125
Nonoperating income	
Investment income	70,299
Total nonoperating income	70,299
Excess of revenue over expenses	115,424

Continued on next page.

TriHealth

Combined Statement of Operations and Changes in Net Assets (continued)

	Year Ended June 30, 2013 (In Thousands)
Excess of revenue over expenses	$ 115,424
Other changes in net assets	
Change in plan assets and benefit obligation of pension plans	41,874
Transfer to Bethesda Inc	(10,000)
Transfer to CHI capital resource pool	(8,188)
Temporarily restricted contributions and investment income	2,153
Other changes in net assets, net	1,820
Increase in net assets	143,083
Net assets at beginning of year	843,216
Net assets at end of year	$ 986,299

See accompanying notes.

TriHealth

Combined Statement of Cash Flows

	Year Ended June 30, 2013
	(In Thousands)
Operating activities	
Increase in net assets	$ 143,083
Adjustments to reconcile increase in net assets to net cash provided by operating activities	
Provision for bad debt	80,458
Depreciation and amortization	66,041
Income from unconsolidated organizations	(4,557)
Change in plan assets and benefit obligation of pension plans	(41,874)
Transfer to CHI capital resource pool	8,188
Transfer to Bethesda, Inc	10,000
Net changes in other assets and liabilities	
Net patient and other accounts receivable	(108,408)
Other current assets	770
Current liabilities	(5,883)
Change in due to/from related organizations	(1,036)
Other changes, net	(18,511)
Net cash provided by operating activities, before net change in assets limited as to use and investments	128,271
Net change in assets limited as to use and investments	74,772
Net cash provided by operating activities	203,043
Investing activities	
Additions to property and equipment	(63,714)
Transfer to Bethesda, Inc	(10,000)
Transfer to CHI capital resource pool	(8,188)
Change in investments in unconsolidated organizations	4,358
Decrease in restricted cash	1,901
Acquisition of TriHealth Hospital, Inc	(104,000)
Net cash used in investing activities	(179,643)
Financing activities	
Repayment of long-term debt	(23,394)
Payment of capital lease obligation	(1,784)
Proceeds from draws on line of credit	238,120
Repayment on line of credit	(238,120)
Net cash used in financing activities	(25,178)
Decrease in cash and cash equivalents	(1,778)
Cash and cash equivalents at beginning of year	10,660
Cash and cash equivalents at end of year	$ 8,882

See accompanying notes

TriHealth

Notes to Combined Financial Statements

June 30, 2013
(Dollar Amounts in Thousands)

A. Description of Organization

Organization

TriHealth exists under a Joint Operating Agreement (the Agreement) between Bethesda Hospital, Inc and Subsidiaries (Bethesda), and The Good Samaritan Hospital of Cincinnati, Ohio (Good Samaritan) The Agreement provides for, among other things, the creation of TriHealth to operate and jointly manage Bethesda, Good Samaritan, and TriHealth, Inc (the Affiliates) Good Samaritan and Bethesda each own 50% of TriHealth, Inc The Good Samaritan Hospital Foundation and Bethesda Center Reproduction Health and Fertility, legally consolidated subsidiaries, of Good Samaritan and Bethesda, respectively, are excluded from the combined TriHealth financial statements in accordance with the Agreement Bethesda Healthcare Inc , a subsidiary of Bethesda Inc , parent company to Bethesda, is included in the combined TriHealth financial statements in accordance with the Agreement Fiscal year 2013 was the first year for which financial statements have been audited on a combined basis

The combined financial statements include the results of the Affiliates and their respective subsidiaries except as defined in the Agreement Within these notes, TriHealth will refer to all of the Affiliates, respectively, and altogether, unless the context indicates otherwise Discussions or areas of these notes that specifically pertain to only Bethesda, Good Samaritan, or TriHealth, Inc will be noted in the applicable note

TriHealth

Bethesda

Bethesda is an Ohio nonprofit corporation, a subsidiary of Bethesda, Inc , an Ohio nonprofit corporation recognized by the Internal Revenue Service (IRS) as exempt from federal income taxation under Section 501(a) of the Internal Revenue Code (IRC) as a charitable organization described in Section 501(c)(3) of the IRC The mission of Bethesda is to provide health care and related services through its inpatient, outpatient, and community-based facilities and programs Bethesda has a long-term commitment to medical education through its support of the physician residency program and healthcare training programs for technicians, as well as patient education in disease management and awareness

A. Description of Organization (continued)

The consolidated financial statements of Bethesda, include the accounts of Bethesda Hospital, Inc , Senior Services, a division of Bethesda Hospital, Inc , and Hospice of Cincinnati Inc and Subsidiary, and Bethesda Properties, Inc , subsidiaries of Bethesda Hospital, Inc

Good Samaritan

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

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

CHI, established in 1996, is a tax-exempt Colorado corporation and has been granted an exemption from federal income tax under Section 501(c)(3) of the IRC CHI sponsors market-based organizations (MBOs) and other facilities in 17 states, including 86 acute-care hospitals, of which 23 are designated as critical access hospitals by the Medicare program, two community health service organizations, two accredited nursing colleges, home health agencies, and several other sites including long-term care, assisted living and residential facilities CHI also has an offshore captive insurance company, First Initiatives Insurance, Ltd (FIIL)

The consolidated financial statements of Good Samaritan, include the accounts of The Good Samaritan Hospital of Cincinnati, Ohio, The Good Samaritan Hospital College of Nursing, The Good Samaritan Hospital Medical Office Building (a department of Good Samaritan), Community Limited Care Dialysis Center, The Good Samaritan Hospital Foundation, and The Good Samaritan Hospital Special Funds

A. Description of Organization (continued)

TriHealth, Inc.

TriHealth, Inc owns several physician corporations, TriHealth Hospital, Inc , and other health care-related entities TriHealth, Inc is comprised of Ohio nonprofit corporations recognized by the IRS as exempt from federal income taxation under Section 501(a) of the IRC as a charitable organization described in Section 501(c)(3) of the IRC

The consolidated financial statements of TriHealth, Inc include the accounts of TriHealth Physician Enterprise Corp, TriHealth Physician Institute (collectively TriHealth Physician Partners), TriHealth Hospital, Inc , and TriHealth Physician Solutions

B. Summary of Significant Accounting Policies

Principles of Combination

TriHealth prepares the combined financial statements and prepares consolidated financial statements at each of the Affiliates in accordance with U S generally accepted accounting principles (GAAP) and are recorded on the accrual basis of accounting All material intercompany accounts and transactions are eliminated between the Affiliates upon combination of the TriHealth combined financial statements

Evendale Medical Center Acquisition

On December 31, 2012, TriHealth, Inc acquired Evendale Medical Center, LLC (Evendale), an Ohio limited liability corporation and placed its operations under the name TriHealth Hospital, Inc to further its geographic presence in the greater Cincinnati area The main campus consists of ten operating rooms, twenty-nine inpatient rooms and a complete imaging and diagnostic facility Services range from inpatient surgery to orthopedics, gynecology and outpatient imaging

(Dollar Amounts in Thousands)

B. Summary of Significant Accounting Policies (continued)

TriHealth, Inc paid cash of $104,000 at the time of closing This business combination was accounted for using the purchase method of accounting The purchase price was allocated to the assets acquired based on their determined fair value There were no liabilities assumed as of this transaction

The following summarizes the fair values of the assets acquired at the date of acquisition

Inventories	$ 837
Property and equipment, net	5,184
Identifiable intangible assets	5,000
Goodwill	92,979
Cash paid	$ 104,000

Identifiable intangible assets consist of non-compete agreements Amortization of the intangible assets is calculated using the straight-line method over the estimated life of 8 years Amortization expense was $312 from the date of acquisition to June 30, 2013

The financial position of Evendale (subsequently recognized as TriHealth Hospital, Inc) is included in the combined TriHealth financial statements as of June 30, 2013 and the results of operations and cash flows are included for the period of January 1, 2013 to June 30, 2013 For the period of January 1, 2013 through June 30, 30, 2013, the operations of Evendale contributed $12,539 in operating revenue and $(1,422) of excess of expenses over revenue to the TriHealth combined results of operations

On an unaudited pro forma basis, had TriHealth owned Evendale at the beginning of fiscal year 2013 (July 1, 2012), Evendale would have contributed $33,437 of operating revenue and $6,415 of excess of revenue over expenses However, unaudited pro forma information is not necessarily indicative of the historical results that would have been obtained had the transaction actually occurred on those dates, or of future results

B. Summary of Significant Accounting Policies (continued)

Butler County Medical Center Acquisition *(Unaudited)*

On March 1, 2012, TriHealth acquired Butler County Medical Center (BCMC) and Butler County Ancillary Center (BCAC) (collectively, Butler), an Ohio nonprofit corporation located in Butler County, Ohio (northwest Cincinnati) TriHealth acquired certain assets and liabilities of Butler from Prexus Health Partners, LLC and Butler County Ancillary Services, LLC BCMC is an acute-care, medical–surgical hospital featuring endoscopy, ENT, general surgery, obstetrics and gynecology, ophthalmology, plastic surgery, podiatry, urology, special procedures, inpatient hospital and pain management BCAC provides ancillary services including, specialties such as internal medicine, family practice, pulmonary, gastroenterology, neurology, cardiology, nephrology, diagnostic imaging, physical therapy, and sleep services The intent of the purchase is to strengthen TriHealth's health care delivery system in northwest Cincinnati

Bethesda paid cash of $23,736 at the time of closing This business combination was accounted for using the purchase method of accounting The purchase price was allocated to the assets acquired and liabilities assumed based on their determined fair value The following summarizes the fair values of the assets acquired and liabilities assumed at the date of acquisition

Inventories	$ 650
Property and equipment, net	3,897
Identifiable intangible assets	1,715
Goodwill	17,740
Assets acquired	24,002
Liabilities assumed	(266)
Cash paid	$ 23,736

Identifiable intangible assets consist primarily of non-compete agreements Amortization of the intangible assets is calculated using the straight-line method over estimated lives ranging from 3 to 7 years Upon acquisition, Butler became a department of Bethesda Hospital, Inc

B. Summary of Significant Accounting Policies (continued)

Fair Value Measurements

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

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

The three levels are defined as follows

- Level 1 – inputs utilize quoted market prices in active markets for identical assets or liabilities that TriHealth 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

B. Summary of Significant Accounting Policies (continued)

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 TriHealth's assessment of the significance of a particular input to the fair value measurement in its entirety requires judgment and considers factors specific to the asset or liability

In order to meet the requirements of ASC 820, TriHealth 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 TriHealth, 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 TriHealth's respective asset or liability expected by a market participant and discounts those cash flows back to present value (more typically referred to as a discounted cash flow approach)

Cash and Cash Equivalents

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

Restricted Cash

Restricted cash in 2012 included unexpended debt proceeds restricted for use in the construction of The Good Samaritan Hospital Medical Office Building

Net Patient Accounts Receivable and Net Patient Service Revenue

Net patient accounts receivable and net patient service revenue have been adjusted to the estimated amounts expected to be collected These estimated amounts are subject to further adjustments upon review by third-party payors

(Dollar Amounts in Thousands)

B. Summary of Significant Accounting Policies (continued)

The provision for bad debt is based upon management's assessment of historical and expected net collections considering historical business and economic conditions, trends in health care coverage, and other collection indicators Management periodically assesses the adequacy of the allowances for uncollectible accounts based upon historical write-off experience The results of these reviews are used to modify as necessary the provisions for bad debt and to establish appropriate allowances for uncollectible net patient accounts receivable Significant provision is made for self-pay patient accounts receivable in the period of service based upon historical write-off experience

After satisfaction of amounts due from insurance, TriHealth follows established guidelines for placing certain patient balances with collection agencies, subject to the terms of certain restrictions on collection efforts as determined by TriHealth

Overall, the total write-offs of uncollectible accounts and allowances on self-pay patient accounts receivable has not significantly changed since June 30, 2012 TriHealth has not experienced significant changes in write-off trends and has not changed its charity care policy since June 30, 2012 The overall allowance percentage for uncollectible accounts went from 56 2% *(unaudited)* at June 30, 2012 to 56 6% at June 30, 2013 as a result of slight changes in payor mix and the timing of write-offs

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

	2013	**2012**
		(Unaudited)
Medicare	**19%**	17%
Medicaid	**3**	4
Managed care	**22**	22
Self-pay	**23**	22
Commercial and other	**33**	35
	100%	100%

B. Summary of Significant Accounting Policies (continued)

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

As a result, the provision for bad debt is presented as a deduction from patient service revenue net of contractual provisions and discounts

Inventories

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

Assets Limited as to Use and Investments

Investment income (including realized gains on investments, interest and dividends and changes in net unrealized gains on investments designated as trading) is included in excess of revenue over expenses unless the income is restricted by donor or by law Investment income is distributed to participants of the respective investment programs based on earnings per pool unit or relative percentage allocation

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

B. Summary of Significant Accounting Policies (continued)

Good Samaritan

Substantially all of Good Samaritan's assets limited as to use are held in the CHI Investment Program (the CHI Program) The CHI Program is structured under a Limited Partnership Agreement between CHI, as managing general partner, and each participant All assets limited as to use in the CHI Program are professionally managed under the administration of CHI Good Samaritan's investments in the CHI Program are represented by pool units rather than specific securities Investments in the CHI Investment Program are accounted for similar to the equity method of accounting

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

Bethesda

Substantially all of Bethesda's assets limited as to use are held in the Bethesda Master Trust (the Trust) which is professionally managed under the administration of Bethesda, Inc (and the Bethesda Investment Committee) Bethesda's investments are represented by percentage allocation rather than specific securities Investments in the Trust are accounted for similar to the equity method of accounting

Assets limited as to use and investments held outside the CHI Program and the Trust include cash and cash equivalents, and marketable debt securities

TriHealth's assets limited as to use and investments include assets set aside for future long-term purposes, including capital improvements, amounts contributed by donors with stipulated restrictions and trustee-held funds under professional liability funding arrangements

B. Summary of Significant Accounting Policies (continued)

Property and Equipment

Property and equipment are stated at historical cost or, if donated or impaired, at fair market value at the date of receipt or determination Depreciation is provided over the estimated useful life of each class of depreciable assets which range from 2 to 40 years and is computed using the straight-line method For property and equipment under capital lease, amortization is determined over the shorter period of the lease term or the estimated useful life of the property and equipment and is included in depreciation and amortization expense Interest cost, if any, incurred during the period of construction of major capital projects is capitalized as a component of the cost of acquiring those assets Depreciation expense was $63,833 for the year ended June 30, 2013, and is included in depreciation and amortization expense

The cost and related accumulated depreciation of property and equipment that is sold or retired are removed from the respective accounts and the resulting gain or loss is recorded in other revenue, net Select property and equipment of $1,822 as of June 30, 2013 purchased prior to year-end, is excluded from the additions to property and equipment, net in the combined statement of cash flows as cash payment was not made as of the end of the year

Investments in Unconsolidated Organizations

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

Goodwill and Intangible Assets, Net

Goodwill and intangible assets have been primarily generated from the acquisition of certain health care-related businesses including physician practices Amortization of intangible assets is calculated on a straight-line basis over the estimated life of the specific intangible asset and ranges from a period of three to eight years Amortization expense was $2,208 for the year ended June 30, 2013 Amortization expense is expected to be approximately $2,000 for each of the next five fiscal years

(Dollar Amounts in Thousands)

B. Summary of Significant Accounting Policies (continued)

The following is a progression of goodwill through June 30, 2013

Balance as of June 30, 2012 *(Unaudited)*	$ 28,381
Goodwill acquired	95,985
Balance as of June 30, 2013	$ 124,366

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

	Carrying Amount	Accumulated Amortization	Net
2013			
Identifiable intangible assets	**$ 15,718**	**$ 3,982**	**$ 11,736**
Goodwill	**129,949**	**5,583**	**124,366**
Total	**$ 145,667**	**$ 9,565**	**$ 136,102**
2012 *(Unaudited)*			
Identifiable intangible assets	$ 7,351	$ 1,774	$ 5,577
Goodwill	33,964	5,583	28,381
Total	$ 41,315	$ 7,357	$ 33,958

TriHealth annually performs an evaluation of goodwill for impairment considering qualitative and quantitative factors There was no impairment loss recognized in 2013, or indicators that an impairment loss will be recognized in the near term

B. Summary of Significant Accounting Policies (continued)

Net Assets

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

Charity Care

As an integral part of its mission, TriHealth accepts and treats all patients without regard to the ability to pay Services to patients are classified as charity care in accordance with established criteria Charity care represents services rendered for which partial or no payment is expected and, as such is not included in net patient service revenue in the combined statement of operations and changes in net assets The estimated direct and indirect costs of charity care, quantified as the cost of free or discounted health services provided to persons who cannot afford to pay, was $37,900 for the year ended June 30, 2013 Charity care costs are estimated based on multiplying the ratio of costs to gross charges for all payments not attributable to other community benefits programs by the revenue recognized and written off for health services provided to persons who cannot afford to pay The Ohio Hospital Care Assurance Program (HCAP) provides some reimbursement to TriHealth for services provided to qualified persons who cannot afford to pay The amount of net HCAP reimbursements was $5,150 for the year ended June 30, 2013

B. Summary of Significant Accounting Policies (continued)

Other Revenue, Net

The American Recovery and Reinvestment 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 TriHealth's attainment of program and attestation criteria and are subject to regulatory audit TriHealth has opted to follow a grant accounting method, which provides for ratable recognition over the respective attestation period As a result, TriHealth estimated and recognized revenue of $18,677 for the year ended June 30, 2013 This amount is included in other revenue, net in the accompanying combined statement of operations and changes in net assets Amount recognized is subject to change, with such changes impacting operations in the period in which they occur

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

Excess of Revenue over Expenses

The combined statement of operations and changes in net assets includes the line titled excess of revenue over expenses which represents the operating indicator for TriHealth Consistent with industry practice, changes in net assets which are excluded from the excess of revenue over expenses include the change in plan assets and benefit obligation of its pension plans, transfers to parent organizations, temporarily restricted contributions and investment income, and other changes in net assets

Federal Income Taxes

Bethesda, excluding Bethesda Properties, Inc , is comprised of entities that have been recognized by the IRS as exempt from income taxation under Section 501(a) of the IRC as charitable organizations described in Section 501(c)(3) of the IRC Bethesda Properties, Inc is recognized by the IRS as exempt from income taxation under Section 501(a) of the IRC as a title-holding corporation described in Section 501(c)(2) of the IRC

B. Summary of Significant Accounting Policies (continued)

Good Samaritan, excluding Community Limited Care Dialysis Center, is comprised of entities recognized by the IRS as exempt from federal income taxation under Section 501(a) of the IRC as charitable organizations described in Section 501(c)(3) of the IRC Community Limited Care Dialysis Center is recognized by the IRS as exempt from income taxation under Section 501(a) of the IRC as a title-holding corporation described in Section 501(c)(2) of the IRC

TriHealth, Inc , excluding TriHealth Physician Solutions, Inc and certain entities of TriHealth Physician Institute, is comprised of entities that have been recognized by the IRS as exempt from income taxation under Section 501(a) of the IRC as charitable organizations described in Section 501(c)(3) of the IRC TriHealth Physician Solutions, Inc and certain entities of TriHealth Physicians Institute are treated as corporations for federal income tax purposes and thus are directly subject to income taxation The provision for federal income taxes is not significant to TriHealth

TriHealth completed an analysis of uncertain tax positions in accordance with applicable accounting guidance at June 30, 2013, and determined no amounts were required to be recognized in the combined financial statements at June 30, 2013

Litigation

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

Use of Estimates

The preparation of the combined financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported and disclosed amounts of assets, liabilities, revenue, and expenses Actual results could vary from those estimates

B. Summary of Significant Accounting Policies (continued)

Recent Accounting Pronouncements

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

The FASB has issued ASU No 2011-04, *Fair Value Measurements (Topic 820), Amendments to Achieve Common Fair Value Measurement and Disclosures Requirements in U.S. GAAP and IFRSs* The amendments in ASU 2011-04 change the wording used to describe many of the requirements in U S generally accepted accounting principles 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 TriHealth has adopted the provisions of ASU 2011-04 and made all required disclosures in the combined financial statements

Healthcare Regulatory Environment

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

C. Community Benefit *(Unaudited)*

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

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

(Dollar Amounts in Thousands)

C. Community Benefit *(Unaudited)* (continued)

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

	2013	2012
		(Unaudited)
Cost of community benefit provided to the poor		
Cost of charity care provided	**$ 37,900**	$ 32,466
Unpaid cost of public programs, Medicaid and other indigent care programs	**24,721**	24,850
Non-billed services for the poor	**1,181**	1,150
Cash and in-kind donations for the poor	**82**	112
Other benefit provided to the poor	**333**	61
	64,217	58,639
Cost of community benefit provided to the broader community		
Non-billed services for the community	**1,068**	1,204
Education and research provided for the community	**26,028**	26,619
Cash and in-kind donations for the poor	**93**	80
Other benefit provided to the community	**7,705**	7,367
	34,894	35,270
Total cost of community benefit	**$ 99,111**	$ 93,909

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

(Dollar Amounts in Thousands)

D. Net Patient Service Revenue

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

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

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

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

Patient service revenue, net of contractual allowances and discounts (but before the provision for bad debts), recognized by major payor source, is as follows, for the year ended June 30, 2013

Medicare	$ 246,011	18%
Medicaid	23,562	2
Managed care	246,560	19
Self-pay	85,717	6
Commercial and other	731,952	55
	$ 1,333,802	100%

(Dollar Amounts in Thousands)

D. Net Patient Service Revenue (continued)

TriHealth 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 interpretations As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term TriHealth recognized an increase in net patient service revenue for the year ended June 30, 2013 by $9,120, due to favorable changes in estimates related to prior years' cost report settlements and other third-party payor activity

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

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

	2013	2012
		(Unaudited)
CHI Program	**$ 341,866**	$ 367,126
Bethesda Master Trust	**336,532**	356,772
Other		
Cash and cash equivalents	**11,421**	10,843
Restricted cash	**–**	1,901
Marketable debt securities		
Corporate	**8,546**	8,916
U S government	**1,580**	2,723
U S government agency	**28,006**	58,121
Total other	**49,553**	82,504
	$ 727,951	$ 806,402

(Dollar Amounts in Thousands)

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

Substantially all of Good Samaritan's assets limited as to use are held in the CHI Program The carrying value of the assets held by participants is an allocation of the underlying carrying value of the assets in the CHI Program, based on the asset allocation specific to each participant and its relative percentage allocation The asset allocation specific to CHI Program at June 30 is as follows

	2013	2012
		(Unaudited)
Cash and cash equivalents	**1%**	2%
Marketable debt securities	**32**	35
Marketable equity securities	**43**	44
Alternative investments	**24**	19
	100%	100%

Good Samaritan's relative allocation, based on the carrying value of the underlying assets of the entire CHI Program was approximately 6% at June 30, 2013 and 2012 *(unaudited)*, respectively

Substantially all of Bethesda's assets limited as to use are held in the Trust The carrying value of the assets held by participants is an allocation of the underlying carrying value of the assets in the Trust, based on the asset allocation specific to each participant and its relative percentage allocation The asset allocation specific to Bethesda at June 30 is as follows

	2013	2012
		(Unaudited)
Cash and cash equivalents	**2%**	2%
Marketable equity securities	**30**	30
Mutual funds	**26**	20
Alternative investments	**42**	48
	100%	100%

Bethesda's relative allocation, based on the carrying value of the underlying assets of the entire Trust was approximately 63% and 69% *(unaudited)* at June 30, 2013 and 2012, respectively

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

The carrying value of cash equivalents, marketable debt securities, marketable equity securities, and mutual funds included in the CHI Program and Trust, substantially all of which are traded on national exchanges and over-the-counter markets, is based on the last reported sales price on the last business day of the fiscal year

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

The following is a summary of the components of investment income for the year ended June 30, 2013

Dividend and interest income (net of expenses)	$	10,501
Net realized gains on investments		40,558
Net change in unrealized gains on investments		19,240
	$	70,299

(Dollar Amounts in Thousands)

F. Fair Value Measurements

The carrying amounts reported in the combined balance sheets for current assets (other than assets limited as to use which are separately disclosed) and current liabilities are reasonable estimates of fair value due to the short-term nature of these financial instruments These financial instruments are not required to be marked to fair value on a recurring basis and therefore are not disclosed in the accompanying table The CHI Program and the Trust are accounted for similar to the equity method of accounting and therefore are also not disclosed in the accompanying table TriHealth believes the carrying amount of the CHI Program and Trust approximates fair value based on the nature of the underlying assets

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

	2013				2012			
	Level 1	Level 2	Level 3	Total	Level 1	Level 2	Level 3	Total
					(Unaudited)			
Assets								
Cash and cash equivalents	**$ 8,882**	**$ –**	**$ –**	**$ 8,882**	$ 10.660	$ –	$ –	$ 10.660
Restricted cash	**–**	**–**	**–**	**–**	1.901	–	–	1.901
Assets limited as to use and investments								
Cash equivalents	**2,539**	**–**	**–**	**2,539**	183	–	–	183
Marketable debt securities								
U S government	**1,580**	**–**	**–**	**1,580**	2.723	–	–	2.723
U S government agency	**–**	**28,006**	**–**	**28,006**	–	58.121	–	58.121
Corporate	**–**	**8,546**	**–**	**8,546**	–	8.916		8.916
Total assets limited as to use and investments	**4,119**	**36,552**	**–**	**40,671**	2.906	67.037	–	69.943
Total assets at fair value	**$ 13,001**	**$ 36,552**	**$ –**	**$ 49,553**	$ 15.467	$ 67.037	$ –	$ 82.504

(Dollar Amounts in Thousands)

F. Fair Value Measurements (continued)

The following table represents financial instruments at fair value and at other than fair value which reconcile to the combined balance sheets of TriHealth at June 30

	2013			2012		
	Financial Instruments at Fair Value	Financial Instruments at Other Than Fair Value	Total	Financial Instruments at Fair Value	Financial Instruments at Other Than Fair Value	Total
				(Unaudited)		
Assets						
Cash and cash equivalents	**$ 8,882**	**$ –**	**$ 8,882**	$ 10,660	$ –	$ 10,660
Restricted cash	**–**	**–**	**–**	1,901	–	1,901
Assets limited as to use and investments	**40,671**	**678,398**	**719,069**	69,943	723,898	793,841
Total assets	**$ 49,553**	**$ 678,398**	**$ 727,951**	$ 82,504	$ 723,898	$ 806,402

TriHealth's cash and cash equivalents, restricted cash, assets limited as to use, and investments are generally classified within Level 1 or Level 2 of the fair value hierarchy because they are valued using quoted market prices, broker or dealer quotations or alternative pricing sources, primarily matrix pricing, with reasonable levels of price transparency Matrix pricing, primarily used for marketable debt securities, is based on quoting prices for securities with similar coupons, rating and maturities, rather than on specific bids and offers for the specific security The types of financial instruments based on quoted market prices in active markets include most U S government marketable debt securities, and cash equivalents (money market securities) Such instruments are generally classified within Level 1 of the fair value hierarchy TriHealth does not adjust the quoted market price for such financial instruments

The types of financial instruments valued based on quoted market prices in markets that are not active, broker or dealer quotations or alternative pricing sources with reasonable levels of price transparency include corporate and U S government agency marketable debt securities Such financial instruments are generally classified within Level 2 for the fair market value hierarchy Primarily all of TriHealth'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

F. Fair Value Measurements (continued)

Following is the summary of the inputs and valuation techniques as of June 30, 2013 and 2012 *(unaudited)* used for valuing Level 2 securities in the portfolio

Securities	Input	Valuation Technique
U S government agency	Broker/Dealer	Market
Corporate	Broker/Dealer	Market

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

TriHealth's non-financial 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 TriHealth is required to provide additional disclosures about fair value measurements as part of the combined financial statements for each major category of assets and liabilities measured at fair value on a non-recurring basis In general, non-recurring fair values determined by Level 1 inputs utilize quoted prices (unadjusted) in active markets for identical assets or liabilities, which generally are not applicable to non-financial assets and liabilities Fair values determined by Level 2 inputs utilize data points that are observable, such as definitive sales agreements, appraisals or established market values of comparable assets Fair values determined by Level 3 inputs are unobservable data points for the asset or liability and include situations where there is little, if any, market activity for the asset or liability, such as internal estimates of future cash flows

On December 31, 2012, TriHealth, Inc acquired Evendale (Note B) in a business combination using the purchase method of accounting which requires the acquired assets to be initially recorded at fair value (non-recurring)

(Dollar Amounts in Thousands)

F. Fair Value Measurements (continued)

The following table presents the acquired assets of Evendale as of December 31, 2012 and indicates the fair value hierarchy of the valuation techniques TriHealth utilized to determine such estimated fair values

	Level 1	Level 2	Level 3	Total
Inventories	$ –	$ 837	$ –	$ 837
Property and equipment, net	–	5,184	–	5,184
Identifiable intangible assets	–	–	5,000	5,000
Goodwill	–	–	92,979	92,979
Total assets	$ –	$ 6,021	$ 97,979	$ 104,000

On March 1, 2012, Bethesda acquired Butler (Note B) in a business combination also using the purchase method of accounting which requires the acquired assets and assumed liabilities to be initially recorded at fair value (non-recurring) The following table *(unaudited)* presents the acquired assets and assumed liabilities of Butler as of March 1, 2012 and indicates the fair value hierarchy of the valuation techniques TriHealth utilized to determine such estimated fair values

	Level 1	Level 2	Level 3	Total
		(Unaudited)		
Inventories	$ –	$ 650	$ –	$ 650
Property and equipment, net	–	3,897	–	3,897
Identifiable intangible assets	–	–	1,715	1,715
Goodwill	–	–	17,740	17,740
Total assets	$ –	$ 4,547	$ 19,455	$ 24,002
Assumed liabilities	$ –	$ 266	$ –	$ 266
Total liabilities	$ –	$ 266	$ –	$ 266

F. Fair Value Measurements (continued)

Following is the summary of the inputs and valuation techniques used for valuing Level 2 and Level 3 non-financial assets and liabilities

Non-financial Assets and Liabilities	Input	Valuation Technique
Inventories	Estimate of replacement cost	Cost
Property and equipment, net	Estimate of replacement cost	Cost
Identifiable intangible assets	Discounted cash flows	Income
Goodwill	Discounted cash flows	Income
Assumed liabilities	Estimate of replacement cost	Cost

Management utilizes third-party valuation firms to assist in the determination of purchase accounting fair values, including those considered Level 3 measurements Management ultimately oversees the third-party valuation firms to ensure the transaction specific assumptions appropriate for TriHealth For Level 3 securities, when observable prices are not available, the valuation might use one or more valuation techniques such as the cost approach or the income approach for which sufficient and reliable data is available Within Level 3, the use of the cost approach generally consists of using historical purchase data or similar transaction cost data while the income approach generally consists of the net present value of estimated future cash flows, adjusted as appropriate for liquidity, credit, market and/or other risk factors Significant increases (decreases) in any of those observable inputs in isolation would result in a significantly lower (higher) fair value measurement

(Dollar Amounts in Thousands)

G. Property and Equipment

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

	2013	2012
		(Unaudited)
Land and improvements	**$ 34,018**	$ 32,965
Buildings and improvements	**773,455**	693,665
Equipment	**533,544**	437,776
	1,341,017	1,164,406
Less accumulated depreciation	**765,234**	707,900
	575,783	456,506
Construction in progress	**31,786**	98,643
	$ 607,569	$ 555,149

TriHealth had unamortized computer software costs of $46,648 and $276 *(unaudited)* recorded at June 30, 2013 and 2012, respectively TriHealth recognized expense related to computer software costs of $4,438 for the year ended June 30, 2013 which is included in depreciation and amortization in the consolidated statement of operations

Accounting guidance for asset retirement obligations requires the recognition of a liability for the fair value of asset retirement obligations in instances where there is a legal liability and the amount can be reasonably estimated Management has recorded asset retirement obligations of $5,302 and $5,310 *(unaudited)* at June 30, 2013 and 2012, respectively

TriHealth entered into a transaction with a developer to construct a medical office building on land which is owned by TriHealth (specifically, Good Samaritan) TriHealth leases the building from the developer Under applicable accounting guidance, TriHealth has determined that it maintains certain risk of ownership on this transaction and as a result has recorded property and equipment, net and a related liability, which is included in long-term compensation and benefits and other long-term liabilities of $8,570 and $8,795 *(unaudited)* at June 30, 2013 and 2012, respectively, net of current portion $214 and $181 *(unaudited)* at June 30, 2013 and 2012, respectively, included in accounts payable and accrued expenses

TriHealth evaluates whether events and circumstances have occurred that indicate the remaining useful life of property, and equipment may not be recoverable Management determined there were no impairment issues in 2013

(Dollar Amounts in Thousands)

H. Leases

TriHealth participates is various lease agreements which are accounted for as capital (primarily related to medical office buildings) or operating leases under applicable accounting guidance

The capital lease obligations are $64,140 and $21,957, excluding short-term portion of $2,658 and $1,094 *(unaudited)*, which is recorded in accounts payable and accrued expenses, at June 30, 2013 and 2012, respectively Assets under capital lease are included in property and equipment on the combined balance sheets of $65,905, and $23,459 *(unaudited)*, less accumulated depreciation of $3,125 and $391 *(unaudited)* as of June 30, 2013 and 2012, respectively

The future minimum payments of TriHealth's capital lease obligations based on scheduled maturity are as follows

2014	$ 6,288
2015	6,351
2016	6,415
2017	6,480
2018	6,584
Thereafter	89,392
Total minimum payments	121,510
Less amounts representing interest	(54,712)
Present value of minimum lease payments	66,798
Less current portion	2,658
	$ 64,140

Total rental expense under all operating leases for the year ended June 30, 2013 was $20,887

I. Long-Term Debt

Good Samaritan and Bethesda participate in a unified CHI credit governed agreement under a Capital Obligation Document (COD) Under the COD, CHI is the sole obligor on all debt Bondholder security resides both in the unsecured promise by CHI to pay its obligations and in its control of direct affiliates Good Samaritan, as a direct affiliate, and Bethesda as a designated affiliate of CHI, are defined as participants under the COD Debt under the COD is evidenced by promissory notes individually between Good Samaritan and CHI, and, Bethesda and CHI, which include monthly installments of interest and may be repaid in advance without penalty Good Samaritan and Bethesda are only responsible for debt evidenced under the executed promissory notes as of June 30, 2013

Good Samaritan has agreed to certain covenants with CHI related to corporate existence, maintenance of insurance and exempt use of bond-financed facilities Bethesda has agreed to certain financial and nonfinancial covenants Good Samaritan and Bethesda were in compliance with all covenants at June 30, 2013

Good Samaritan has three separate loan agreements which assisted in financing the construction of a new medical office building on its campus The loans were obtained through subsidiaries of Uptown Consortium, Inc , an Ohio nonprofit corporation Two of the loans were from the subsidiary UNIF, LLC for $10,867 and $3,950, respectively, both with a maturity in 2042 and a fixed interest rate of 1 25% at June 30, 2013 The final loan was from the subsidiary Uptown Cincinnati Development Fund for $8,911 with a maturity in 2017, and a fixed interest rate of 4 00% at June 30, 2013 Good Samaritan is subject to certain nonfinancial restrictive covenants under the loan agreements Management is of the opinion that Good Samaritan was in compliance with all restrictive covenants at June 30, 2013

(Dollar Amounts in Thousands)

I. Long-Term Debt (continued)

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

	2013	2012
		(Unaudited)
Good Samaritan		
Note payable to CHI, due 2015	**$ –**	$ 73
Note payable to CHI, due 2021	**31,902**	38,017
Note payable to CHI, due 2024	**70,318**	75,326
Note payable to Uptown Cincinnati Development Fund, due 2017	**8,911**	8,911
Note payable to UNIF, LLC due 2042	**10,867**	10,867
Note payable to UNIF, LLC due 2042	**3,950**	3,950
Bethesda		
Note payable to CHI (Project Fund), due 2017	**9,416**	11,828
Note payable to CHI (2001 Refinance), due 2022	**51,174**	55,920
Note payable to CHI (Phase I), due 2026	**6,676**	7,054
Note payable to CHI (Phase II), due 2029	**121,009**	125,671
	314,223	337,617
Less current portion of long-term debt	**24,456**	23,394
	$ 289,767	$ 314,223

All of the notes payable to CHI are variable-rate debt with an interest rate of 4 75% consistently throughout 2013 and 2012 *(unaudited)* and at June 30, 2013 and 2012 The variable-rate associated with the notes payable to CHI is based on a blended rate of the underlying fixed and variable-rate external debt held by CHI

(Dollar Amounts in Thousands)

I. Long-Term Debt (continued)

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

	Amounts Due
Year ending June 30	
2014	$ 24,456
2015	25,776
2016	27,099
2017	26,988
2018	22,770
Thereafter	187,134
	$ 314,223

Interest paid on all long-term debt was $16,225 for the year ended June 30, 2013

TriHealth maintains a line of credit with Fifth Third Bank with available credit of $10,000 renewed annually The line of credit was temporarily increased to $47,500 during fiscal year 2013, but was adjusted back down to $10,000 by June 30, 2013 TriHealth made various draws on the line of credit during the year, all of which were subsequently repaid No amounts were outstanding under the line of credit at June 30, 2013 or 2012 *(unaudited)*

J. Functional Expenses

TriHealth provides health care services to individuals within the tri-state area including inpatient, outpatient, ambulatory, long-term care and community-based services Support services include administration, finance and accounting, information technology, public relations, human resources, legal, mission services and other functions that are supported centrally for all of TriHealth The following summarizes the expenses related to providing those services for the year ended June 30, 2013

Health care services	$ 1,142,680
Support services	171,402
	$ 1,314,082

K. Retirement Plans

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

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

(Dollar Amounts in Thousands)

K. Retirement Plans (continued)

A summary of the changes in the benefit obligation, fair value of plan assets and funded status of the Plans at June 30, 2013 and for the year then ended, is as follows

	Good Samaritan	Bethesda	TriHealth, Inc.	Combined
Accumulated benefit obligation	$ 168,400	$ 241,466	$ 118,912	$ 528,778
Change in benefit obligation				
Benefit obligation at beginning of year	$ 176,779	$ 251,950	$ 119,259	$ 547,988
Service cost	6,615	7,124	7,264	21,003
Interest cost	7,042	10,071	4,708	21,821
Actuarial (gain) loss	(4,138)	(4,973)	521	(8,590)
Benefits paid	(7,853)	(12,957)	(4,174)	(24,984)
Benefit obligation at end of year	178,445	251,215	127,578	557,238
Change in plan assets				
Fair value of plan assets at beginning of year	144,936	193,826	81,676	420,438
Actual return on plan assets	15,855	25,226	11,235	52,316
TriHealth contributions	12,600	15,600	11,400	39,600
Benefits paid	(7,853)	(12,957)	(4,174)	(24,984)
Fair value of plan assets at end of year	165,538	221,695	100,137	487,370
Funded status and pension liability	$ (12,907)	$ (29,520)	$ (27,441)	$ (69,868)

(Dollar Amounts in Thousands)

K. Retirement Plans (continued)

A summary of the changes in the benefit obligation, fair value of plan assets and funded status of the Plans at June 30, 2012 for the year then ended, is as follows

	Good Samaritan	Bethesda	TriHealth, Inc.	Combined
		(Unaudited)		
Accumulated benefit obligation	$ 165,441	$ 241,606	$ 109,988	$ 517,035
Change in benefit obligation				
Benefit obligation at beginning of year	$ 165,924	$ 239,977	$ 104,662	$ 510,563
Service cost	5,724	6,361	5,622	17,707
Interest cost	8,259	11,905	5,203	25,367
Actuarial loss	3,855	7,014	9,276	20,145
Benefits paid	(6,983)	(13,307)	(5,504)	(25,794)
Benefit obligation at end of year	176,779	251,950	119,259	547,988
Change in plan assets				
Fair value of plan assets at beginning of year	143,178	205,675	83,807	432,660
Actual return (loss) on plan assets	1,341	(8,742)	(2,827)	(10,228)
TriHealth contributions	7,400	10,200	6,200	23,800
Benefits paid	(6,983)	(13,307)	(5,504)	(25,794)
Fair value of plan assets at end of year	144,936	193,826	81,676	420,438
Funded status and pension liability	$ (31,843)	$ (58,124)	$ (37,583)	$ (127,550)

(Dollar Amounts in Thousands)

K. 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, 2013

	Good Samaritan	Bethesda	TriHealth, Inc.	Combined
Net prior service cost	**$ 373**	**$ 544**	**$ 383**	**$ 1,300**
Net actuarial loss	**48,725**	**98,719**	**41,877**	**189,321**
	$ 49,098	**$ 99,263**	**$ 42,260**	**$ 190,621**

The net prior service cost and net actuarial loss included in unrestricted net assets that is expected to be recognized in net periodic pension expense during the fiscal year ended June 30, 2014 is $289 and $13,989 for the Plans

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

	Good Samaritan	Bethesda	TriHealth, Inc.	Combined
		(Unaudited)		
Net prior service cost	$ 451	$ 665	$ 473	$ 1,589
Net actuarial loss	61,153	120,639	49,114	230,906
	$ 61,604	$ 121,304	$ 49,587	$ 232,495

The following amounts related to plan activity have been recognized as increase in unrestricted net assets for the year ended June 30, 2013

	Good Samaritan	Bethesda	TriHealth, Inc.	Combined
Amortization of net prior service cost	$ 78	$ 121	$ 90	$ 289
Net actuarial gain	8,700	14,192	4,023	26,915
Amortization of net actuarial loss	3,731	7,728	3,211	14,670
	$ 12,509	$ 22,041	$ 7,324	$ 41,874

(Dollar Amounts in Thousands)

K. 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 combined statement of operations and changes in net assets for the year ended June 30, 2013, is as follows

	Good Samaritan	Bethesda	TriHealth, Inc.	Combined
Service cost	$ 6,615	$ 7,124	$ 7,264	$ 21,003
Interest cost	7,042	10,071	4,708	21,821
Expected return on plan assets	(11,297)	(16,006)	(6,693)	(33,996)
Amortization of net prior service cost	78	121	90	289
Amortization of net actuarial loss	3,731	7,728	3,211	14,670
	$ 6,169	$ 9,038	$ 8,580	$ 23,787

The following weighted-average assumptions used to determine the benefit obligation for all of the Plans as of June 30 are

	2013	2012
		(Unaudited)
Discount rate	**4.54%**	4 16%
Rate of compensation increase	**3.50% to 6.50%**	3 50% to 6 50%

The following weighted-average assumptions used to determine net periodic pension expense for all of the Plans for the year ended June 30, 2013 are

	2013
Discount rate	4 16%
Expected return on plan assets	7 50%
Rate of compensation increase	3 50% to 6 50%

(Dollar Amounts in Thousands)

K. Retirement Plans (continued)

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

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

The target and range asset allocations for The Good Samaritan Hospital Retirement Plan's plan assets set forth in the CHI Plan Asset Program's investment policies are as follows

	Target	Range
Marketable debt securities	25 0%	15 0% to 35 0%
Marketable equity securities	52 5%	42 5% to 62 5%
Alternative investments	22 5%	12 5% to 32 5%

As of June 30, 2013, TriHealth believes that there is not a specific concentration of risk in the underlying CHI Plan Asset Program TriHealth does recognize that all investments are subject to market risks and that changes in the market may have a material effect on the plan assets

(Dollar Amounts in Thousands)

K. Retirement Plans (continued)

The CHI Plan Asset Program's asset allocation at June 30 is as follows

	2013	2012
		(Unaudited)
Marketable equity securities	**55%**	51%
Marketable debt securities	**26**	30
Alternative investments	**19**	19
	100%	100%

The Bethesda Retirement Plan and TriHealth, Inc Retirement Plan 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, retaining multiple investment managers with complementary philosophies, styles, and approaches The use of leverage is prohibited except as specifically directed in the alternative investment allocation

The target and range asset allocations for Bethesda Retirement Plan and TriHealth, Inc Retirement Plan's plan assets set forth in the respective Bethesda Retirement Plan and TriHealth, Inc Retirement Plan investment policies, based on underlying investment securities, are as follows

	Target	Range
Marketable debt securities	20 0%	10 0% to 30 0%
Marketable equity securities	70 0%	60 0% to 80 0%
Alternative investments	10 0%	0 0% to 30 0%

(Dollar Amounts in Thousands)

K. Retirement Plans (continued)

The Bethesda Retirement Plan, and TriHealth, Inc Retirement Plan asset allocation at June 30 is as follows

	2013	2012
		(Unaudited)
Marketable equity securities	**55%**	51%
Marketable debt securities	**26**	30
Alternative investments	**19**	19
	100%	100%

The following is a summary of all of the Plans' assets as of June 30, 2013 measured at fair value on a recurring basis based on the fair value hierarchy

	Level 1	Level 2	Level 3	Total
Good Samaritan				
CHI Plan Asset Program	**$ –**	**$ 165,538**	**$ –**	**$ 165,538**
Bethesda and TriHealth, Inc				
Cash and cash equivalents	**8,272**	**–**	**–**	**8,272**
Marketable equity securities				
Domestic	**33,603**	**–**	**–**	**33,603**
Foreign	**12,844**	**–**	**–**	**12,844**
Mutual funds				
Equity	**50,832**	**–**	**–**	**50,832**
Fixed income	**24,214**	**–**	**–**	**24,214**
Hedge funds	**–**	**74,182**	**5,974**	**80,156**
Limited liability companies	**–**	**25,232**	**–**	**25,232**
Private equity funds	**–**	**–**	**24,511**	**24,511**
Commingled funds	**–**	**7,211**	**–**	**7,211**
Real estate investment trusts	**–**	**–**	**14,498**	**14,498**
Other limited partnerships	**–**	**33,187**	**7,272**	**40,459**
Total plan assets at fair value	**$ 129,765**	**$ 305,350**	**$ 52,255**	**$ 487,370**

(Dollar Amounts in Thousands)

K. Retirement Plans (continued)

The following is a summary of all of the Plans' 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
		(Unaudited)		
Good Samaritan				
CHI Plan Asset Program	$ –	$ 144,936	$ –	$ 144,936
Bethesda and TriHealth, Inc				
Cash and cash equivalents	6,247	–	–	6,247
Marketable equity securities				
Domestic	21,607	–	–	21,607
Foreign	11,306	–	–	11,306
Mutual funds				
Equity	41,067	–	–	41,067
Fixed income	18,576	–	–	18,576
Hedge funds	–	74,726	5,113	79,839
Limited liability companies	–	23,697	–	23,697
Private equity funds	–	–	22,967	22,967
Commingled funds	–	9,070	–	9,070
Real estate investment trusts	–	–	14,893	14,893
Other limited partnerships	–	18,689	7,544	26,233
Total plan assets at fair value	$ 98,803	$ 271,118	$ 50,517	$ 420,438

K. Retirement Plans (continued)

The Good Samaritan Hospital Retirement Plan assets are represented by pool units rather than specific securities The CHI Plan Asset Program is not necessarily readily marketable and may include short sales on securities and trading in future contracts, options, foreign currency contracts, other derivative instruments and private equity investments However, management has determined that the net asset value (NAV) is an appropriate estimate of the fair value of these pooled units at June 30, 2013 and 2012 *(unaudited)* based on the underlying investment being recorded at fair value within the CHI Plan Asset Program As TriHealth has the ability to redeem its pooled units with no adjustment at the measurement date and there are no significant restrictions on liquidating these investments, the investment is categorized as a Level 2 measurement in the fair value hierarchy considerations The inputs and valuation techniques as of June 30, 2013 and 2012 *(unaudited)* used for valuing the pooled units is primarily NAV, which represent a market valuation approach

Fair value methodologies for cash and cash equivalents included in Level 1 are consistent with the inputs described in Note F

Mutual funds and marketable equity securities are valued using quoted market prices, with reasonable levels of price transparency Such instruments are generally classified within Level 1 of the fair value hierarchy TriHealth does not adjust the quoted market price for such financial instruments

Alternative investments are not necessarily readily marketable and may include short sales on securities and trading in future contracts, options, foreign currency contracts, other derivative instruments and private equity investments Management has determined that the net asset value (NAV) is an appropriate estimate of the fair value of these investments at June 30, 2013 and 2012 *(unaudited)* based on the fact that the alternative investments are audited and accounted for at fair value by the administrators of the respective alternative investments TriHealth has the ability to redeem its investment in the respective alternative investment at the NAV with no significant restrictions on the redemption at the combined balance sheet date, TriHealth has categorized the alternative investment as a Level 2 measurement in the fair value hierarchy If TriHealth does not have the ability to redeem the alternative investment at NAV due to significant restrictions, TriHealth has categorized the alternative investment as a Level 3 measurement

K. Retirement Plans (continued)

Following is the summary of inputs and valuation techniques as of June 30, 2013 and 2012 *(unaudited)* used for valuing Level 2 securities in plan assets

Securities	Input	Valuation Technique
Hedge funds	NAV	Market/Income
Limited liability companies	NAV	Market/Income
Commingled funds	NAV	Market/Income
Other limited partnerships	NAV	Market/Income

Following is the summary of the inputs and valuation techniques as of June 30, 2013 and 2012 *(unaudited)* used for valuing Level 3 securities in plan assets

Securities	Input	Valuation Technique
Hedge funds	NAV	Market/Income
Private equity funds	NAV	Income
Real estate investment trusts	NAV	Income
Other limited partnerships	NAV	Market/Income

For Level 3 securities, when observable prices are not available, the investment manager might use one or more valuation techniques such as the market approach or the income approach for which sufficient and reliable data is available Within Level 3, the use of the market approach generally consists of using either the guideline company method or similar transaction method while the income approach generally consists of the net present value of estimated future cash flows, adjusted as appropriate for liquidity, credit, market and/or other risk factors Significant increases (decreases) in any of those observable inputs in isolation would result in a significantly lower (higher) fair value measurement The impact of these changes would be recognized over a period of time in accordance with applicable accounting guidance

(Dollar Amounts in Thousands)

K. Retirement Plans (continued)

The following table summarizes the activity related to plan assets having fair value measurements based on significant unobservable inputs (Level 3)

	Hedge Funds	Private Equity	Real Estate Investment Trusts	Other Limited Partnerships
Fair value at June 30, 2012 *(Unaudited)*	$ 5,113	$ 22,967	$ 14,893	$ 7,544
Purchases	–	2,500	695	3,090
Sales/settlements	–	(3,675)	(2,451)	(4,751)
Unrealized losses	861	(94)	(96)	–
Unrealized gains	–	2,813	1,457	1,389
Fair value at June 30, 2013	$ 5,974	$ 24,511	$ 14,498	$ 7,272

TriHealth has committed capital yet to be called of $18,174 at June 30, 2013 to private equity funds over the next one to three years

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

	Bethesda	Good Samaritan	TriHealth, Inc.	Combined
Year ending June 30				
2014	$ 22,062	$ 17,534	$ 14,379	$ 53,975
2015	18,963	13,523	10,425	42,911
2016	19,104	13,803	10,874	43,781
2017	20,489	14,687	11,702	46,878
2018	21,713	15,407	12,452	49,572
2019 – 2023	116,923	85,080	69,966	271,969

TriHealth expects to contribute a total of $41,200 to the Plans in 2014, $16,500 for Bethesda Retirement Plan, $11,900 for The Good Samaritan Hospital Retirement Plan, and $12,800 for TriHealth, Inc Retirement Plan

(Dollar Amounts in Thousands)

K. Retirement Plans (continued)

TriHealth employees are also eligible to participate in the TriHealth, Inc 401(k) Plan (the 401(k) Plan) where employees that are paid at least 1,000 hours in the calendar year are eligible for an employer match in the 401(k) Plan equal to 1 8% of their contributions The 401(k) Plan expense was $9,014 for the year ended June 30, 2013, and is included in employee benefits in the combined statement of operations and changes in net assets

L. Insurance Programs

Professional and General Liability

TriHealth is insured for professional liability claims through a number of different insurance policies and programs These policies and programs include a combination of being self-insured for certain exposures and commercially insured through outside organization for others The following table represents a summary professional and general liability as of June 30

	2013			2012		
	Self-Insurance	Commercial Insurance	Combined	Self-Insurance	Commercial Insurance	Combined
				(Unaudited)		
Bethesda	$ 15,789	$ 5,775	$ 21,564	$ 16,468	$ 5,814	$ 22,282
Good Samaritan	–	15,688	15,688	–	15,676	15,676
TriHealth, Inc	5,131	3,766	8,897	3,976	3,424	7,400
	$ 20,920	$ 25,229	$ 46,149	$ 20,444	$ 24,914	$ 45,358

The following table represents the commercial insurance receivable representing anticipated recoveries under commercial insurance policies, which is included in other long-term assets as of June 30

	2013	2012
		(Unaudited)
Bethesda	$ 5,775	$ 5,814
Good Samaritan	15,688	15,676
TriHealth, Inc	3,766	3,424
	$ 25,229	$ 24,914

L. Insurance Programs (continued)

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

ASU No 2010-24, *Health Care Entities (Topic 954): Presentation of Insurance Claims and Related Insurance Recoveries*, clarifies that a health care entity may not net insurance recoveries against related claim liabilities Under ASU 2010-24, Good Samaritan recognizes a liability of and expected recovery for professional liability, as determined by CHI The professional liability recognized under ASU 2010-24 is included in accrued professional liability, and the corresponding asset is included in other long-term assets Good Samaritan believes the asset is fully realizable at June 30, 2013 and 2012 *(unaudited)*

Amounts paid by Good Samaritan for professional, employment practices, and general liability coverage were $3,697 for the year ended June 30, 2013, and are included in insurance expense Amounts paid by Good Samaritan for workers' compensation coverage were $1,751 for the year ended June 30, 2013, and are included in employee benefits expense

Bethesda, Inc has a self-insurance program for the primary layer of professional liability coverage Self-insurance limits with respect to the primary layer of professional liability coverage are $3,000 per occurrence and $12,000 in the annual aggregate Insurance in excess of the primary layer, including excess liability coverage, is provided by commercial insurance carriers on a claims-made basis In addition, management maintains current claims-made insurance coverage to cover any known incidents that may be asserted

The combined financial statements include an actuarially determined accrual for asserted and reported claims and incurred but not reported claims which may result from past services provided to patients, discounted at a rate of 1 25% as of June 30, 2013 and 2012 *(unaudited)* The actuarially determined accrual for Bethesda's professional liability coverage is an estimate

L. Insurance Programs (continued)

The possibility exists that the estimate will change by a material amount in the future Bethesda recorded a decrease to insurance expense of $2,397 in 2013 due to lower claim activities and improved claim resolution

In accordance with ASU 2010-24, Bethesda recorded a liability and estimated recoveries at June 30, 2013 and 2012 *(unaudited)*, related to excess liability coverage which was included in accrued professional liability, and other long-term assets

Bethesda, Inc and Subsidiaries contribute amounts to a trust fund to provide for the actuarially determined liability under the primary layer of professional liability coverage The contributed assets are held in an irrevocable trust for future professional liability claims

TriHealth, Inc.

Physicians within TriHealth, Inc are insured through a primary layer claims made commercial policy with Preferred Profession Insurance Company (PPIC) of professional liability coverage PPIC commercial insurance coverage is $1,000 per occurrence and $3,000 in the annual aggregate The PPIC commercial insurance policy contains no tail liability coverage As a result, the combined financial statements include an actuarially determined accrual for incurred but not reported claims (tail liability) which may result from past services provided to patients, discounted at a rate of 1 25% as of June 30, 2013 and 2012 *(unaudited)* The actuarially determined accrual for its professional liability tail coverage is an estimate The possibility exists that the estimate will change by a material amount in the future

Insurance in excess of the primary PPIC commercial insurance layer includes $2,000 gap coverage, excess of $1,000 per occurrence and $3,000 in the annual aggregate, and excess liability coverage in excess of $3,000 and $12,000 in the annual aggregate limited to $18,000 provided by commercial insurance carriers on a claims-made basis

In accordance with ASU 2010-24, at June 30, 2013, TriHealth, Inc recorded a liability and estimated recoveries for professional liability coverage for asserted and reported claims, which was included in accrued professional liability, and other long-term assets

L. Insurance Programs (continued)

Workers' Compensation

Under ASU 2010-24, Good Samaritan recognized a liability of and expected recovery for workers' compensation of $7,106, and $4,971 *(unaudited)* as determined by CHI at June 30, 2013 and 2012, respectively The workers' compensation liability recognized under ASU 2010-24 is included in long-term compensation and benefits and other long-term liabilities, and the corresponding asset is included in other long-term assets Good Samaritan believes the asset is fully realizable at June 30, 2013 and 2012 *(unaudited)*

Bethesda and TriHealth, Inc also self-insured for workers' compensation coverage An estimated liability for outstanding and incurred but not reported workers' compensation claims of $6,280 and $4,609 *(unaudited)* has been included in long-term compensation and benefits and other long-term liabilities as of June 30, 2013 and 2012, respectively The discount rate used to compute the workers' compensation liability as of June 30, 2013 and 2012 *(unaudited)* was 1 25% Management believes this amount to be adequate for the cost of potential losses Bethesda and TriHealth, Inc also purchase commercial excess insurance to limit their self-insurance exposure related to workers' compensation

Employee Health Insurance

TriHealth is also self-insured for employee health insurance Employee health benefits are paid through a local claims processor based on plan coverage determined by TriHealth An estimated liability of $9,153 and $9,308 *(unaudited)* for outstanding and incurred but not reported claims has been included in compensation and benefits as of June 30, 2013 and 2012, respectively, and is believed by management to be adequate for the cost of potential losses

M. Related Party Transactions

TriHealth enters into various related party transactions in the ordinary course of business with Bethesda, Inc , Good Samaritan Hospital Foundation, Bethesda Foundation Inc , and CHI Significant activity that occurs in the normal course of business with Bethesda, Inc , Good Samaritan Hospital Foundation, Bethesda Foundation, Inc , and CHI is disclosed in this note

(Dollar Amounts in Thousands)

M. Related Party Transactions (continued)

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

	2013	2012
		(Unaudited)
Bethesda Foundation, Inc	**$ 12,771**	$ 12,520
The Good Samaritan Hospital Foundation	**16,232**	13,759
Bethesda, Inc	**1,104**	2,792
	30,107	29,071
Less current portion of due from related organizations	**748**	1,574
	$ 29,359	$ 27,497

Bethesda Foundation, Inc is a wholly owned subsidiary of Bethesda, Inc , which engages in fundraising activities and invests the resulting assets to support the operations of Bethesda, as well as other related entities The receivable from Bethesda Foundation Inc represents amounts held by Bethesda Foundation Inc on behalf of Bethesda Bethesda Foundation Inc also charges an administrative fee to Hospice of Cincinnati Inc and Subsidiary for fundraising services The amount recognized as other revenue in the combined statements of operations and changes in net assets by Bethesda related to these services was $678 for the year ended June 30, 2013

The Good Samaritan Hospital Foundation engages in fundraising activities and invests the resulting assets to support the operations of Good Samaritan, as well as other related entities The receivable from The Good Samaritan Hospital Foundation represents amounts held by The Good Samaritan Hospital Foundation on behalf of Good Samaritan

The amount due from Bethesda, Inc is a result of the timing of the Bethesda's disbursement to Bethesda, Inc for other operating expenses A $10,000 capital transfer was made to Bethesda, Inc to support Bethesda, Inc 's charitable mission for the year ended June 30, 2013 These capital transfers are recorded as direct reductions to unrestricted net assets

Good Samaritan recognized expense of $10,818 in 2013, related to overhead allocations, patient surveys and clinical engineering from the CHI National Office Good Samaritan also made net contributions of $8,188 to the CHI capital resource pool during 2013 These fund contributions are recorded as direct reductions to unrestricted net assets

(Dollar Amounts in Thousands)

M. Related Party Transactions (continued)

Due to Bethesda's relationship with the Bethesda Foundation Inc and Good Samaritan's relationship with The Good Samaritan Hospital Foundation, Bethesda and Good Samaritan are the principal beneficiaries of the Bethesda Foundation Inc and The Good Samaritan Hospital Foundation respectively, the following summary financial information of the Bethesda Foundation Inc and The Good Samaritan Hospital Foundation has been included in the notes to these combined financial statements

The following is a summary of the Bethesda Foundation Inc 's assets, liabilities, and net assets as of June 30

	2013	2012
		(Unaudited)
Investments	**$ 103,546**	$ 93,537
Other assets	**2,232**	2,712
Total assets	**$ 105,778**	$ 96,249
Liabilities	**$ 13,395**	$ 13,236
Net assets	**92,383**	83,013
Total liabilities and net assets	**$ 105,778**	$ 96,249

Liabilities of the Bethesda Foundation Inc , at June 30, 2013 and 2012 include $12,771 and $12,520 *(unaudited)*, respectively, due to TriHealth

(Dollar Amounts in Thousands)

M. Related Party Transactions (continued)

The following is a summary of the Bethesda Foundation Inc 's results of operations and changes in net assets for the year ended June 30, 2013

Unrestricted revenue	$ 12,714
Expenses	
Support to related parties	2,002
Other	2,075
Total expenses	4,077
Increase in unrestricted net assets before grant transfers	8,637
Grant transfers	701
Increase in unrestricted net assets	9,338
Other changes in net assets, net	32
Increase in net assets	9,370
Net assets at beginning of year	83,013
Net assets at end of year	$ 92,383

The following is a summary of The Good Samaritan Hospital Foundation's assets, liabilities, and net assets as of June 30

	2013	**2012** *(Unaudited)*
Investments	**$ 47,334**	$ 40,933
Other assets	**1,186**	1,083
Total assets	**$ 48,520**	$ 42,016
Liabilities	**$ 2,878**	$ 1,972
Net assets	**45,642**	40,044
Total liabilities and net assets	**$ 48,520**	$ 42,016

Liabilities of The Good Samaritan Hospital Foundation, at June 30, 2013 and 2012 include $2,641 and $1,752 *(unaudited)*, respectively, due to TriHealth Net assets of The Good Samaritan Hospital Foundation, at June 30, 2013 and 2012 include funds held for the benefit of Good Samaritan Hospital of $13,591 and $12,007 *(unaudited)*, respectively

(Dollar Amounts in Thousands)

M. Related Party Transactions (continued)

The following is a summary of The Good Samaritan Hospital Foundation's results of operations and changes in net assets for the year ended June 30, 2013

Unrestricted revenue	$	4,756
Expenses		
Support to related parties		884
Other		1,227
Total expenses		2,111
Excess of unrestricted revenue over expenses		2,645
Other changes in net assets, net		2,953
Increase in net assets		5,598
Net assets at beginning of year		40,044
Net assets at end of year	$	45,642

N. Investments in Unconsolidated Organizations

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

	2013	**2012**
		(Unaudited)
TriState Laundry	**$ 2,554**	$ 2,510
Vantage Oncology Treatment Centers – Ohio, LLC	**9,023**	9,345
Other	**1,585**	1,108
	$ 13,162	$ 12,963

O. Subsequent Events

TriHealth has evaluated and disclosed subsequent events through September 18, 2013, which is the date the combined financial statements were issued and made available No recognized or non-recognized subsequent events were identified for recognition or disclosure in the combined financial statements

Supplementary Information

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Report of Independent Auditors on Supplementary Information

The Board of Trustees
of TriHealth

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

Ernst & Young LLP

September 18, 2013

TriHealth

Combining Balance Sheet

June 30, 2013
(In Thousands)

	Bethesda Hospital, Inc. and Subsidiaries Consolidated	The Good Samaritan Hospital of Cincinnati, Ohio Consolidated	TriHealth, Inc. Consolidated	Combining Adjustments **	Reclass-ifications/ Eliminations	TriHealth Combined
Assets						
Current assets						
Cash and cash equivalents	$ 4,708	$ 19,536	$ (15,373)	$ 11	$ –	$ 8,882
Net patient accounts receivable, less allowance of $64,163	43,500	47,079	21,197	1,576	–	113,352
Other accounts receivable	4,100	3,299	4,194	(284)	–	11,309
Network affiliation receivable	4,103	–	–	–	(4,103)	–
Current portion of assets limited as to use	15,431	16,058	–	–	–	31,489
Inventories	2,200	3,420	1,300	–	–	6,920
Prepaid and other current assets	1,929	211	60	12	–	2,212
Due from (to) related organizations, net	42,805	54,874	(97,679)	(14,163)	14,911	748
Total current assets	118,776	144,477	(86,301)	(12,848)	10,808	174,912
Assets limited as to use and investments						
Assets limited as to use						
Internally designated for capital and other funds	299,001	349,363	–	(20,971)	–	627,393
Restricted by donors	3,157	31,872	–	(26,363)	–	8,666
Trustee held funds under professional liability funding arrangement	22,856	–	–	–	–	22,856
Investments	12,862	15,803	–	–	–	28,665
Total assets limited as to use and investments	337,876	397,038	–	(47,334)	–	687,580
Property and equipment, net	261,468	200,829	132,938	12,334	–	607,569
Investments in unconsolidated organizations	23,748	24,078	729	–	(35,393)	13,162
Goodwill and identifiable intangible assets, net	21,994	–	114,108	–	–	136,102
Due from related organizations, net	28,083	–	435	2,161	(1,320)	29,359
Other long-term assets	5,935	23,695	23,995	(901)	–	52,724
Total assets	$ 797,880	$ 790,117	$ 185,904	$ (46,588)	$ (25,905)	$ 1,701,408

**Combining adjustments include the addition of Bethesda Healthcare Inc., and elimination of The Good Samaritan Hospital Foundation and Bethesda Center for Reproductive Health and Fertility in accordance with the network affiliation agreement

TriHealth

Combining Balance Sheet (continued)

June 30, 2013
(In Thousands)

	Bethesda Hospital, Inc. and Subsidiaries Consolidated	The Good Samaritan Hospital of Cincinnati, Ohio Consolidated	TriHealth, Inc. Consolidated	Combining Adjustments **	Reclass-ifications/ Eliminations	TriHealth Combined
Liabilities and net assets						
Current liabilities						
Compensation and benefits	$ 24,470	$ 20,643	$ 48,984	$ 1,345	$ –	$ 95,442
Third-party liabilities	6,019	7,132	–	–	–	13,151
Accounts payable and accrued expenses	18,975	12,025	18,491	375	–	49,866
Network affiliation payable	–	4,103	–	–	(4,103)	–
Current portion of long-term debt	12,746	11,710	–	–	–	24,456
Total current liabilities	62,210	55,613	67,475	1,720	(4,103)	182,915
Accrued professional liability	21,564	15,688	8,897	–	–	46,149
Pension obligation	29,520	12,907	27,441	–	–	69,868
Long-term compensation and benefits and other long-term liabilities	18,900	24,342	19,016	12	–	62,270
Capital lease obligations	24,320	12,138	27,682	–	–	64,140
Long-term debt	175,528	114,239	–	–	–	289,767
Total liabilities	332,042	234,927	150,511	1,732	(4,103)	715,109
Net assets						
Unrestricted	452,930	523,319	35,393	(21,958)	(35,393)	954,291
Temporarily restricted	12,908	19,100	–	(13,591)	13,591	32,008
Permanently restricted	–	12,771	–	(12,771)	–	–
Total net assets	465,838	555,190	35,393	(48,320)	(21,802)	986,299
Total liabilities and net assets	$ 797,880	$ 790,117	$ 185,904	$ (46,588)	$ (25,905)	$ 1,701,408

**Combining adjustments include the addition of Bethesda Healthcare Inc . and elimination of The Good Samaritan Hospital Foundation and Bethesda Center for Reproductive Health and Fertility in accordance with the network affiliation agreement

TriHealth

Combining Statement of Operations and Changes in Net Assets

Year Ended June 30, 2013

(In Thousands)

	Bethesda Hospital, Inc and Subsidiaries Consolidated	The Good Samaritan Hospital of Cincinnati, Ohio Consolidated	TriHealth, Inc Consolidated	Combining Adjustments **	Reclassifications/ Eliminations	TriHealth Combined
Revenue						
Patient service revenue (net of contractual provisions and discounts)	$ 575,221	$ 518,308	$ 235,240	$ 5,033	$ –	$ 1,333,802
Provision for bad debt	(41,120)	(33,164)	(6,133)	(41)	–	(80,458)
Net patient service revenue less provision for bad debts	534,101	485,144	229,107	4,992	–	1,253,344
Nonpatient (loss) revenue						
(Loss) revenue from unconsolidated organizations	(27,402)	(25,923)	54	–	57,828	4,557
Operating income (loss) from network affiliation	3,097	(3,097)	–	–	–	–
Other revenue, net	24,942	27,672	38,329	18,395	(8,032)	101,306
Total revenue	534,738	483,796	267,490	23,387	49,796	1,356,207
Expenses						
Salaries and wages	182,605	155,367	273,524	12,051	–	623,547
Employee benefits	51,233	37,237	49,351	2,000	(548)	139,873
Medical professional fees	5,904	2,804	300	60	–	9,068
Purchased services	31,171	14,336	31,530	2,000	–	79,037
Supplies	99,443	108,933	40,142	564	–	249,082
Utilities	4,932	4,516	8,293	501	–	18,242
Insurance	(466)	4,545	4,954	(39)	–	8,994
Rental, leases, and maintenance	10,555	5,000	33,713	906	(4,101)	46,172
Depreciation and amortization	23,806	19,203	22,546	486	–	66,041
Interest	9,622	6,494	1,097	309	–	17,522
Services provided by affiliates	–	5,716	–	–	–	5,716
Shared service allocation	83,415	85,619	(169,850)	98	–	(718)
Other, net	11,243	12,378	29,710	1,558	(3,383)	51,506
Total operating expenses	513,403	462,247	325,310	21,094	(8,032)	1,314,082
Income (loss) from operations	21,275	21,549	(57,820)	2,293	57,828	45,125
Nonoperating income (loss)						
Nonoperating income (loss) from network affiliation	1,006	(1,006)	–	–	–	–
Investment income (loss)	35,355	39,540	(8)	(4,588)	–	70,299
Total nonoperating income (loss)	36,361	38,534	(8)	(4,588)	–	70,299
Excess of revenue over expenses (expenses over revenue)	57,636	60,083	(57,828)	(2,295)	57,828	115,424
Other changes in net assets						
Change in plan assets and benefit obligation of pension plans	22,041	12,509	7,324	–	–	41,874
Change in funded status of TriHealth, Inc. pension plan	3,662	3,662	–	–	(7,324)	–
Transfer to Bethesda Inc.	(10,000)	–	–	–	–	(10,000)
Transfer to CHI capital resource pool	–	(8,188)	–	–	–	(8,188)
Temporarily restricted contributions and investment income	697	1,456	–	(1,584)	1,584	2,153
Contributed capital	–	–	88,719	–	(88,719)	–
Other changes in net assets, net	(448)	708	(2,822)	(1,440)	5,702	1,820
Increase (decrease) in net assets	73,588	70,299	35,393	(5,319)	(30,869)	143,083
Net assets at beginning of year	392,250	484,900	–	(43,001)	9,067	843,216
Net assets at end of year	$ 465,838	$ 555,199	$ 35,393	$ (48,320)	$ (21,802)	$ 986,299

**Combining adjustments include the addition of Bethesda Healthcare Inc. and elimination of The Good Samaritan Hospital Foundation and Bethesda Center for Reproductive Health and Fertility in accordance with the network affiliation agreement

TriHealth

Combining Balance Sheet

June 30, 2012 (Unaudited)
(In Thousands)

	Bethesda Hospital, Inc. and Subsidiaries Consolidated	The Good Samaritan Hospital of Cincinnati, Ohio Consolidated	TriHealth, Inc. Consolidated	Combining Adjustments **	Reclass-ifications/ Eliminations	TriHealth Combined
Assets						
Current assets						
Cash and cash equivalents	$ 9,792	$ 16,120	$ (15,262)	$ 10	$ –	$ 10,660
Restricted cash	–	1,901	–	–	–	1,901
Net patient accounts receivable, less allowance of $52,163	38,112	39,199	13,834	1,686	–	92,831
Other accounts receivable	1,251	1,303	1,525	(199)	–	3,880
Network affiliation receivable	–	33	–	–	(33)	–
Current portion of assets limited as to use	19,168	22,152	–	–	–	41,320
Inventories	1,969	3,195	1,651	–	–	6,815
Prepaid and other current assets	2,054	143	47	6	–	2,250
Due from (to) related organizations, net	710	6,920	(4,689)	(13,480)	12,113	1,574
Total current assets	73,056	90,966	(2,894)	(11,977)	12,080	161,231
Assets limited as to use and investments						
Assets limited as to use						
Internally designated for capital and other funds	317,562	363,701	–	(16,298)	–	664,965
Restricted by donors	3,155	30,272	–	(24,635)	–	8,792
Trustee held funds under professional liability funding arrangement	20,637	–	–	–	–	20,637
Investments	23,797	34,330	–	–	–	58,127
Total assets limited as to use and investments	365,151	428,303	–	(40,933)	–	752,521
Property and equipment, net	265,955	190,944	85,987	12,263	–	555,149
Investments in unconsolidated organizations	6,201	6,033	728	–	1	12,963
Goodwill and identifiable intangible assets, net	19,353	–	14,605	–	–	33,958
Due from related organizations, net	29,977	–	26	541	(3,047)	27,497
Other long-term assets	5,975	21,522	23,312	(877)	–	49,932
Total assets	$ 765,668	$ 737,768	$ 121,764	$ (40,983)	$ 9,034	$ 1,593,251

**Combining adjustments include the addition of Bethesda Healthcare Inc. and elimination of The Good Samaritan Hospital Foundation and Bethesda Center for Reproductive Health and Fertility in accordance with the network affiliation agreement

TriHealth

Combining Balance Sheet (continued)

June 30, 2012 (Unaudited)
(In Thousands)

	Bethesda Hospital, Inc. and Subsidiaries Consolidated	The Good Samaritan Hospital of Cincinnati, Ohio Consolidated	TriHealth, Inc. Consolidated	Combining Adjustments **	Reclass-ifications/ Eliminations	TriHealth Combined
Liabilities and net assets						
Current liabilities						
Compensation and benefits	$ 24,024	$ 21,557	$ 43,166	$ 1,370	$ –	$ 90,117
Third-party liabilities	4,687	10,465	–	–	–	15,152
Accounts payable and accrued expenses	21,188	13,952	20,030	517	–	55,687
Network affiliation payable	33	–	–	–	(33)	–
Current portion of long-term debt	12,198	11,196	–	–	–	23,394
Total current liabilities	62,130	57,170	63,196	1,887	(33)	184,350
Accrued professional liability	22,282	15,676	7,400	–	–	45,358
Pension obligation	58,124	31,843	37,583	–	–	127,550
Long-term compensation and benefits and other long-term liabilities	20,684	22,231	13,551	131	–	56,597
Capital lease obligations	21,923	–	34	–	–	21,957
Long-term debt	188,275	125,948	–	–	–	314,223
Total liabilities	373,418	252,868	121,764	2,018	(33)	750,035
Net assets						
Unrestricted	380,040	454,628	–	(18,366)	(2,940)	813,362
Temporarily restricted	12,210	17,644	–	(12,007)	12,007	29,854
Permanently restricted	–	12,628	–	(12,628)	–	–
Total net assets	392,250	484,900	–	(43,001)	9,067	843,216
Total liabilities and net assets	$ 765,668	$ 737,768	$ 121,764	$ (40,983)	$ 9,034	$ 1,593,251

**Combining adjustments include the addition of Bethesda Healthcare Inc . and elimination of The Good Samaritan Hospital Foundation and Bethesda Center for Reproductive Health and Fertility in accordance with the network affiliation agreement

Bethesda Hospital, Inc. and Subsidiaries

Consolidating Balance Sheet

June 30, 2013
(In Thousands)

	Bethesda Properties, Inc.	Senior Services, a Division of Bethesda Hospital, Inc.	Hospice of Cincinnati, Inc. and Subsidiary	Bethesda Hospital, Inc.	Reclass-ifications/ Eliminations	Bethesda Hospital, Inc. and Subsidiaries Consolidated
Assets						
Current assets						
Cash and cash equivalents	$ –	$ (616)	$ 74	$ 5,250	$ –	$ 4,708
Net patient accounts receivable, less allowance of $29,625	–	369	4,555	38,576	–	43,500
Other accounts receivable	2	–	–	4,098	–	4,100
Network affiliation receivable	–	–	–	4,103	–	4,103
Current portion of assets limited as to use	–	–	–	15,431	–	15,431
Inventories	–	–	–	2,200	–	2,200
Prepaid and other current assets	–	–	20	1,909	–	1,929
Due from (to) related organizations, net	3,848	56,169	7,964	(25,176)	–	42,805
Total current assets	3,850	55,922	12,613	46,391	–	118,776
Assets limited as to use and investments						
Assets limited as to use						
Internally designated for capital and other funds	–	–	10,173	288,828	–	299,001
Restricted by donors	–	–	–	3,157	–	3,157
Trustee held funds under professional liability funding arrangement	–	–	–	22,856	–	22,856
Investments	–	–	–	12,862	–	12,862
Total assets limited as to use and investments	–	–	10,173	327,703	–	337,876
Property and equipment, net	20,415	23	8,782	232,248	–	261,468
Investments in unconsolidated organizations	–	–	–	28,646	(4,898)	23,748
Goodwill and identifiable intangible assets	–	–	–	21,994	–	21,994
Due from related organizations, net	–	–	1,708	26,375	–	28,083
Other long-term assets	–	–	682	5,935	(682)	5,935
Total assets	$ 24,265	$ 55,945	$ 33,958	$ 689,292	$ (5,580)	$ 797,880

Bethesda Hospital, Inc. and Subsidiaries

Consolidating Balance Sheet (continued)

June 30, 2013
(In Thousands)

	Bethesda Properties, Inc.	Senior Services, a Division of Bethesda Hospital, Inc.	Hospice of Cincinnati, Inc. and Subsidiary	Bethesda Hospital, Inc.	Reclass-ifications/ Eliminations	Bethesda Hospital, Inc. and Subsidiaries Consolidated
Liabilities and net assets						
Current liabilities						
Compensation and benefits	$ 3	$ –	$ 1,783	$ 22,684	$ –	$ 24,470
Third-party liabilities	–	–	–	6,019	–	6,019
Accounts payable and accrued expenses	907	5,404	1,122	11,542	–	18,975
Current portion of long-term debt	–	–	–	12,746	–	12,746
Total current liabilities	910	5,404	2,905	52,991	–	62,210
Accrued professional liability	–	–	279	21,564	(279)	21,564
Pension obligation	–	–	–	29,520	–	29,520
Long-term compensation and benefits and other long-term liabilities	1,926	2,103	403	14,871	(403)	18,900
Capital lease obligation	–	–	–	24,320	–	24,320
Long-term debt	–	–	–	175,528	–	175,528
Total liabilities	2,836	7,507	3,587	318,794	(682)	332,042
Net assets						
Unrestricted	21,429	48,438	28,542	359,298	(4,777)	452,930
Temporarily restricted	–	–	1,829	11,200	(121)	12,908
Total net assets	21,429	48,438	30,371	370,498	(4,898)	465,838
Total liabilities and net assets	$ 24,265	$ 55,945	$ 33,958	$ 689,292	$ (5,580)	$ 797,880

Bethesda Hospital, Inc and Subsidiaries

Consolidating Statement of Operations and Changes in Net Assets

Year Ended June 30, 2013

(In Thousands)

	Bethesda Properties, Inc	Senior Services, a Division of Bethesda Hospital, Inc	Hospice of Cincinnati, Inc and Subsidiary	Bethesda Hospital, Inc	Reclass-ifications/ Eliminations	Bethesda Hospital, Inc and Subsidiaries Consolidated
Revenue						
Patient service revenue (net of contractual provisions and discounts)	$ –	$ 33 324	$ 41 064	$ 510 731	$ (9 898)	$ 575 221
Provision for bad debt	–	(243)	(17)	(40 860)	–	(41 120)
Net patient service revenue less provision for bad debts	–	33 081	41 047	469 871	(9 898)	534 101
Nonpatient (loss) revenue						
Loss from unconsolidated organizations	–	–	–	(27 512)	110	(27 402)
Operating revenue from network affiliation	–	–	–	3 097	–	3 097
Other revenue, net	5 738	1 528	7 730	18 217	(8 271)	24 942
Total revenue	5 738	34 609	48 777	463 673	(18 059)	534 738
Expenses						
Salaries and wages	358	8 778	27 445	152 109	(6 085)	182 605
Employee benefits	106	2 186	6 960	43 645	(1 664)	51 233
Medical professional fees	–	2 721	351	3 013	(181)	5 904
Purchased services	283	10 786	2 784	18 803	(1 485)	31 171
Supplies	431	4 332	4 032	93 701	(3 053)	99 443
Utilities	608	172	671	3 481	–	4 932
Insurance	–	–	3	(459)	(10)	(466)
Rental, leases and maintenance	5	715	2 802	9 104	(2 071)	10 555
Depreciation and amortization	1 425	149	885	21 347	–	23 806
Interest	127	–	–	9 495	–	9 622
Shared service allocation	51	1 195	252	81 917	–	83 415
Other, net	32	484	1 190	13 158	(3 621)	11 243
Total operating expenses	3 426	31 518	47 375	449 314	(18 170)	513 463
Income from operations	2 312	3 091	1 402	14 359	111	21 275
Nonoperating income						
Nonoperating income from network affiliation	–	–	–	1 006	–	1 006
Investment income	–	–	1 026	34 329	–	35 355
Total nonoperating income	–	–	1 026	35 335	–	36 361
Excess of revenue over expenses	2 312	3 091	2 428	49 694	111	57 636
Other changes in net assets						
Change in plan assets and benefit obligation of pension plan	–	–	–	22 041	–	22 041
Change in funded status of TriHealth, Inc. pension plan	–	–	–	3 662	–	3 662
Transfer to Bethesda Inc.	–	–	–	(10 000)	–	(10 000)
Temporarily restricted contributions and investment income	–	–	63	634	–	697
Other changes in net assets, net	(834)	–	833	(511)	64	(448)
Increase in net assets	1 478	3 091	3 324	65 520	175	73 588
Net assets at beginning of year	19 951	45 347	27 047	304 978	(5 073)	392 250
Net assets at end of year	$ 21 429	$ 48 438	$ 30 371	$ 370 498	$ (4 898)	$ 465 838

Bethesda Hospital, Inc. and Subsidiaries

Consolidating Balance Sheet

June 30, 2012 (Unaudited)
(In Thousands)

	Bethesda Properties, Inc.	Senior Services, a Division of Bethesda Hospital, Inc.	Hospice of Cincinnati, Inc. and Subsidiary	Bethesda Hospital, Inc.	Reclass-ifications/ Eliminations	Bethesda Hospital, Inc. and Subsidiaries Consolidated
Assets						
Current assets						
Cash and cash equivalents	$ –	$ (466)	$ 67	$ 10,191	$ –	$ 9,792
Net patient accounts receivable, less allowance of $21,869	–	259	5,701	32,152	–	38,112
Other accounts (payable) receivable	(21)	–	–	1,272	–	1,251
Current portion of assets limited as to use	–	–	–	19,168	–	19,168
Inventories	–	–	–	1,969	–	1,969
Prepaid and other current assets	–	–	99	1,955	–	2,054
Due from (to) related organizations, net	544	54,820	4,827	(59,481)	–	710
Total current assets	523	54,613	10,694	7,226	–	73,056
Assets limited as to use and investments						
Assets limited as to use						
Internally designated for capital and other funds	–	–	9,148	308,414	–	317,562
Restricted by donors	–	–	–	3,155	–	3,155
Trustee held funds under professional liability funding arrangement	–	–	–	20,637	–	20,637
Investments	–	–	–	23,797	–	23,797
Total assets limited as to use and investments	–	–	9,148	356,003	–	365,151
Property and equipment, net	22,282	28	8,719	234,926	–	265,955
Investments in unconsolidated organizations	–	–	–	11,274	(5,073)	6,201
Goodwill and identifiable intangible assets	–	–	–	19,353	–	19,353
Due from related organizations, net	–	–	1,644	28,333	–	29,977
Other long-term assets	–	–	598	5,975	(598)	5,975
Total assets	$ 22,805	$ 54,641	$ 30,803	$ 663,090	$ (5,671)	$ 765,668

Bethesda Hospital, Inc. and Subsidiaries

Consolidating Balance Sheet (continued)

June 30, 2012 (Unaudited)
(In Thousands)

	Bethesda Properties, Inc.	Senior Services, a Division of Bethesda Hospital, Inc.	Hospice of Cincinnati, Inc. and Subsidiary	Bethesda Hospital, Inc.	Reclass-ifications/ Eliminations	Bethesda Hospital, Inc. and Subsidiaries Consolidated
Liabilities and net assets						
Current liabilities						
Compensation and benefits	$ –	$ 32	$ 1,746	$ 22,246	$ –	$ 24,024
Third-party liabilities	–	–	–	4,687	–	4,687
Accounts payable and accrued expenses	934	5,461	1,412	13,381	–	21,188
Network affiliation payable	–	–	–	33	–	33
Current portion of long-term debt	–	–	–	12,198	–	12,198
Total current liabilities	934	5,493	3,158	52,545	–	62,130
Accrued professional liability	–	–	598	22,282	(598)	22,282
Pension obligation	–	–	–	58,124	–	58,124
Long-term compensation and benefits and other long-term liabilities	1,920	3,801	–	14,963	–	20,684
Capital lease obligation	–	–	–	21,923	–	21,923
Long-term debt	–	–	–	188,275	–	188,275
Total liabilities	2,854	9,294	3,756	358,112	(598)	373,418
Net assets						
Unrestricted	19,951	45,347	25,282	294,412	(4,952)	380,040
Temporarily restricted	–	–	1,765	10,566	(121)	12,210
Total net assets	19,951	45,347	27,047	304,978	(5,073)	392,250
Total liabilities and net assets	$ 22,805	$ 54,641	$ 30,803	$ 663,090	$ (5,671)	$ 765,668

The Good Samaritan Hospital of Cincinnati, Ohio

Consolidating Balance Sheet

June 30, 2013
(In Thousands)

	The Good Samaritan Hospital of Cincinnati, Ohio	The Good Samaritan Hospital College of Nursing*	The Good Samaritan Hospital Medical Office Building*	Community Limited Care Dialysis Center	The Good Samaritan Hospital Foundation	The Good Samaritan Hospital Special Funds*	Reclasses/ Eliminations	The Good Samaritan Hospital of Cincinnati, Ohio Consolidated
Assets								
Current assets								
Cash and cash equivalents	$ 19,535	$ 1	$ –	$ –	$ –	$ –	$ –	$ 19,536
Net patient accounts receivable, less allowance of $27,649	47,079	–	–	–	–	–	–	47,079
Other accounts receivable	3,014	–	–	–	285	–	–	3,299
Current portion of assets limited as to use	16,058	–	–	–	–	–	–	16,058
Inventories	3,420	–	–	–	–	–	–	3,420
Prepaid and other current assets	99	112	–	–	–	–	–	211
Due from (to) related organizations, net	61,082	(21,889)	–	20,906	(2,641)	(2,584)	–	54,874
Total current assets	150,287	(21,776)	–	20,906	(2,356)	(2,584)	–	144,477
Assets limited as to use and investments								
Assets limited as to use								
Internally designated for capital and other funds	325,808	–	–	–	20,971	2,584	–	349,363
Restricted by donors	–	–	–	–	26,363	5,509	–	31,872
Investments	15,803	–	–	–	–	–	–	15,803
Total assets limited as to use and investments	341,611	–	–	–	47,334	8,093	–	397,038
Property and equipment, net	171,283	248	26,949	2,349	–	–	–	200,829
Investments in unconsolidated organizations	55,448	–	–	637	–	–	(32,007)	24,078
Other long-term assets	22,794	–	–	–	901	–	–	23,695
Total assets	$ 741,423	$ (21,528)	$ 26,949	$ 23,892	$ 45,879	$ 5,509	$ (32,007)	$ 790,117

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

The Good Samaritan Hospital of Cincinnati, Ohio

Consolidating Balance Sheet (continued)

June 30, 2013
(In Thousands)

	The Good Samaritan Hospital of Cincinnati, Ohio	The Good Samaritan Hospital College of Nursing*	The Good Samaritan Hospital Medical Office Building*	Community Limited Care Dialysis Center	The Good Samaritan Hospital Foundation	The Good Samaritan Hospital Special Funds*	Reclasses/ Eliminations	The Good Samaritan Hospital of Cincinnati, Ohio Consolidated
Liabilities and net assets (deficit)								
Current liabilities								
Compensation and benefits	$ 20,639	$ –	$ –	$ –	$ 4	$ –	$ –	$ 20,643
Third-party liabilities	7,132	–	–	–	–	–	–	7,132
Accounts payable and accrued expenses	11,353	8	–	431	233	–	–	12,025
Network affiliation payable	4,103	–	–	–	–	–	–	4,103
Current portion of long-term debt	11,710	–	–	–	–	–	–	11,710
Total current liabilities	54,937	8	–	431	237	–	–	55,613
Accrued professional liability	15,688	–	–	–	–	–	–	15,688
Pension obligation	12,907	–	–	–	–	–	–	12,907
Long-term compensation and benefits and other long-term liabilities	24,340	2	–	–	–	–	–	24,342
Capital lease obligations	12,138	–	–	–	–	–	–	12,138
Long-term debt	90,511	–	23,728	–	–	–	–	114,239
Total liabilities	210,521	10	23,728	431	237	–	–	234,927
Net assets (deficit)								
Unrestricted	530,902	(21,538)	3,221	23,461	19,280	–	(32,007)	523,319
Temporarily restricted	–	–	–	–	13,591	5,509	–	19,100
Permanently restricted	–	–	–	–	12,771	–	–	12,771
Total net assets (deficit)	530,902	(21,538)	3,221	23,461	45,642	5,509	(32,007)	555,190
Total liabilities and net assets (deficit)	$ 741,423	$ (21,528)	$ 26,949	$ 23,892	$ 45,879	$ 5,509	$ (32,007)	$ 790,117

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

The Good Samaritan Hospital of Cincinnati, Ohio

Consolidating Statement of Operations and Changes in Net Assets

Year Ended June 30, 2013
(In Thousands)

	The Good Samaritan Hospital of Cincinnati, Ohio	The Good Samaritan Hospital College of Nursing*	The Good Samaritan Hospital Medical Office Building*	Community Limited Care Dialysis Center	The Good Samaritan Hospital Foundation	The Good Samaritan Hospital Special Funds*	Reclassev/ Eliminations	The Good Samaritan Hospital of Cincinnati, Ohio Consolidated
Revenue								
Patient service revenue (net of contractual provisions and discounts)	$ 532 585	$ –	$ 3 073	$ –	$ –	$ –	$ (18 250)	$ 518 308
Provision for bad debt	(33 164)	–	–	–	–	–	–	(33 164)
Net patient service revenue less provision for bad debts	499 421	–	3 073	–	–	–	(18 250)	485 144
Non-patient (loss) revenue								
(Loss) income from unconsolidated organizations	(25 543)	–	–	1 854	–	–	(2 234)	(25 923)
Operating loss from network affiliation	(3 097)	–	–	–	–	–	–	(3 097)
Other revenue net	22 663	3 762	1 344	490	168	–	(755)	27 672
Total revenue	493 444	3 762	5 317	2 344	168	–	(21 239)	483 796
Expenses								
Salaries and wages	157 707	4 615	132	–	436	–	(7 613)	155 367
Employee benefits	38 053	855	32	–	118	–	(1 821)	37 237
Medical professional fees	2 932	–	–	–	–	–	(128)	2 804
Purchased services	15 070	110	12	–	209	–	(1 074)	14 336
Supplies	110 950	85	2 880	–	5	–	(4 987)	108 933
Utilities	4 396	3	115	–	2	–	–	4 516
Insurance	4 555	–	–	–	–	–	(10)	4 545
Rental leases and maintenance	6 011	70	–	13	4	–	(1 008)	5 090
Depreciation and amortization	17 803	101	1 067	82	–	–	–	19 203
Interest	6 045	–	449	–	–	–	–	6 494
Services provided by affiliates	5 716	–	–	–	–	–	–	5 716
Shared service allocation	85 270	–	–	4	336	–	–	85 610
Other net	12 951	491	288	11	1 001	–	(2 364)	12 378
Total operating expenses	467 057	6 390	4 975	110	2 111	–	(19 005)	462 247
Income (loss) from operations	25 787	(2 637)	342	2 234	(1 943)	–	(2 234)	21 549
Nonoperating (loss) income								
Nonoperating loss from network affiliation	(1 000)	–	–	–	–	–	–	(1 000)
Investment income	34 941	–	11	–	4 588	–	–	39 540
Total nonoperating income	33 935	–	11	–	4 588	–	–	38 534
Excess of revenue over expenses (expenses over revenue)	59 722	(2 637)	353	2 234	2 645	–	(2 234)	60 083
Other changes in net assets								
Change in plan assets and benefit obligation of pension plan	12 500	–	–	–	–	–	–	12 500
Change in funded status of TriHealth Inc pension plan	3 002	–	–	–	–	–	–	3 002
Transfer to CHI capital resource pool	(8 188)	–	–	–	–	–	–	(8 188)
Temporarily restricted contributions and investment income	–	–	–	–	1 584	(128)	–	1 456
Other changes in net assets net	235	–	389	–	1 309	–	(1 225)	708
Increase (decrease) in net assets	67 940	(2 637)	742	2 234	5 598	(128)	(3 459)	70 290
Net assets (deficit) at beginning of year	462 962	(18 901)	2 479	21 227	40 044	5 037	(28 548)	484 900
Net assets (deficit) at end of year	$ 530 902	$ (21 538)	$ 3 221	$ 23 461	$ 45 642	$ 5 509	$ (32 007)	$ 555 190

*A department of The Good Samaritan Hospital of Cincinnati Ohio

The Good Samaritan Hospital of Cincinnati, Ohio

Consolidating Balance Sheet

June 30, 2012 (Unaudited)
(In Thousands)

	The Good Samaritan Hospital of Cincinnati, Ohio	The Good Samaritan Hospital College of Nursing*	The Good Samaritan Hospital Medical Office Building*	Community Limited Care Dialysis Center	The Good Samaritan Hospital Foundation	The Good Samaritan Hospital Special Funds*	Reclasses/ Eliminations	The Good Samaritan Hospital of Cincinnati, Ohio Consolidated
Assets								
Current assets								
Cash and cash equivalents	$ 16,116	$ 4	$ –	$ –	$ –	$ –	$ –	$ 16,120
Restricted cash	–	–	1,901	–	–	–	–	1,901
Net patient accounts receivable, less allowance of $25,939	39,199	–	–	–	–	–	–	39,199
Other accounts receivable	1,097	–	–	–	206	–	–	1,303
Network affiliation receivable	33	–	–	–	–	–	–	33
Current portion of assets limited as to use	22,152	–	–	–	–	–	–	22,152
Inventories	3,195	–	–	–	–	–	–	3,195
Prepaid and other current assets	44	99	–	–	–	–	–	143
Due from (to) related organizations, net	11,174	(19,147)	–	19,073	(1,752)	(2,429)	1	6,920
Total current assets	93,010	(19,044)	1,901	19,073	(1,546)	(2,429)	1	90,966
Assets limited as to use and investments								
Assets limited as to use								
Internally designated for capital and other funds	344,974	–	–	–	16,298	2,429	–	363,701
Restricted by donors	–	–	–	–	24,635	5,637	–	30,272
Investments	34,330	–	–	–	–	–	–	34,330
Total assets limited as to use and investments	379,304	–	–	–	40,933	8,066	–	428,303
Property and equipment, net	163,001	182	25,330	2,431	–	–	–	190,944
Investments in unconsolidated organizations	34,427	–	–	154	–	–	(28,548)	6,033
Other long-term assets	20,645	–	–	–	877	–	–	21,522
Total assets	$ 690,387	$ (18,862)	$ 27,231	$ 21,658	$ 40,264	$ 5,637	$ (28,547)	$ 737,768

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

The Good Samaritan Hospital of Cincinnati, Ohio

Consolidating Balance Sheet (continued)

June 30, 2012 (Unaudited)
(In Thousands)

	The Good Samaritan Hospital of Cincinnati, Ohio	The Good Samaritan Hospital College of Nursing*	The Good Samaritan Hospital Medical Office Building*	Community Limited Care Dialysis Center	The Good Samaritan Hospital Foundation	The Good Samaritan Hospital Special Funds*	Reclasses/ Eliminations	The Good Samaritan Hospital of Cincinnati, Ohio Consolidated
Liabilities and net assets (deficit)								
Current liabilities								
Compensation and benefits	$ 21.553	$ –	$ –	$ –	$ 4	$ –	$ –	$ 21.557
Third-party liabilities	10.465	–	–	–	–	–	–	10.465
Accounts payable and accrued expenses	12.245	34	1.025	431	216	–	1	13.952
Current portion of long-term debt	11.196	–	–	–	–	–	–	11.196
Total current liabilities	55.459	34	1.025	431	220	–	1	57.170
Accrued professional liability	15.676	–	–	–	–	–	–	15.676
Pension obligation	31.843	–	–	–	–	–	–	31.843
Long-term compensation and benefits and other long-term liabilities	22.226	5	–	–	–	–	–	22.231
Long-term debt	102.221	–	23.727	–	–	–	–	125.948
Total liabilities	227.425	39	24.752	431	220	–	1	252.868
Net assets (deficit)								
Unrestricted	462.962	(18.901)	2.479	21.227	15.409	–	(28.548)	454.628
Temporarily restricted	–	–	–	–	12.007	5.637	–	17.644
Permanently restricted	–	–	–	–	12.628	–	–	12.628
Total net assets (deficit)	462.962	(18.901)	2.479	21.227	40.044	5.637	(28.548)	484.900
Total liabilities and net assets (deficit)	$ 690.387	$ (18.862)	$ 27.231	$ 21.658	$ 40.264	$ 5.637	$ (28.547)	$ 737.768

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

TriHealth, Inc. and Subsidiaries

Consolidating Balance Sheet

June 30, 2013
(In Thousands)

	TriHealth Physician Partners	TriHealth Hospital, Inc.	Other TriHealth, Inc. Entities	Reclass-ifications/ Eliminations	TriHealth, Inc. Consolidated
Assets					
Current assets					
Cash and cash equivalents	$ 2,140	$ –	$ (17,513)	$ –	$ (15,373)
Net patient accounts receivable, less allowance of $5,836	15,492	5,649	56	–	21,197
Other accounts receivable	2,759	3	1,432	–	4,194
Inventories	1,297	–	3	–	1,300
Prepaid and other current assets	(5)	–	65	–	60
Due (to) from related organizations, net	(155,169)	(3,731)	61,221	–	(97,679)
Total current assets	(133,486)	1,921	45,264	–	(86,301)
Property and equipment, net	13,235	33,014	86,689	–	132,938
Investments in unconsolidated organizations	(74,650)	–	(89,597)	164,976	729
Goodwill and identifiable intangible assets, net	16,441	97,667	–	–	114,108
Due from related organizations, net	–	–	435	–	435
Other long-term assets	4,261	–	19,734	–	23,995
Total assets	$ (174,199)	$ 132,602	$ 62,525	$ 164,976	$ 185,904

TriHealth, Inc. and Subsidiaries

Consolidating Balance Sheet (continued)

June 30, 2013
(In Thousands)

	TriHealth Physician Partners	TriHealth Hospital, Inc.	Other TriHealth, Inc. Entities	Reclass-ifications/ Eliminations	TriHealth, Inc. Consolidated
Liabilities and net assets (deficit)					
Current liabilities					
Compensation and benefits	$ 30,788	$ 691	$ 17,505	$ –	$ 48,984
Accounts payable and accrued expenses	4,707	1,567	12,217	–	18,491
Total current liabilities	35,495	2,258	29,722	–	67,475
Accrued professional liability	3,766	36	5,095	–	8,897
Pension obligation	–	–	27,441	–	27,441
Long-term compensation and benefits and other long-term liabilities	12,570	48	6,398	–	19,016
Capital lease obligation	–	27,682	–	–	27,682
Total liabilities	51,831	30,024	68,656	–	150,511
Net assets (deficit)					
Unrestricted	(226,030)	102,578	(6,131)	164,976	35,393
Total net assets (deficit)	(226,030)	102,578	(6,131)	164,976	35,393
Total liabilities and net assets (deficit)	$ (174,199)	$ 132,602	$ 62,525	$ 164,976	$ 185,904

TriHealth, Inc and Subsidiaries

Consolidating Statement of Operations and Changes in Net Assets

Year Ended June 30, 2013

(In Thousands)

	TriHealth Physician Partners	TriHealth Hospital, Inc	Other TriHealth, Inc Entities	Reclass-ifications/ Eliminations	TriHealth, Inc Consolidated
Revenue					
Patient service revenue (net of contractual provisions and discounts)	$ 222 676	$ 12 645	$ (81)	$ –	$ 235 240
Provision for bad debt	(5 794)	(339)	–	–	(6 133)
Net patient service revenue less provision for bad debts	216 882	12 306	(81)	–	229 107
Nonpatient (loss) revenue					
Loss from unconsolidated organizations	(18 032)	–	(18 609)	36 695	54
Other revenue, net	28 547	233	10 102	(553)	38 329
Total revenue	227 397	12 539	(8 588)	36 142	267 490
Expenses					
Salaries and wages	199 142	4 438	69 944	–	273 524
Employee benefits	27 394	959	20 998	–	49 351
Medical professional fees	–	175	125	–	300
Purchased services	6 538	733	24 259	–	31 530
Supplies	33 980	4 143	2 019	–	40 142
Utilities	2 050	206	6 037	–	8 293
Insurance	3 759	36	1 159	–	4 954
Rental, leases, and maintenance	13 721	90	20 354	(452)	33 713
Depreciation and amortization	4 751	1 333	16 462	–	22 546
Interest	–	1 198	(101)	–	1 097
Shared service allocation	1 429	–	(171 279)	–	(169 850)
Other, net	9 436	650	19 725	(101)	29 710
Total operating expenses	302 200	13 961	9 702	(553)	325 310
Loss from operations	(74 803)	(1 422)	(18 290)	36 695	(57 820)
Nonoperating loss					
Investment loss	–	–	(8)	–	(8)
Total nonoperating loss	–	–	(8)	–	(8)
Excess of expenses over revenue	(74 803)	(1 422)	(18 298)	36 695	(57 828)
Other changes in net assets					
Change in plan assets and benefit obligation of pension plan	–	–	7 324	–	7 324
Contributed capital	–	104 000	(15 281)	–	88 719
Other changes in net assets, net	33	–	(2 855)	–	(2 822)
(Decrease) increase in net assets	(74 770)	102 578	(29 110)	36 695	35 393
Net (deficit) assets at beginning of year	(151 260)	–	22 979	128 281	–
Net (deficit) assets at end of year	$ (226 030)	$ 102 578	$ (6 131)	$ 164 976	$ 35 393

TriHealth, Inc. and Subsidiaries

Consolidating Balance Sheet

June 30, 2012 (Unaudited)
(In Thousands)

	TriHealth Physician Partners	TriHealth Hospital, Inc.	Other TriHealth, Inc. Entities	Reclass-ifications/ Eliminations	TriHealth, Inc. Consolidated
Assets					
Current assets					
Cash and cash equivalents	$ 1,993	$ –	$ (17,255)	$ –	$ (15,262)
Net patient accounts receivable, less allowance of $3,308	13,780	–	54	–	13,834
Other accounts receivable	802	–	723	–	1,525
Inventories	1,651	–	–	–	1,651
Prepaid and other current assets	(11)	–	58	–	47
Due (to) from related organizations, net	(95,116)	–	90,427	–	(4,689)
Total current assets	(76,901)	–	74,007	–	(2,894)
Property and equipment, net	10,208	–	75,779	–	85,987
Investments in unconsolidated organizations	(56,565)	–	(70,988)	128,281	728
Goodwill and identifiable intangible assets, net	14,605	–	–	–	14,605
Due from related organizations, net	–	–	26	–	26
Other long-term assets	3,544	–	19,768	–	23,312
Total assets	$ (105,109)	$ –	$ 98,592	$ 128,281	$ 121,764

TriHealth, Inc. and Subsidiaries

Consolidating Balance Sheet (continued)

June 30, 2012 (Unaudited)
(In Thousands)

	TriHealth Physician Partners	TriHealth Hospital, Inc.	Other TriHealth, Inc. Entities	Reclass-ifications/ Eliminations	TriHealth, Inc. Consolidated
Liabilities and net assets (deficit)					
Current liabilities					
Compensation and benefits	$ 27,568	$ –	$ 15,598	$ –	$ 43,166
Accounts payable and accrued expenses	7,476	–	12,554	–	20,030
Total current liabilities	35,044	–	28,152	–	63,196
Accrued professional liability	3,424	–	3,976	–	7,400
Pension obligation	–	–	37,583	–	37,583
Long-term compensation and benefits and other long-term liabilities	7,649	–	5,902	–	13,551
Capital lease obligation	34	–	–	–	34
Total liabilities	46,151	–	75,613	–	121,764
Net assets (deficit)					
Unrestricted	(151,260)	–	22,979	128,281	–
Total net assets (deficit)	(151,260)	–	22,979	128,281	–
Total liabilities and net assets (deficit)	$ (105,109)	$ –	$ 98,592	$ 128,281	$ 121,764

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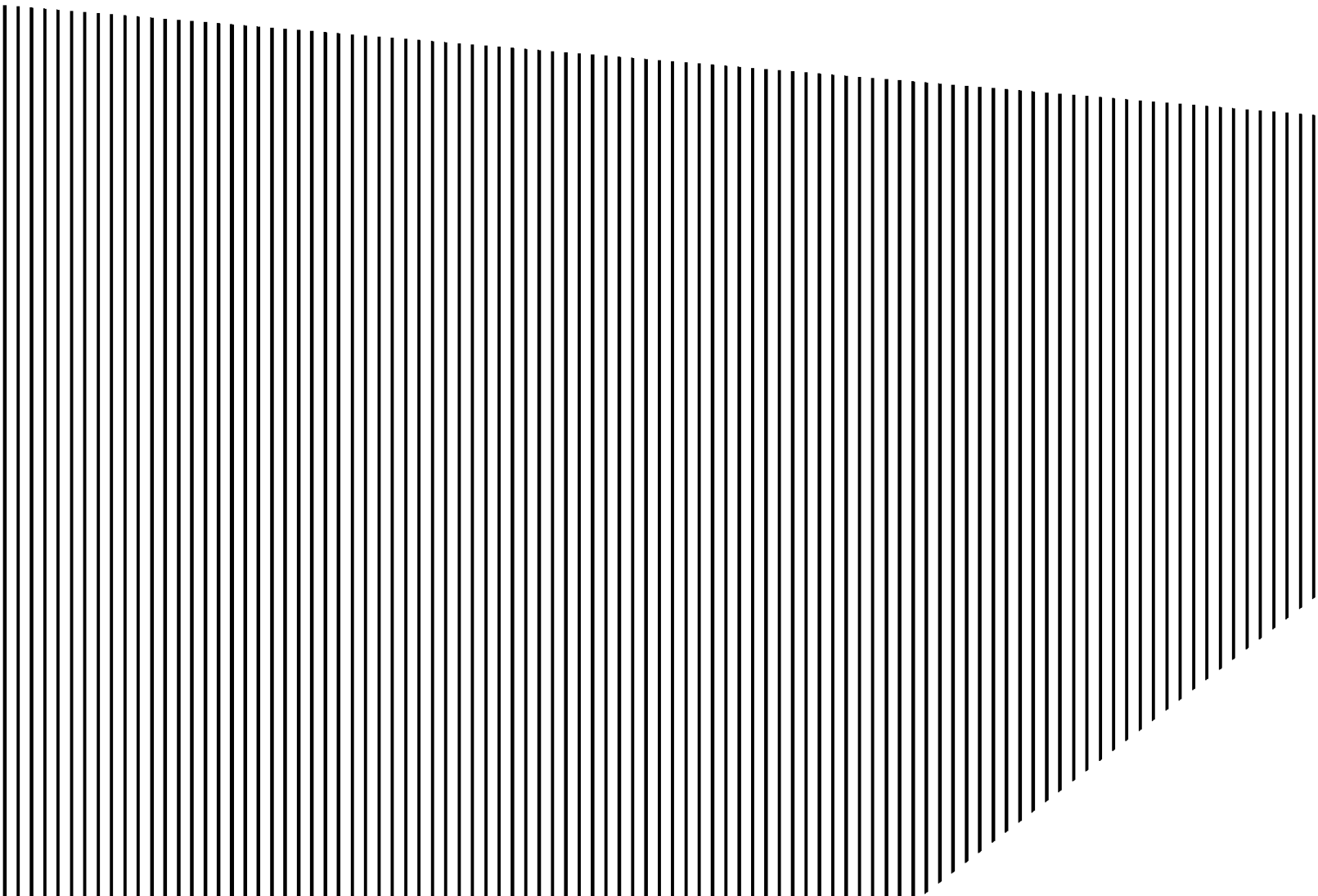

GOOD SAMARITAN HOSPITAL
COMMUNITY HEALTH NEEDS ASSESSMENT
IMPLEMENTATION STRATEGY

Overview

This Community Health Needs Assessment Implementation Strategy ("Strategy") addresses each significant community health need identified in the Good Samaritan Hospital ("GSH") Community Health Needs Assessment Report (the "CHNA Report" or "Report"). The CHNA Report identified certain health needs relating to Birth Outcomes, Obesity, Chronic Health Conditions in the Low-income Latino Population, and Substance Abuse/Mental Health issues within the four counties served by GSH. This Strategy describes (i) how GSH intends to meet each health need (to the extent GSH can meet such needs, and whether GSH intends to attempt to do so), (ii) the programs and resources GSH plans to commit to meeting any needs identified in (i) above, and (iii) the anticipated impact of such programs and resources on the particular health needs of the community served by GSH.

Strategy

A. GSH Efforts to Address Certain Significant Community Health Needs

The significant health needs below were identified in the CHNA Report, and will either be addressed or not addressed by GSH's implementation strategy as follows:

Birth Outcomes – GSH will continue its strong focus on this health need with multiple programs in its four county service area in collaboration with other existing community service organizations.

Obesity – GSH will address this need in Hamilton and Butler counties. It will not, at this time, enter into specific programs in Warren or Clermont counties. These counties have populations that are significantly smaller and less dense than Hamilton or Butler counties, thereby presenting additional challenges for an effective and comprehensive strategy.

Latino – Low Income – with Chronic Health Conditions – GSH will not address this need specifically as its affiliated hospital, Bethesda Hospital, Inc., which is in the TriHealth, Inc. system and the Free Health Center funded by Good Samaritan Hospital Foundation serve low income Latinos in Hamilton County and have targeted this need. The existence of an alternative means of addressing this particular need allows GSH to allocate resources to address other significant health needs.

Substance Abuse/Mental Health – This need will be addressed by GSH through its geriatric and adult behavioral health inpatient units. It will not address mental

health needs otherwise as there is a comprehensive outpatient program for substance abuse elsewhere in the TriHealth system, to which GSH belongs. GSH believes that it can leverage the TriHealth network to assist in addressing portions of this significant need, thereby permitting GSH to allocate resources to other significant needs.

B. Programs and Resources GSH will Commit to Meeting Identified Needs

The significant health needs below were identified in the CHNA Report, and the following programs and resources will address each, as follows:

Birth Outcomes

Pregnancy Pathways: In home visits, TriHealth Community Health Workers and Parish Nurses help referred pregnant women meet prenatal goals and visits, and assist the client in overcoming challenges to a healthy pregnancy such as safe housing.

Prematurity Initiative: The Prematurity Initiative is a collaboration of the entire Greater Cincinnati community, initiated by Cincinnati Children's Hospital Medical Center and TriHealth in 2009, to reduce prematurity. The goals of the Prematurity Initiative are to:

- Align people, organizations, and efforts to reduce prematurity and infant mortality;
- Implement collaborative efforts targeting awareness and prevention at systems and grassroots levels, community-wide and in specific neighborhoods; and
- Bring new partners together with a common purpose: to improve the health of our community for future generations.

PuRPLe (Preventing Repeat Pregnancy Loss): TriHealth's PuRPLe Project provides support to women who have suffered pregnancy or infant loss by offering grief- and loss-related resources, nutrition information and preconception education. These services are provided at no cost and can be conducted in the privacy of a woman's home or place of choice for the period of one year following the loss.

B4 (Before, Between, and Beyond Pregnancy for Your Baby and You): The B4 project is a prematurity prevention program that provides interconception health education, targeted case management, and support to mothers whose infants are born at less than 32 completed weeks of gestation and receive care in Good Samaritan Hospital's Neonatal Intesive Care Unit. The goal of the program is to promote a continuum of wellness care for women in order to improve their own health and reduce their risk for recurring poor birth outcomes, including prematurity and neonatal mortality.

HOPE (Helping Opiate-Addicted Pregnant Women Evolve): Through the HOPE Program, TriHealth provides safe and non-judgmental care to chemically dependent women throughout Greater Cincinnati. The goal of HOPE is to have better birth outcomes and reduce preterm labor through developing personalized care plans for each patient. The HOPE Postpartum Care Enhancement Project is funded by the March of Dimes and builds on the capacity of the HOPE program and TriHealth's Parish Nurse Ministry and Community Health Worker (CHW) program infrastructure, to ensure the development of a postpartum care plan for mother and infant, increase compliance with postpartum care, and support the addiction recovery process established during pregnancy.

The Faculty Medical Center is open to any pregnant woman needing care regardless of ability to pay.

The Ohio Collaborative to Prevent Infant Mortality, Ohio Perinatal Quality Collaborative (OPQC), Fetal and Infant Mortality Review (FIMR), and the Perinatal Community Action Team (PCAT) are four additional programs targeted to supporting positive Birth Outcomes. These are all collaborative and multi-county initiatives.

Obesity
Good Samaritan Hospital will address this need with the Healthy Women | Healthy Lives screening and referral program that already covers Hamilton County and Butler County.

Latino – Low Income – with Chronic Health Conditions
GSH will address this need through collaboration with and funding of many of the following resources focused on serving the low income residents of Hamilton County: The Center for Respite Care (homeless medical recovery), St. Vincent de Paul Charity and St. Vincent de Paul Charitable Pharmacy, Santa Maria Community Services, Cincinnati Union Bethel off-the-streets-program, Interfaith Hospitality Network, Drop Inn Center, Our Daily Bread, Freestore Foodbank, St. Andrew's Food Pantry, a payee program of Church of the Advent, The Healing Center.

Substance Abuse/Mental Health
GSH has two inpatient units for geriatric and adult mental health hospitalizations, one of the few hospitals to offer such services.

C. Anticipated Impact of Programs and Resources on the Needs Identified

The significant health needs below were identified in the CHNA Report. GSH believes the programs and resources identified in Section B will have the following anticipated impact on the health needs of its community served.

Birth Outcomes: The anticipated impact of the programs addressing these needs is two-fold: A) to expand access to care for pregnant women, and B) to educate them about appropriate prenatal care. GSH believes these impacts will lead to a long-term increase in the health of the overall population with regard to this particular need.

Obesity: GSH's Parish Nurse program currently does in-home health education for its clients – all of whom are in socioeconomically-challenged environments – and refers them as needed to a network of service providers. The anticipated impact of the expansion into Butler County for the first several years is the assembly of a "partner" collaborative network comprising providers of services to the underserved. GSH believes this expansion will ultimately lead to a long-term increase in the health of the overall population with regard to this particular need.

Substance Abuse/Mental Health: GSH provides treatment for acute behavioral health issues and anticipates that continuation of this treatment and expansion of education concerning its availability will improve the health of community members in this area.