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DLN: 93493135052344

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)

OMB No 1545-0047

Open to Public

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

Δ Fo	r the	2012 cal	endar year, or tax year beginning 07-01-2012 , 2012, and ending 06-3	30-2013					
			C Name of organization	70 2015	D Employ	ver ide	entification number		
_	еск if a dress cl	applicable hange	The Christ Hospital						
_		_	Doing Business As		31-05	3852	25		
Na	me cha	ange							
Init	ial retu	ım	Number and street (or P O box if mail is not delivered to street address) Room/si	ute	E Telepho	ne nur	mber		
— Ter	mınate	ed	2139 AUBURN AVENUE Suite						
— _{Am}	ended	return	City or town, state or country, and ZIP + 4		(513)	585-	2000		
_			CINCINNATI, OH 45219						
App	olicatioi	n pending		_	G Gross re	eceipts	\$ 757,200,193		
			F Name and address of principal officer Michael K Keating		this a group	retur			
			2139 AUBURN AVENUE	affı	liates?		┌ Yes 🗸 No		
			CINCINNATI,OH 45219	H(b) Arc	all affiliator	s uncl	uded? 「Yes 「No		
							(see instructions)		
[Та	x-exen	npt status	▼ 501(c)(3)		,		(00001		
ıw	ebsite	e: ► WW	/W THECHRISTHOSPITAL COM	H(c) Gr	oup exempti	on nu	ımber 🟲		
				<u> </u>					
∢ For	n of or	rganızatıon	✓ Corporation Trust Association Other ►	L Year of	formation 189	91 N	State of legal domicile OH		
Pa	rt I	Sum	mary						
Governance		ТО І́МРІ	escribe the organization's mission or most significant activities ROVE THE HEALTH OF OUR COMMUNITY AND CREATE PATIENT ' MES, AFFORDABLE CARE, AND THE FINEST EXPERIENCES	/ALUE BY P	ROVIDING	EXC	EPTIONAL		
₫									
<u>ş</u>	2	Chack +	nis box 📭 if the organization discontinued its operations or disposed	of more than	25% of the	net -	ssats		
9		CHECK II	is box If the organization discontinued its operations of disposed	of filore that	25% 01165	песа	ssets		
	3	Number	of voting members of the governing body (Part VI, line 1a)		1	3	14		
Activities &			of independent voting members of the governing body (Part VI, line 1b		- t	4	8		
Ę			mber of individuals employed in calendar year 2012 (Part V., line 2a)			5			
្ញ							5,495		
4			mber of volunteers (estimate if necessary)		• •	6	283		
			related business revenue from Part VIII, column (C), line 12			7a	192,292		
	Ь	Net unre	lated business taxable income from Form 990-T, line 34	· · ·		7b			
				Pı	ior Year		Current Year		
a.	8	Contri	butions and grants (Part VIII, line 1h)		111,436,4	72	4,208,068		
Rayentle	9	Progra	ım service revenue (Part VIII, line 2g)		659,423,0	09			
9,46	10	Invest	tment income (Part VIII, column (A), lines 3, 4, and 7d)		1,123,7	05	7,508,980		
Ť.	11	Other	revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		886,3	35	24,903,770		
	12		revenue—add lines 8 through 11 (must equal Part VIII, column (A), lin	e		[
					772,869,5	-	757,200,193		
	13		s and similar amounts paid (Part IX, column (A), lines 1–3)		1,114,1	.88	848,043		
	14	Benefi	ts paid to or for members (Part IX, column (A), line 4)			0	0		
46	15		es, other compensation, employee benefits (Part IX, column (A), lines		220 622 0		270 621 605		
Expenses		5-10)			330,623,9	_	378,631,685		
কু	16a	Profes	sional fundraising fees (Part IX, column (A), line 11e)	٠ 📙		0	0		
ਡੋ	b	Total fu	ndraising expenses (Part IX, column (D), line 25) \blacktriangleright 0						
_	17	Other	expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		318,530,4	86	354,274,377		
	18	Total	expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		650,268,5	88	733,754,105		
	19	Reven	ue less expenses Subtract line 18 from line 12		122,600,9	33	23,446,088		
<u>%</u> &					ing of Currer	-			
ě.					Year		End of Year		
Net Assets of Fund Balances	20	Total	assets (Part X, line 16)		889,491,9	39	917,859,689		
Z Z	21	Total	liabilities (Part X, line 26)		562,030,7	44	514,676,544		
žZ	22	Netas	ssets or fund balances Subtract line 21 from line 20		327,461,1	.95	403,183,145		
Pai	rt II	Sign	ature Block			•			
Jnde ny ki	r pena nowle	alties of dge and	perjury, I declare that I have examined this return, including accompai belief, it is true, correct, and complete Declaration of preparer (other t nowledge						
		I			2014-05-15				
Sign		F Signa	ature of officer		Date				
Her	е		IS BERGMAN CFO						
		11	or print name and title						
		P	Print/Type preparer's name Preparer's signature	_	heck If	PTIN			
Paid	t	-	Firm's name ► ERNST & YOUNG US LLP		elf-employed ırm's EIN 🟲				
	pare		IIII S HAITIC F EKNOT & TOUNG US LLP		mili ə LİİV 🛌				
	On		rm's address ► 41 SOUTH HIGH STREET SUITE 1100	Р	hone no (614)) 224-	5678		
		''J							

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

Yes No

FOIII	1990 (2012)					Page 2
Par		it of Program Serv nedule O contains a res		lishments uestion in this Part III		
	MPROVE THE HEAL	e organization's missio _TH OF OUR COMMUI ID THE FINEST EXPER	NITY AND CRE	ATE PATIENT VALUE E	BY PROVIDING EXCEPTION	AL OUTCOMES,
	Did the organization	n undortako any cignifi	cant program co	ervices during the year w	which word not listed on	
2	the prior Form 990			· · · · · · ·		┌ Yes ┌ No
3	Did the organizatio		make significar	nt changes in how it con	ducts, any program	┌ Yes ┌ No
	If "Yes," describe t	hese changes on Sche	dule O			
4	expenses Section		4) organization:	s are required to report t	ee largest program services, a the amount of grants and alloc	
4a	(Code) (Expenses \$	628,829,576	including grants of \$	848,043) (Revenue \$	745,483,145)
	SEE SCHEDULE 0					
4b	(Code) (Expenses \$		ıncludıng grants of \$) (Revenue \$)
	(Code) (Expenses \$		including grants of \$) (Revenue \$)
						·
4d	Other program se	rvices (Describe in Scl	nedule O)			
	(Expenses \$	Inc	cluding grants o	f \$) (Revenue \$)
4e	Total program ser	vice expenses 🟲	628,829,576			

Part IV	Checklist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes,"</i> complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I^{\bullet}	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part 1	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 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 $\sqrt{2}$	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, 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		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI 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	Yes	.,,,
	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	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the 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	

Par	t 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 1^2 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	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, 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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, 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	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Yes	

	Check if Schedule O contains a response to any question in this Part V	-	Yes	<u> </u>
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 515		165	
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		
_	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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	1	,	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	Yes	
)	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes	
b	If "Yes," enter the name of the foreign country 🕒 CJ			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
_	Who the organization a party to a prohibited tay chalter transaction at any time during the tay year?			H,
a b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a		1
		5b		H.
3	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		ı
	organization solicit any contributions that were not tax deductible as charitable contributions?			_
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	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		Г
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
2	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			١,
4	file Form 8282?	7c		
u	Thes, indicate the number of Forms 6262 med during the year	1		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	l _		
	contract?	7e 7f		<u> </u>
F	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	<u> </u>		
y	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		
}	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		
ı	Sponsoring organizations maintaining donor advised funds.	۰		
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		
	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			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources	1		
	against amounts due or received from them)	-		
a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		L
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year	1		
	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			
_	The which the organization is incensed to issue qualified fleath plans	1		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		 .
-	Dia the organization receive any payments for moon tallillo services duffin the tax year (1 T-14	i	N

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															.[고
---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	-----

	ection 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			
	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			
Ь	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		Νo
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
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
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	eveni	ue Cod	e.)
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ue Cod Yes	e.) No
	Did the organization have local chapters, branches, or affiliates?	10a		
10a				No
10a b	Did the organization have local chapters, branches, or affiliates?	10a 10b		No
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	10a 10b 11a 12a 12b	Yes Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes	No

- 17 List the States with which a copy of this Form 990 is required to be filed ▶OH
- 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 Vipon request Other (explain in Schedule O)
- 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
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶Ted Scherpenberg Controller 2139 AUBURN AVENUE CINCINNATI, OH (513) 263-1572

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

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

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation 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) (B) (C) (D) (E) (E											
(A) Name and Title	(B) A verage hours per week (list any hours for related	more pers and	than on is	one bot ecto	not box h ar or/tr	offic ustee	ess er e)	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the	
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations	
(1) GEORGE VINCENT	1 0	x		х				0	0	0	
BOARD CHAIRMAN	1 0	_ ^		^				0	0	0	
(2) VICTORIA B GLUCKMAN	1 0							0	0		
DIRECTOR	1 0	X						0	0	0	
(3) JEB HEAD	1 0										
DIRECTOR	1 0	X						0	0	0	
(4) THEODORE EMMERICH	10										
		х						0	0	0	
DIRECTOR (5) JAMES E BUSHMAN	10										
	10	х						0	0	0	
DIRECTOR	1 0										
(6) R GLEN MAYFIELD	1 0	l x						0	0	0	
DIRECTOR	1 0										
(7) R KERRY CLARK	1 0	l x						0	0	0	
DIRECTOR	1 0	^							0		
(8) ROGER L HOWE	1 0	, , ,							0		
DIRECTOR	10	X						0	0	0	
(9) SCOTT D FARMER	1 0										
DIRECTOR, 1/13	1 0	X						0	0	0	
(10) DONALD J RAITHEL MD	10										
		Х						0	0	0	
DIRECTOR (11) ALFRED KAHN III MD	40 0										
		х						518,629	0	0	
DIRECTOR (12) Thomas Broderick MD	10										
(12) Thomas broderick MD	1 0	x						705,397	0	-28,439	
DIRECTOR	1 0										
(13) PATRICK G KIRK MD	40 0	×						1,405,455	0	21,023	
DIRECTOR								2,100,100	3		
(14) Susan Croushore	40 0	×		×				1 244 660	0	24.016	
FRMR PRSDNT & CEO, 12/31/12	1 0	^		^				1,244,660	U	24,016	
(15) MICHAEL K KEATING	40 0										
PRESIDENT & CEO	1 0	X		Х				0	0	0	
(16) THOMAS R GERDES	1 0										
SECRETARY & TREASURER		х		Х				0	0	0	
(17) CHRIS BERGMAN	1 0	-									
, ,				х				368,552	0	68,197	
CHIEF financial OFFICER	1 0										
										Form 990 (2012)	

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

	(A) Name and Title	(B) A verage hours per week (list any hours	more pers	than on is	one bot rect	note boo	chec x, unle n offic rustee	ess er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	Estim amount of compen from	ated of other sation the
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organiz and re organiz	lated
(18)	Brian Mannion MD	40 0					x		1,142,805	0	ı	16,557
	ICIAN	100	-									
` '	Dean J Kereiakes MD	40 0					х		1,140,413	0	ı	-24,234
	ICIAN Edward V Lim MD	40 0	1									
. ,	ICIAN	400					х		1,203,499	0	ı	19,880
	Manish Bhandari MD	40 0	 			\vdash						
PHYS	ICIAN						Х		1,125,705	0	ı	19,402
	Slobodan Stanisic MD	40 0										
PHYS	ICIAN						X		1,130,115	0		16,557
						\vdash						
						_						
			-									
41							<u> </u>					
1b	Sub-Total			•	•							
C	Total (and lines the and to)			•	•				9,985,230	0		132,959
d	Total (add lines 1b and 1c)						<u> </u>			<u> </u>		132,939
2	Total number of individuals (including t \$100,000 of reportable compensation				ed al	bove	e) who	rec	eived more than			
											Yes	No
3	Did the organization list any former offi	•				nplo	yee, o	r hıg	hest compensate	d employee		
	on line 1a? If "Yes," complete Schedule 3					•	•	• •		3		No
4	For any individual listed on line 1a, is t organization and related organizations									om the		
	individual	greater than \$1	• •		, с.	, c •	•	•	· · · · ·	4	Yes	
5	Did any person listed on line 1a receive	e or accrue com	pensat	ion f	rom	anv	unrel	ated	d organization or in		1.00	
	services rendered to the organization?									5		No
_	- Maria Brada and a second											
	Complete this table for your five higher		ında = =	nda-	+	n+	oto==	+h - 4	t recovered many th	an #100 000 cf		
1	Complete this table for your five highes compensation from the organization Re	•									s tax year	
		(A)								(B)	(C)
MESS	Name and b SER CONSTRUCTION CO , 5158 FISHWICK DRIV	ousiness address F CINCINNATI OH 4	5216						Description CONSTRUCTION	on of services	Comper 36	sation ,381,727
	MORE OWINGS MERRILL LLC , 224 SOUTH MICH			50604					CONSTRUCTION			,529,887
	FER HEALTH SOLUTIONS , 12020 COLLECTIONS				3				FINANCIAL SERV	ICES		,690,166
	S BUILDING CONSTRUCTION , 3233 NEWARK DI			2					CONSTRUCTION			,048,936
CARE	TECH SOLUTIONS INC , 901 WILSHIRE DRIVE S	UITE 250 TROY MI 4	18084						I T SERVICES		5	,520,380

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 \ 54

Part V		Statement of Revenue Check if Schedule O contains a response	onse to any duestion	in this Part VIII			Г
		encek ii Senedale o contains a respo	sise to any question	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
0 B	1a	Federated campaigns 1	<u> </u>				
E E	ь	Membership dues 1	5				
۵ ۳	c	Fundraising events 1					
£ξ.	d	Related organizations 10					
<u>5</u>							
ns,	e	Government grants (contributions) 16	4,200,000				
Contributions, Giffs, Grants and Other Similar Amounts	f	All other contributions, gifts, grants, and similar amounts not included above	f 8,068				
년 등	g	Noncash contributions included in lines		i	İ		
Cont and (_	1a-1f \$ Total. Add lines 1a-1f		4,208,068			
<u>ರಹ</u>	h	Iotal. Add lines 1a-11	▶	4,200,000			
e E			Business Code				
Yen	2a .	Net Patient Service Revenue	621990	706,588,024	706,445,392	142,632	
<u>æ</u>	Ь	Physician Revenue	621110	2,895,248	2,895,248		
MCE	С	Pharmacy Sales	446110	3,121,749	3,121,749		
Se.	d	ALL OTHER PROGRAM SERVICE REVENUE	621990	7,974,354	7,924,694	49,660	
Program Serwce Revenue	e f	All other program service revenue					
<u>ራ</u>	g	Total. Add lines 2a-2f		720,579,375			
	3	Investment income (including divide		9,250,549			9,250,549
	4	and other similar amounts) Income from investment of tax-exempt bond	F	0			-,,-
	5	Royalties	·	0			
		(ı) Real	(II) Personal				
	6a	Gross rents	, ,				
	ь	Less rental expenses					
	c	Rental income 0	0				
	d	or (loss) Net rental income or (loss)	<u> </u>	0			
		(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other -1,909,608	168,039				
	ь	Less cost or other basis and sales expenses					
	С	Gain or (loss) -1,909,608	168,039				
	d	Net gain or (loss)		-1,741,569			-1,741,569
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18					
<u>.</u>							
돌	b c	Less direct expenses I Net income or (loss) from fundraising		0			
•	9a	Gross income from gaming activities See Part IV, line 19		, and the second			
	.						
	b c	Less direct expenses I Net income or (loss) from gaming ac		n			
		Gross sales of inventory, less					
		returns and allowances .					
	ь	Less cost of goods sold b					
		Net income or (loss) from sales of in	Lventory ▶-	0			
		Miscellaneous Revenue	Business Code				
	11a	Cafeteria/Vending Revenue	722210	2,209,287	2,209,287		
	ь	PMPM Payment	900099	445,943	445,943		
	С	Education/Registration Revenue	611600	337,229	337,229		
	d	All other revenue		21,911,311	21,911,311		
	e	Total. Add lines 11a-11d		24,903,770			
	12	Total revenue. See Instructions .		757,200,193	745,290,853	192,292	7,508,980
				, 3, ,200, 133	, , 5, 2, 5, 5, 5, 5	174,474	1,500,500

Form 990 (2012)				Page 10
Part IX Statement of Functional Expenses				
Section $501(c)(3)$ and $501(c)(4)$ organizations must complete all columns All	other organizati	ons must compl	ete column (A)	
Check if Schedule O contains a response to any question in this Pa	rt IX			
Do not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)

	ot include amounts reported on lines 6b, o, 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	848,043	848,043		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			_
5	Compensation of current officers, directors, trustees, and key employees	5,729,063	4,583,250	1,145,813	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	194,888	155,716	39,172	
7	Other salaries and wages	295,551,145	236,441,111	59,110,034	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	18,948,262	15,158,610	3,789,652	
9	Other employee benefits	37,926,750	30,341,400	7,585,350	
10	Payroll taxes	20,281,577	16,225,262	4,056,315	
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	2,488,954	1,991,163	497,791	
С	Accounting	480,495	384,396	96,099	
d	Lobbying	0			
е	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	528,274		528,274	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	33,227,037	26,581,630	6,645,407	
12	Advertising and promotion	3,654,105	2,923,284	730,821	
13	Office expenses	2,647,907	2,118,326	529,581	_
14	Information technology	8,591,172	6,872,938	1,718,234	
15	Royalties	0,331,172	0,0,2,330	1,710,231	_
16	Occupancy	20,959,558	16,767,646	4,191,912	
17	Travel	416,448	333,158	83,290	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	333,130	03,230	
19	Conferences, conventions, and meetings	911,535	729,228	182,307	
20	Interest	12,870,927	10,296,742	2,574,185	
21	Payments to affiliates	0	,,- 12	, .,	
22	Depreciation, depletion, and amortization	39,828,343	31,862,674	7,965,669	
23	Insurance	2,930,741	2,344,593	586,148	
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 SUPPLIES	162,468,343	162,468,343		
b	MEDICAL PROFESSIONAL FEES	48,776,207	48,776,207		
c	DUES AND SUBSCRIPTIONS	10,079,965	8,063,972	2,015,993	
d	PRINTING AND PUBLICATIONS	1,739,208	1,391,366	347,842	_
e	All other expenses	1,675,158	1,170,518	504,640	
25	Total functional expenses. Add lines 1 through 24e	733,754,105	628,829,576	104,924,529	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)			Fol	rm 990 (2012)

Part X Balance Sheet

		Check if Schedule O contains a response to any question in t	his Part X .				· · · · · · · · · · · · · · · · · · ·
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			250,120,763	1	30,867,971
	2	Savings and temporary cash investments			0	2	209,696,614
	3	Pledges and grants receivable, net			0	3	0
	4	Accounts receivable, net		•	84,289,986	4	96,348,917
	5	Loans and other receivables from current and former officers employees, and highest compensated employees Complete Schedule L		0	5	0	
Assets	6	Loans and other receivables from other disqualified persons 4958(f)(1)), persons described in section 4958(c)(3)(B), and and sponsoring organizations of section 501(c)(9) voluntary organizations (see instructions) Complete Part II of Schedul	0	_	0		
8	,	Notes and loans resourchle, not			0	7	
Ą	7	Notes and loans receivable, net			9,534,319		
	8	Inventories for sale or use		9	11,508,336		
	9	Prepaid expenses and deferred charges		-	9,511,921	9	10,829,393
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	f Schedule D 783,131,86				
	b	Less accumulated depreciation	249,512,413		313,382,218		
	11	Investments—publicly traded securities	228,199,855		184,731,749		
	12	Investments—other securities See Part IV, line 11	3,529,000	12	0		
	13	Investments—program-related See Part IV, line 11	0	13	0		
	14	Intangible assets			28,408,662	14	36,829,828
	15	Other assets See Part IV, line 11			26,385,020	15	23,664,663
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			889,491,939	16	917,859,689
	17	Accounts payable and accrued expenses	70,435,442	17	88,837,897		
	18	Grants payable			0	18	0
	19	Deferred revenue			0	19	0
	20	Tax-exempt bond liabilities			361,806,089	20	360,085,598
Ø	21	Escrow or custodial account liability Complete Part IV of Sc	hedule D .		0	21	0
Liabilitie	22	Loans and other payables to current and former officers, directly employees, highest compensated employees, and disquare		,			
æ		persons Complete Part II of Schedule L			0	22	0
=	23	Secured mortgages and notes payable to unrelated third part	ies		5,545,086	23	3,937,031
	24	Unsecured notes and loans payable to unrelated third parties	S	•	0	24	0
	25	Other liabilities (including federal income tax, payables to re and other liabilities not included on lines 17-24) Complete F					
		D			124,244,127	25	61,816,018
	26	Total liabilities. Add lines 17 through 25			562,030,744	26	514,676,544
s e o		Organizations that follow SFAS 117 (ASC 958), check here ▶ lines 27 through 29, and lines 33 and 34.	and comp	lete			
a D	27	Unrestricted net assets			227,461,195	27	307,642,346
_ B	28	Temporarily restricted net assets		100,000,000	28	95,540,799	
Fund Balance	29	Permanently restricted net assets		0	29	0	
Ē		Organizations that do not follow SFAS 117 (ASC 958), check	here ► 🗀 an	d			
2		complete lines 30 through 34.					
Š	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		. [31	
Ą	32	Retained earnings, endowment, accumulated income, or othe	r funds			32	
Ř	33	Total net assets or fund balances			327,461,195	33	403,183,145
2	34	Total liabilities and net assets/fund balances			889,491,939	34	917,859,689

Par	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				৮
1	Total revenue (must equal Part VIII, column (A), line 12)	,		757.2	200,193
2	Total expenses (must equal Part IX, column (A), line 25)				
3	Revenue less expenses Subtract line 2 from line 1	2		/33,/	754,105
•		3		23,4	146,088
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) \cdot .	4		327,4	61,195
5	Net unrealized gains (losses) on investments	5		<u> </u>	<u> </u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		52,2	275,862
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		403,1	.83,145
Par	t 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				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	ewed on			
	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 sep basis, consolidated basis, or both	arate			
	☐ Separate basis ☐ Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig audit, review, or compilation of its financial statements and selection of an independent accountant?	ht of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	ın			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in t Single Audit Act and OMB Circular A-133?	ne	За	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	require	3b	Yes	

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493135052344

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

The Christ Hospital

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.

Open to Public Inspection

									31-0538		
	rt I			blic Charity Sta						nstruction	S
	rganı:		•	te foundation becaus	•			•	•		
1		A chur	ch, convent	on of churches, or a	ssociation of	f churches c	lescribed in s	ection 170	(b)(1)(A)(i).		
2	Г	A scho	ol described	in section 170(b)(1	L)(A)(ii). (At	tach Sched	ule E)				
3	굣	A hosp	ital or a cod	perative hospital se	rvice organiz	zatıon descr	ıbed ın sectio	on 170(b)(:	L)(A)(iii).		
4	Γ	A medi	cal researc	h organization opera	ted ın conjun	ction with a	hospital des	crıbed ın s	ection 170(b)((1)(A)(iii).	Enter the
_	_			ty, and state							
5	ı	_	•	erated for the benefi	-	or universi	ity owned or o	perated by	a governmen	tal unit des	cribed in
_	_			A)(iv). (Complete P	· ·						
6	<u> </u>		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).								
7				at normally receives			support from	a governm	nental unit or f	rom the ge	neral public
8	_			on 170(b)(1)(A)(vi). : described in sectio i			mplete Bart I	τ \			
9	<u>'</u>		•	at normally receives	. , . , .	, , , ,	•	•	ibutions mam	harchin fac	se and arose
,	'	_		rities related to its e					· ·	-	
		•		oss investment inco	•	=					
		•		ganızatıon after June				•		cax, nom :	,4311163363
10	\vdash	•	,	ganized and operated	•			•	•		
11	<u>'</u>	_		•	•				. , , ,	to carry out	the nurnoses of
An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section the box that describes the type of supporting organization and complete lines 11e through 11h											
		а	┌ Type I	b	┌ Type II	I - Functior	nally integrate	ed d	Type III - N	on-functior	nally integrated
e	Γ			ox, I certify that the							
				on managers and ot	her than one	or more pul	blicly support	ed organiz	ations describ	ed in secti	on 509(a)(1) or
f			n 509(a)(2) vrganization	received a written de	etermination	from the IR	S that it is a	Tyne I Ty	ne II or Tyne	III sunnor	ting organization
•			this box	received a written a	cccimmacion	nom the m	to that it is a	, , pc 1, , ,	pc 11, 01 1 ypc	III Suppor	
g		Since A	August 17, 2	2006, has the organ	ızatıon accep	oted any gift	t or contributi	on from an	y of the		
			ng persons?								
		., .		rectly or indirectly o	•		5	persons a	escribed in (ii		Yes No
		•		governing body of th	• •	•	n /				.g(i)
			· ·	er of a person descr							g(ii)
_				lled entity of a perso						110	g(iii)
h		Provide	e the followi	ng information about	the supporte	ed organizat	tion(s)				
(i	i) Nan	ne of	(ii) EIN	(iii) Type of	(iv) Is	the	(v) Did you	ı notıfy	(vi) Is	the	(vii) A mount of
	suppoi			organızatıon	organızatı		the organi		organizat		monetary
OI	ganiz	ation		(described on	col (i) lis		ın col (i) d	•	col (i) org		support
				lines 1 - 9 above or IRC section	your gove docume		suppor	τ,	ın the U	5 /	
				(see	docume	110.					
				instructions))	Yes	No	Yes	No	Yes	No	
					res	No	res	INO	res	No	
										1	
Total						-			+		+

Sch	edule A (Form 990 or 990-EZ) 2012							Page 2
Pa	(Complete only if you o	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation faile	ed to q	
	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	ow, please com	iplete Pa	rt III.)	
	ection A. Public Support endar year (or fiscal year beginning					1		
	in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2	312	(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							
6	(f) Public support. Subtract line 5 from							
	line 4							
S	ection B. Total Support							
Cal	endar year (or fiscal year beginning	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 20)12	(f) Total
_	in) ► A mounts from line 4		. ,		. ,	, ,		. ,
7 8	Gross income from interest,							
0	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar							
9	sources Net income from unrelated							
9	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							
4.0	10)		<u> </u>					
12	Gross receipts from related activitie					12		
13	First five years. If the Form 990 is this box and stop here							ization, check
	ection C. Computation of Pub				<u> </u>	<u> </u>		
14	Public support percentage for 2012			11, column (f))		14		
15	Public support percentage for 2011			, , , , , , ,		15		
	33 1/3% support test—2012. If the o	· ·	•	on line 13 and l	ine 14 is 33 1/20%		chack ti	nie hov
104	and stop here. The organization qua				me 1 1 13 33 1/3/0	or more,	JIICCK CI	► □
b	33 1/3% support test—2011. If the				and line 15 is 33	3 1/3% or n	nore, ch	eck this
	box and stop here. The organization						. 4 4	▶□
1/a	10%-facts-and-circumstances test- is 10% or more, and if the organizat							•
	in Part IV how the organization mee							
	organization				4	r	,	▶ □
b	10%-facts-and-circumstances test-							
	15 is 10% or more, and if the organ Explain in Part IV how the organizat							lv
	supported organization	ion meets the T	acts-ana-cncum:	stances test III	ic organization qu	uiiiiE5 45 i	a public	·y ▶□
18	Private foundation. If the organizat	on did not check	c a box on line 13	, 16a, 16b, 17a,	or 17b, check thi	s box and	see	·
	instructions							▶ ┌

Schedule A (Form 990 or 990-EZ) 2012 Page 3 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 (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt

	purpose						
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						
3	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2,						
<i>7</i> a	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						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c						
	from line 6)						
_Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	in) ►	(u) 2000	(6) 2003	(6) 2010	(4) 2011	(6) 2012	(1) 10tai
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
Ь	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						
11	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)			Librari Corretto con	6.01	E04(-)(2)	
14	First five years. If the Form 990 is for	or the organization	on's first, second	i, thira, fourth, or	ππη tax year as a	1 501(c)(3) org	anization, ►
	check this box and stop here	a Cunnaut Da					<u> </u>
	ction C. Computation of Public			1.2		T I	
15	Public support percentage for 2012			13, column (T))		15	
16	Public support percentage from 2011	L Schedule A, Pa	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	me Percenta	ge			
17	Investment income percentage for 20				nn (f))	17	
					. , ,		
18	Investment income percentage from					18	
19a	33 1/3% support tests—2012. If the o						ıd lıne 17 ıs not ▶□

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

Schedule A (Form 990 or 990-EZ) 2012

DLN: 93493135052344

OMB No 1545-0047

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

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 Christ Hospital 31-0538525 Complete if the organization is exempt under section 501(c) or is a section 527 organization. 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). 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 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 3 Was a correction made? ☐ Yes ┌ No If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities 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 Did the filing organization file Form 1120-POL for this year? 4 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 **(c)** EIN (e) A mount of political (a) Name (b) Address (d) A mount paid from contributions received filing organization's and promptly and funds If none, enter -0directly delivered to a separate political organization If none, enter-0-

e Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

Sch	nedule C (Form 990 or 990-EZ) 2012					Page 2
Pa	art II-A Complete if the organization	is exempt under	section 501(c)(3) and fil	ed Form 5768	(election
_	under section 501(h)). Check ► if the filing organization belongs to a	an affiliated group (and	lict in Part IV os	ach affiliated are	un mambar's nam	o addross EIN
	expenses, and share of excess lobb	ying expenditures)		_	up member s nam	e, address, LTN
<u>B</u>	Check Frifthe filing organization checked box	x A and "limited contro	ıl" provisions apı	oly		
	Limits on Lobbying E (The term "expenditures" means an		l .)		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public o	pınıon (grass roots lob	bying)			
b	Total lobbying expenditures to influence a legisla	ative body (direct lobb	yıng)			
c	Total lobbying expenditures (add lines 1a and 1b	o)				
d	O ther exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1c	c and 1d)				
f	Lobbying nontaxable amount Enter the amount fo					
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax	able amount is:			
	Not over \$500,000	20% of the amount on li	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,0	000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000	0,000		
	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				
	Grassroots nontaxable amount (enter 25% of lin	e 1f)				
_	Subtract line 1g from line 1a If zero or less, ente	•		-		
i	Subtract line 1f from line 1c If zero or less, ente			-		
_	If there is an amount other than zero on either lin		organization file	Form 4720 rep	ortina	1
-	section 4911 tax for this year?					┌ Yes ┌ No
_	4-Voor Av	veraging Period U	Inder Section	F01/b)		
	(Some organizations that made a scolumns below. See the	section 501(h) el	ection do not	have to cor		ne five
	Lobbying Expe	enditures During	4-Year Avera	ging Period		1
	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 nontavable amount					

Ear a	ach "Voc" recognes to lines 1a through 1, below, provide in Part IV a detailed description of the lebburg	(a	1)	(b)
activ	ach "Yes" response to lines 1a through 11 below, provide in Part IV a detailed description of the lobbying ity.	Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
а	Volunteers?		Νo	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Νo	
C	Media advertisements?		Νo	
d	Mailings to members, legislators, or the public?		Νo	
е	Publications, or published or broadcast statements?		Νo	
f	Grants to other organizations for lobbying purposes?	Yes		50,4
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		Νo	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Νo	
i	O ther activities?		Νo	
j	Total Add lines 1c through 1i			50,4
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		Ī	
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		No	

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." Dues, assessments and similar amounts from members

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).		
а	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	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

	- 71150; complete tins partiol any dadi	
Identifier	Return Reference	Explanation
LOBBYING ACTIVITIES		THE CHRIST HOSPITAL PAID MEMBERSHIP DUES TO THE OHIO HOSPITAL ASSOCIATION AND THE AMERICAN HOSPITAL ASSOCIATION A PERCENTAGE OF THE DUES RELATED TO LOBBYING TOTAL DUES EXPENDITURES RELATED TO LOBBYING WERE THE FOLLOWING OHIO HOSPITAL ASSOCIATION \$ 9,123 AMERICAN HOSPITAL ASSOCIATION \$41,278 TOTAL \$50,401

DLN: 93493135052344

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

Supplemental Financial Statements

Name of the organization The Christ Hospital

Employer identification number

				31-	0538525		
Part I	Organizations Maintaining Donor Advorganization answered "Yes" to Form 990		Other Similar F	unds	or Account	s. Comple	te if th
		(a) Donor a	advised funds		(b) Funds and	other acco	unts
Total	number at end of year						
Aggre	egate contributions to (during year)						
Aggre	egate grants from (durıng year)						
Aggre	egate value at end of year						
	he organization inform all donors and donor adviso are the organization's property, subject to the or			nor adv	ısed	☐ Yes	┌ No
used	he organization inform all grantees, donors, and do only for charitable purposes and not for the benef erring impermissible private benefit?					┌ Yes	┌ No
art II	Conservation Easements. Complete if	the organization	answered "Yes" t	to Forr	n 990, Part I	V, line 7.	
□ Pι□ Pι□ Comp	ose(s) of conservation easements held by the org reservation of land for public use (e g , recreation rotection of natural habitat reservation of open space plete lines 2a through 2d if the organization held a	or education)	Preservation of ar Preservation of a	certifie	d historic stru	cture	
easer	ment on the last day of the tax year				Hold at th	e End of the	Vaar
Total	number of conservation easements			2a	neid at th	e Ena or the	rear
	acreage restricted by conservation easements			2a 2b			
	per of conservation easements on a certified histo	oric structure inclu	led in (a)	2c			
	per of conservation easements included in (c) acq		• •	<u>ZC</u>			
	ric structure listed in the National Register	dired diter 0/17/00	, and not on a	2d			
Numb	oer of conservation easements modified, transferr	ed, released, extin	guished, or terminate	ed by tl	ne organizatior	during	
the ta	ax year ►						
Numb	per of states where property subject to conservati	ion easement is loc	ated ►				
	the organization have a written policy regarding t cement of the conservation easements it holds?	the periodic monito	rıng, ınspection, han	dling o	f violations, an	d F Yes	┌ No
Staff ►	and volunteer hours devoted to monitoring, inspe	cting, and enforcing	j conservation ease	ments	during the year	-	
Amou	unt of expenses incurred in monitoring, inspecting	ı, and enforcıng con	servation easement	s durın	g the year		
► \$_							
	each conservation easement reported on line 2(dection 170(h)(4)(B)(ii)?	d) above satisfy the	requirements of se	ction 1	70(h)(4)(B)(ı)	☐ Yes	┌ No
balan	ort XIII, describe how the organization reports con ice sheet, and include, if applicable, the text of the rganization's accounting for conservation easeme	e footnote to the or					
rt III	Organizations Maintaining Collection Complete if the organization answered "Y			or Ot	her Similar	Assets.	
works	organization elected, as permitted under SFAS 1 s of art, historical treasures, or other similar asse ce, provide, in Part XIII, the text of the footnote t	16 (ASC 958), not ts held for public ex	to report in its reve	or rese	earch in furthei		
works	e organization elected, as permitted under SFAS 1 s of art, historical treasures, or other similar asse ce, provide the following amounts relating to thes	ts held for public ex					lıc
(i) _{Re}	evenues included in Form 990, Part VIII, line 1				► \$		
(ii) _A	ssets included in Form 990, Part X						
Ifthe	organization received or held works of art, histor wing amounts required to be reported under SFAS						_

Revenues included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

Part	Organizations Maintaining Co	llections of Art	t, HIS	itori	<u>cai ir</u>	<u>eas</u>	ures, or C	tne	r Similar Ass	sets (co	<u>ntınued)</u>
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other reco	ds, cl	heck	any of t	he fo	llowing that	are a	significant use	of its	
а	Public exhibition		d	Γ	Loan	rex	change prog	rams	3		
b	Scholarly research		e	Γ	Other						
c	Preservation for future generations										
4	Provide a description of the organization's co Part XIII	ollections and expla	ain ho	w the	y furthe	r the	organızatıor	ı's ex	xempt purpose ır	1	
5	During the year, did the organization solicit									_	_
	assets to be sold to raise funds rather than t		-							Yes	No
Par	Part IV, line 9, or reported an an						n answere	d "Y	es" to Form 99	9 0,	
1a	Is the organization an agent, trustee, custoc included on Form 990, Part X?					tions	or other ass	ets	not F	Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete the	follo	wing	table		г		T -		
							-		Am	ount	
c	Beginning balance						-	1c			
d	Additions during the year						-	1d			
е	Distributions during the year							1e			
f	Ending balance						L	1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, lin	e 21?	,					Г	Yes	☐ No
b	If "Yes," explain the arrangement in Part XII	I Check here if the	expla	anatı	on has b	een	provided in F	art	XIII		Г
Pa	rt V Endowment Funds. Complete										
	D	(a)Current year 150,886,000	(b	Prior)	year 5,700,801	b (c	Two years bac 20,777,0	_	1)Three years back 28,349,209	(e)Four y	ears back
1a	Beginning of year balance	2,766,000			5,099,752		1,871,7	_	1,027,655		
b	Contributions	2,700,000		14.	5,055,732		1,071,7	++	1,027,033		
С	Net investment earnings, gains, and losses	164,000			50,373		55,8	56	537,682		
d	Grants or scholarships										
e	Other expenditures for facilities and programs	5,545,000					15,257,9	56	8,476,557		
f	Administrative expenses	729,000			964,950		745,8	745,862			
а	End of year balance	147,542,000		150),885,976		6,700,8	—	660,983 20,777,006		
2	Provide the estimated percentage of the cur		ce (lir				held as		, ,		
a		29 580 %	cc (iii	ic 19	, coluiiii	1 (a),	, neid d3				
	board designated or quasi-endownient										
b	r ennament endowment F	420 %									
С	The percentages in lines 2a, 2b, and 2c sho	uld equal 100%									
3a	Are there endowment funds not in the posse organization by	ssion of the organiz	ation	that	are held	and	administere	d for	the	Yes	No
	(i) unrelated organizations								3a(i		No
	(ii) related organizations								3a(ii		
b	If "Yes" to 3a(II), are the related organizatio	ns listed as require	d on S	Sche	dule R?				3b	Yes	
4	Describe in Part XIII the intended uses of th										
Par	t VI Land, Buildings, and Equipme	ent. See Form 99	90, Pa				(la) Carata a mart	l	(-) A	[(4) p-	
	Description of property				Cost or o s (investm		(b) Cost or ot basıs (othe		(c) Accumulated depreciation	(a) bo	ok value
1a	_and					0	12,824	,293		1	2,824,293
b I	Buildings					0	153,266	,059	73,817,655	7	9,448,404
c I	_easehold improvements					0	8,250	,115	796,729		7,453,386
d i	Equipment		•			0	452,400	,296	347,032,510	10	5,367,786
						0	156,391		48,102,752		8,288,349
Tota	I. Add lines 1a through 1e <i>(Column (d) must e</i>	qual Form 990, Part	X, colι	ımn (B), line	10(c)	.)		▶ _	31	3,382,218

Part VII Investments—Other Securities. See	Form 990, Part X, line 12	2.	
(a) Description of security or category	(b)Book value	(c) Metho	od of valuation
(including name of security)		Cost or end-or	f-year market value
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See			ad af valueties
(a) Description of investment type	(b) Book value		od of valuation f-year market value
		000000000000000000000000000000000000000	, , , , , , , , , , , , , , , , , , , ,
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, Irr			
(a) Descrip			(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15	.)		
Part X Other Liabilities. See Form 990, Part X	, line 25.		
1 (a) Description of liability	(b) Book value		
Federal income taxes	0		
Deferred Pension Cost	65,041,600		
Due From Related Organization	-2,196,466		
Due From Third Party Payors	-2,500,064		
Asset Retirement Obligation	1,327,689		
Other Liabilities	143,259		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	61,816,018		
2. Fin 48 (ASC 740) Footnote In Part XIII, provide the tex	t of the footnote to the organ	nization's financial stater	ments that reports the

	ule D (101111 990) 2012			Page •
Part	Reconciliation of Revenue per Audited Financial Statements With Rev	/enue p	er Retur	<u>'n</u>
1	Total revenue, gains, and other support per audited financial statements	•	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains on investments 2a			
b	Donated services and use of facilities			
C	Recoveries of prior year grants			
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 $oldsymbol{1}$			
а	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 Ex	penses	s per Ret	urn
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			
а	Donated services and use of facilities			
b	Prior year adjustments			
c	Other losses			
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:			
а	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
INTENDED USE OF ENDOWMENT FUNDS	SCHEDULE D, PART V, LINE 4	ALL FUNDS RECEIVED BY THE CHRIST HOSPITAL and the christ hospital FOUNDATION, BOTH PERMANENTLY AND TEMPORARILY RESTRICTED, ARE USED IN LINE WITH THE DONOR'S INTENT ALL FUNDS ARE MONITORED BY THE FOUNDATION AND GENERAL ACCOUNTING AND IF EXPENSES ARE IDENTIFIED AS APPROPRIATE TO THE FUND, THE FUND WILL BE CHARGED FOR THE EXPENDITURE FOR PERMANENTLY RESTRICTED FUNDS, INVESTMENT INCOME WILL BE ALLOCATED BETWEEN INCREASING THE FUND'S CORPUS AND BENEFITING THE PROGRAM AS SPECIFIED BY THE DONOR
ASC 740/FIN 48	SCHEDULE D, PART X, LINE 2	THE NETWORK IS RECOGNIZED AS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE AS A CHARITABLE ORGANIZATION QUALIFYING UNDER INTERNAL REVENUE CODE SECTION 501(C)(3) THE NETWORK COMPLETED AN ANALYSIS OF UNCERTAIN TAX POSITIONS IN ACCORDANCE WITH APPLICABLE ACCOUNTING GUIDANCE AT JUNE 30, 2013 AND 2012, AND DETERMINED NO AMOUNTS WERE REQUIRED TO BE RECOGNIZED IN THE CONSOLIDATED FINANCIAL STATEMENTS AT JUNE 30, 2013 AND 2012

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493135052344

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

General Information on Activities Outside the United States. Complete if the organization answered

2012

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Part I

Name of the organization
The Christ Hospital

Employer identification number
31-0538525

	res to form 990, Pai	rt IV, line 14b.	•			
1	For grantmakers. Does the cassistance, the grantees' eligible the grants or assistance?	gibility for the q	grants or assis	tance, and the selection	on criteria used to awa	
2	For grantmakers. Describe in the United States.	n Part V the or	ganızatıon's p	rocedures for monitori	ng the use of grant fu	nds outside
3	Activites per Region (The follow	ung Part I, line 3	B table can be du	uplicated if additional spa	ace is needed)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
	Central America and the Caribbean		1	Program Services	Gen & Prof Liab Ins	2,646,000
	Central America and the Caribbean		1	Investments		9,980,463
	Sub-total Total from continuation sheets to Part I		2			12,626,463
	: Totals (add lines 3a and 3b)		2			12.626.463

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2				ted above that are r e or counsel has pro					
3	Enter total nu	mher of other or	nanizations or en	tities					

Schedule F (Form 990) 2012

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

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

Part IV Foreign Forms

1	organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	굣	Yes	Γ	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organizationmay be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Γ	Yes	ন	Νo
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	⊽	Yes	Г	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Г	Yes	굣	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)	Г	Yes	굣	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).	Г	Yes	<u> </u>	No

Schedule F (Form 990) 2012

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	ReturnReference	Explanation
ACCOUNTING METHOD	PART I, LINE 3, COLUMN (F)	EXPENDITURES WERE ACCOUNTED FOR USING THE ACCRUAL METHOD OF ACCOUNTING
	·	

OMB No 1545-0047

Open to Public Inspection

SCHEDULE H (Form 990)

Department of the Treasury Internal Revenue Service

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

Hospitals

Name of the organization The Christ Hospital

Employer identification number

31-0538525

Pa	TELL Financial Assi	stance an	ssistance and Certain Other Community Benefits at Cost							
								Yes	No	
1a	Did the organization have	a financial as	ssistance pol	licy during the tax year?	' If "No," skıp to questı	on 6a	1a	Yes		
b	If "Yes," was it a written p	policy?					1b	Yes		
2	If the organization had mu financial assistance polic					oplication of the				
	Applied uniformly to a Generally tailored to i				mly to most hospital fac	allities				
3	Answer the following base organization's patients du			nce eligibility criteria th	at applied to the larges	t number of the				
а	Did the organization use f If "Yes," indicate which o					providing <i>free</i> care?	За	Yes		
	┌ ₁₀₀ %	200% ┌ 0	ther		%					
b	Did the organization use is which of the following was				-	•	3b	Yes		
	Г 200% Г 250% Г	300%								
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. Did the organization's financial assistance policy that applied to the largest number of its nations during the tax years.									
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year									
F-	provide for free or discour Did the organization budg						4	Yes		
Эа							5a	Yes		
b	the tax year?							Yes		
 b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? 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? 						e or discounted				
		_	· · · · · · · · · · · · · · · · · · ·							
							6a		No	
Ь	If "Yes," did the organiza			•			6b	-		
	Complete the following ta worksheets with the Sche	dule H				submit these				
7				munity Benefits at Co	st					
	ancial Assistance and Means-Tested overnment Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community ber expense		(f) Perce total exp		
а	Financial Assistance at cost (from Worksheet 1)			14,710,000		14,710,	000	2 0	00 %	
b	(from Worksheet 1) Medicaid (from Worksheet 3, column a)			57,777,000	31,119,000	26,658,			30 %	
С	Costs of other means-tested government programs (from Worksheet 3, column b)			9,950,000	4,733,000	5,217,	000	0 7	10 %	
d	Total Financial Assistance and Means-Tested			82,437,000	35,852,000	46,585,		6.3	40 %	
	Government Programs . Other Benefits			32,737,000	33,032,000	+0,303,	300	- 03	. 5 /5	
е	Community health improvement services and community benefit operations (from Worksheet 4)			1,355,020		1,355,	020	0.1	80 %	
f	Health professions education					<u> </u>				
g	(from Worksheet 5) Subsidized health services (from Worksheet 6)			19,214,482	9,515,337	9,699,	145	1 3	20 %	
h	Research (from Worksheet 7)			6,123,268	3,745,755	2,379,	513	0 3	20 %	
1	Cash and in-kind contributions for community benefit (from Worksheet 8)			107,615		107,	615	0 0	10 %	
J	Total . Other Benefits			26,800,385	13,261,092	13,541,	-		30 %	
k	Total. Add lines 7d and 7j .			109,237,385	49,113,092	60,126,	293	8 1	70 %	

	edule H (Folili 990) 2012	4	- Cl-t- I	llere te leller & the end							Page
Pa	rt II Community Building activities during the of the communities in	tax year, an									
	0, 1,10 00,1,11,11,11	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense		rect off revenu	setting e	(e) Net community building expense		(f) Pero total ex	
1	Physical improvements and housing										
2	Economic development										
3	Community support										
4	Environmental improvements										,
5	Leadership development and training								1		
6	for community members Coalition building								\dashv		
7	Community health improvement										
8	Workforce development								_		
9	Other			25,631	ı l			25	,631		010 %
10	Total			25,631					,631		010 %
	Bad Debt, Medicar	e, & Collec	tion Practic	es						T	
Sect 1	ion A. Bad Debt Expense Did the organization report bad	d debt evnens	e in accordance	a with Heathcare Fin	ancial M	anade	ment Δ	ssociation		Yes	No
1		• • • • •		· · · ·	• • •		: ·	· · · ·	1	Yes	
2	Enter the amount of the organi methodology used by the orga		•	-	!			15 70 1 50 0			
3	Enter the estimated amount of				· ·	2		15,704,508			
•	patients eligible under the org	anızatıon's fina	ancıal assıstan	ce policy Explain in	Part VI						
	the methodology used by the cany, for including this portion				nale, if	3		314,080			
4	Provide in Part VI the text of t	the footnote to	the organization	on's financial statem		t des	rıbes b	,			
Soci	or the page number on which tion B. Medicare	his footnote is	contained in th	ne attached financia	statem	ents					
5	Enter total revenue received fi	rom Medicare	(including DSH	and IME)		5	I	122,544,891			
6	Enter Medicare allowable cost			•		6		147,329,585			
7	Subtract line 6 from line 5 Th					7		-24,784,694			
8	Describe in Part VI the extent Also describe in Part VI the c Check the box that describes	osting method	ology or source					·			
	Cost accounting system	r c∘	st to charge ra	tio Г	Other						
Sect	ion C. Collection Practices										
9a	Did the organization have a wr								9a	Yes	
b	If "Yes," did the organization's contain provisions on the colle assistance? Describe in Part	ection practice	s to be followe	d for patients who ar	e known	to qu	alıfy for	financial	9b	Yes	
Pa	rt IV Management Comp	anies and I	<u> Ioint Ventur</u>	es (owned 10% or more by	officers, dire	ectors, t	rustees, ke	ey employees, and physici	ans—se	ee instruc	tions)
	(a) Name of entity	(t	O) Description of pi activity of entit		(c) Organi profit % o ownersh	r stock		d) Officers, directors, trustees, or key employees' profit % or stock ownership %	pro	e) Physic ofit % or ownershi	r stock
1											
2											
3											
4									+		
5											
6											
7											
8											
9											
10											
11											
12											
4.5		1					1		1		

Part V Facility Information										
Section A. Hospital Facilities	Licensed	General	Children's	Teaching	Critical	Research	ER-2.	ER-other		
(list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 1	sed hospital	ral medical & surgical	en's hospital	ung hoeptal	al access hospital	arch facility	ER-24 hours	ther		
Name, address, and primary website address		<u> </u>							Other (Describe)	Facility reporting group
1 THE CHRIST HOSPITAL 2139 AUBURN AVENUE CINCINNATI,OH 45219 www.thechristhospital.com	х	х		х			х			

Schedule H (Form 990) 2012

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)
THE CHRIST HOSPITAL

Name of	hospital	facility	or facility	reporting/	group

	single facility filers only: line Number of Hospital Facility (from Schedule H, Part V, Section A)1	_	Yes	No
on	munity Health Needs Assessment (Lines 1 through 8c are optional for tax years begining 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)			
а	A definition of the community served by the hospital facility			
	▼ Demographics of the community			
	Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
	How data was obtained			
	The health needs of the community			
	Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
	▼ The process for identifying and prioritizing community health needs and services to meet 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 $\underline{12}$			
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	<u> </u>		
	facilities in Part VI	4		Νo
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)			ĺ
а	▼ Hospital facility's website			ĺ
b	Available upon request from the hospital facility			ĺ
c	Other (describe in Part VI)			
5	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply			ĺ
a	to date) Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA			
Ь	Execution of the implementation strategy			
c	Participation in the development of a community-wide plan			ĺ
ď	Participation in the execution of a community-wide plan			ĺ
_	✓ Inclusion of a community benefit section in operational plans			
	Adoption of a budget for provision of services that address the needs identified in the CHNA			ĺ
	Prioritization of health needs in its community			
_	Prioritization of services that the hospital facility will undertake to meet health needs in its community			
	Other (describe in Part VI)			
				i
	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 Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as	7		Νo
Ju	required by section 501(r)(3)?	8a		Νo
b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	8b		
	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)					
	nancial 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 $\textit{free} \text{care}^{2} \dots \dots \dots \dots \dots$	10	Yes		
	If "Yes," indicate the FPG family income limit for eligibility for free care 150 %				
11	If "No," explain in Part VI the criteria the hospital facility used		V		
	Used FPG to determine eligibility for providing <i>discounted</i> care?	11	Yes		
	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)				
а	▼ Income level				
b	Asset level				
c	Medical indigency				
d	Insurance status				
е	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)				
а	The policy was posted on the hospital facility's website				
b	The policy was attached to billing invoices				
C					
d	The policy was posted in the hospital facility's admissions offices				
е	The policy was provided, in writing, to patients on admission to the hospital facility				
f	The policy was available upon request				
<u>g</u>					
	ling 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				
	Reporting to credit agency				
b	Lawsuits				
С	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				
а	Reporting to credit agency				
b	<u>-</u>				
C	Liens on residences				
d	Body attachments Other similar actions (describe in Part VI)				
_	I () there implies actions (describe in Part VI)	1		i	

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If "Yes," explain in Part VI

Page

Pá	art 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)			
а	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			
е	Other (describe in Part VI)			
Po	olicy 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			ĺ
а	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)			ĺ
Cha	arges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)			
	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			
	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

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Ρ	а	a	e

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? 81

Nam	e and address	Type of Facility (describe)
1	See Additional Data Table	
2		
3		
4		
5		
6		
7		
8		
9		
10		

Schedule H (Form 990) 2012

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 III, Part III, lines 4, 8, and 9b, Part V, Section A, and Part V, Section B, lines 1, 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
- **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.)
- **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 State filing of community benefit report. If applicable, identify all states with which the organization, or a related organization, files a community benefit report
- **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 1₁, 3, 4, 5c, 6₁, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22

I dentifier ReturnRefere		Explanation			
PART I, LINE 7, COLUMN F		BAD DEBTS ARE NETTED AGAINST REVENUES IN PART VIII, AND AS SUCH ARE NOT INCLUDED IN THE TOTAL EXPENSES IN ORDER TO CALCULATE THE PERCENTAGE REPORTED IN COLUMN FON SCHEDULE H, PART I AND PART II			
PART I, LINE 7		the christ hospital (tch) APPLIES A COST-TO-CHARGE RATIO FROM THE MEDICARE COST REPORT TO DETERMINE FINANCIAL ASSISTANCE PROVIDED AT COST			

PART III, LINEs 2 and 4	NET PATIENT ACCOUNTS RECEIVABLE AND NET PATIENT
,	SERVICE REVENUE LESS THE PROVISION FOR BAD DEBTS
	ARE RECORDED AT ESTIMATED AMOUNTS EXPECTED TO
	BE COLLECTED THESE ESTIMATED AMOUNTS ARE
	SUBJECT TO FURTHER ADJUSTMENTS UPON REVIEW BY
	THIRD-PARTY PAYORS THE PROVISION FOR BAD DEBTS
	IS BASED UPON MANAGEMENT'S ASSESSMENT OF
	HISTORICAL AND EXPECTED NET COLLECTIONS
	CONSIDERING CURRENT BUSINESS AND ECONOMIC
	CONDITIONS, TRENDS IN HEALTH CARE COVERAGE AND
	OTHER COLLECTION INDICATORS PERIODICALLY
	THROUGHOUT THE YEAR, MANAGEMENT ASSESSES THE
	ADEQUACY OF THE ALLOWANCE FOR UNCOLLECTIBLE
	ACCOUNTS BASED UPON HISTORICAL WRITE-OFF
	EXPERIENCE OF SELF-PAY ACCOUNTS RECEIVABLE
	INCLUDING THOSE BALANCES AFTER INSURANCE
	PAYMENTS AND NOT COVERED BY INSURANCE THE
	RESULTS OF THIS REVIEW ARE THEN USED TO MAKE ANY
	MODIFICATIONS TO THE PROVISION FOR BAD DEBTS TO
	ESTABLISH AN APPROPRIATE ALLOWANCE FOR
	UNCOLLECTIBLE ACCOUNTS THE ESTIMATED AMOUNT
	FOR THE HOSPITAL'S BAD DEBT EXPENSE (AT COST)
	ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER tch'S
	CHARITY CARE POLICY REPORTED ON PART III, LINE 3
	WAS DETERMINED USING MANAGEMENT'S BEST
	ESTIMATE BASED ON AVAILABLE PATIENT DATA
PART III, LINE 8	COSTS REPORTED ON LINE 6 ARE OBTAINED FROM THE
ART III, EIRE O	MEDICARE COST REPORT WHICH IS BASED ON A COST TO
	CHARGE RATIO

Explanation

ReturnReference

Identifier

Identifier	ReturnReference	Explanation
PART III, LINE 9B		PATIENTS KNOWN TO QUALIFY FOR CHARITY CARE AND FINANCIAL ASSISTANCE ARE NOT SENT TO COLLECTIONS UNLESS A DETERMINATION IN ACCORDANCE WITH THE FINANCIAL ASSISTANCE POLICY
		HAS BEEN MADE THAT THE PATIENT HAS THE FINANCIAL RESOURCES TO PAY SOME PORTION OF THEIR BILL BUT REFUSE TO DO SO
PART V, SECTION B, LINE 7		In the process of conducting its community health needs assessment, TCH identified two areas where health needs of the community existed, but TCH chose not to address them Those two areas included sexually transmitted diseases including
		chlamydia, gonorrhea, and syphilis, and oral care. In both areas TCH does not believe they have a significant amount of resources and therefore does not believe they can make an
		Impact on either of these indicators TCH will continue to look for ways to support the community in these efforts through community collaborations such as The Greater Cincinnati Health Council's A I M for Better Health Collaboration TCH will
		continue to monitor progress in these areas and evaluate services to address the issue PART V, SECTION B, LINE 20D INDIVIDUALS ELIGIBLE FOR FINANCIAL ASSISTANCE -
		HOSPITAL DETERMINATION OF THE MAXIMUM AMOUNTS THAT CAN BE CHARGED TO FAP-ELIGIBLE INDIVIDUALS FOR EMERGENCY OR MEDICALLY NECESSARY CARE tch
		MAINTAINS A FINANCIAL ASSISTANCE PROGRAM POLICY THAT OUTLINES THE MAXIMUM AMOUNT THAT CAN BE CHARGED TO FINANCIAL ASSISTANCE PROGRAM ELIGIBLE INDIVIDUALS FOR EMERGENCY OR OTHER
		MEDICALLY NECESSARY CARE THE AMOUNT CHARGED TO FINANCIAL ASSISTANCE PROGRAM ELIGIBLE INDIVIDUALS FOR EMERGENCY OR MEDICALLY
		NECESSARY CARE IS REPRESENTATIVE OF A CONSISTENT DISCOUNTED AMOUNT PROVIDED TO ALL UNINSURED PATIENTS tch PROVIDES FURTHER ADJUSTMENTS TO AMOUNTS CHARGED BASED ON A VARIETY OF FACTORS,
		INCLUDING PATIENT INCOME INFORMATION AND OTHER SOURCES WHEN INADEQUATE INFORMATION IS PROVIDED BY THE PATIENT TO QUALIFY UNDER tch'S
		CHARITY PROGRAMS tch WORKS WITH ALL PATIENTS BASED ON THEIR INDIVIDUAL SITUATION TO ENSURE OUR MISSION IS BEING CARRIED OUT WITHIN THE
		COMMUNITY IN WHICH WE SERVE NEEDS ASSESSMENT AS A FIRST STEP TOWARDS UNDERSTANDING THE HEALTH NEEDS OF OUR COMMUNITY,tch HAS FORMED A COMMUNITY BENEFIT AND SOCIAL ACCOUNTABILITY
		COMMITTEE CONSISTING OF A VARIETY OF INTERNAL AND EXTERNAL STAKEHOLDERS TO WRITE COMMUNITY BENEFIT POLICY AND TO PRESIDE OVER KEY COMMUNITY
		BENEFIT DECISIONS THIS COMMITTEE IS RESPONSIBLE FOR DETERMINING THE HEALTH NEEDS OF THE COMMUNITY TCH SERVES AND IMPLEMENT PROVEN
		PROGRAMS AND STRATEGIES THAT TARGET THOSE IDENTIFIED NEEDS THEY DO THIS BY ANALYZING A NUMBER OF DATA SOURCES INCLUDING PUBLIC HEALTH DATA, HOSPITALIZATION DATA, HEALTH RISK FACTOR
		SURVEYS, SOCIOECONOMIC NEEDS ASSESSMENTS, ENVIRONMENTAL STANDARDS AND EXISTING PROGRAMS THAT HAD BEEN DEVELOPED FOR RESIDENTS IN THEIR
		SERVICE AREA THE ESSENTIAL COMPONENTS EXAMINED IN THIS PROCESS INCLUDE THE DATA INDICATORS COMPILED ON TCH'S ONLINE COMMUNITY HEALTH DASHBOARD OF OVER 100 ECONOMICAL.
		ENVIRONMENTAL AND HEALTH CATEGORIES, THE A I M (ASK INFORM MAKE A DIFFERENCE) COMMUNITY HEALTH NEEDS ASSESSMENT, THE HAMILTON COUNTY
		PUBLIC HEALTH DEPARTMENT'S COMMUNITY HEALTH ASSESSMENT FOR HAMILTON COUNTY, THE GREATER CINCINNATI COMMUNITY HEALTH STATUS SURVEY AND THE UNITED WAY OF GREATER CINCINNATI'S BOLD
		GOALS THIS COMMUNITY BENEFIT DATA INCLUDES BOTH QUALITATIVE AND QUANTITATIVE DATA, DEMOGRAPHICS INCLUDING RACE, AGE, ETHNICITY AND
		GENDER, SOCIOECONOMIC DATA INCLUDING INCOME, EDUCATION AND HEALTH INSURANCE RATES, PRIMARY CARE AND CHRONIC DISEASE NEEDS OF UNINSURED PERSONS, AND DATA ON HEALTH DISPARITIES IN
		HEALTH OUTCOMES AMONG MINORITY GROUPS KEY FINDINGS ARE REVIEWED TO FURTHER IDENTIFY GAPS IN EXISTING COMMUNITY OUTREACH AND HOSPITAL BASED
		SERVICES PATIENT EDUCATION OF ELIGIBILITY AND ASSISTANCE tch POSTS ITS CHARITY CARE POLICY AND FINANCIAL ASSISTANCE CONTACT INFORMATION IN ADMISSIONS AREAS, EMERGENCY DEPARTMENT, AND
		OTHER AREAS OF THE ORGANIZATION'S FACILITIES IN WHICH ELIGIBLE PATIENTS ARE LIKELY TO BE PRESENT TCH PROVIDES A COPY OF THE POLICY, OR SUMMARY
		THEREOF, AND FINANCIAL ASSISTANCE CONTACT INFORMATION TO PATIENTS AS PART OF THE INTAKE PROCESS AND WITH DISCHARGE MATERIALS
		ADDITIONALLY, A COPY OF THE POLICY OR A SUMMARY ALONG WITH THE FINANCIAL ASSISTANCE CONTACT INFORMATION IS INCLUDED IN THE PATIENT BILLS TCH DISCUSSES WITH THE PATIENT THE AVAILABILITY OF
		VARIOUS GOVERNMENT BENEFITS, SUCH AS MEDICAID OR STATE PROGRAMS, WHERE APPLICABLE ADDITIONALLY, TCH ASSISTS PATIENTS IN OBTAINING
		MEDICAL BENEFITS THROUGH FEDERAL, STATE, AND HOSPITAL PROGRAMS TCH REPRESENTATIVES WILL PROVIDE THE FOLLOWING SERVICES AT NO COST TO THE PATIENT - EXPLORE ELIGIBILITY, - FILE APPLICATION
		ON PATIENT'S BEHALF, - SCHEDULE AND ATTEND APPOINTMENTS, - PROVIDE TRANSPORTATION WHEN NECESSARY, - PROVIDE MEDICAL DOCUMENTATION TO
		SOCIAL SECURITY ADMINISTRATION FOR DISABILITY CLAIMS THROUGHOUT THE REGISTRATION AND DISCHARGE PROCESS, PATIENTS AND THEIR COUNSELORS LOOK AT WHAT OPTIONS ARE AVAILABLE
		TCH UNDERSTANDS THAT NOT EVERYONE CAN PAY FOR HEALTHCARE SERVICES TCH REPRESENTATIVES ARE AVAILABLE TO OFFER OPTIONS AND ASSISTANCE FOR
		THOSE WHO ARE UNINSURED OR UNDERINSURED COMMUNITY INFORMATION tch's PRIMARY SERVICE AREA, COMPRISED OF 80 0% OF THE INPATIENT ADMISSIONS, ENCOMPASSES FIVE (5) COUNTIES IN THE
		GREATER CINCINNATI AREA INCLUDING, HAMILTON, CLERMONT, BUTLER AND WARREN COUNTIES IN OHIO AND CAMPBELL COUNTY IN KENTUCKY TCH'S
		SECONDARY SERVICE AREA, COMPRISED OF AN ADDITIONAL 15 0% OF THE INPATIENT ADMISSIONS, ENCOMPASSES AN ADDITIONAL EIGHT (8) COUNTIES INCLUDING ADAMS, CLINTON, BROWN AND HIGHLAND
		COUNTIES IN OHIO, KENTON AND BOONE COUNTIES IN KENTUCKY, AND DEARBORN AND RIPLEY COUNTIES IN INDIANA THE REMAINING SERVICE AREA IS COMPRISED
		OF 5 0% OF INPATIENT ADMISSIONS, ENCOMPASSING NUMEROUS OTHER COUNTIES IN OHIO, SOUTHWEST INDIANA AND NORTHERN KENTUCKY TCH'S SERVICE AREA LARGELY SERVES HAMILTON COUNTY, WHICH HAS
		A POPULATION OF APPROXIMATELY 867,000 WITH 13 9% OF THE POPULATION OVER THE AGE OF 65 HAMILTON COUNTY POPULATION INCLUDES 15 2% OF THE
		POPULATION LIVING AT LESS THAN 100 0% OF THE FEDERAL POVERTY LINE APPROXIMATELY 71 0% OF THE HAMILTON COUNTY POPULATION IS CAUCASIAN AND
		25 0% IS AFRICAN AMERICAN, 2 0% OF THE POPULATION IS ASIAN, AND THE REMAINING 2 0% IS OF OTHER ETHNICITY WITHIN HAMILTON COUNTY, 51 4% OF THE HOUSEHOLDS HAVE AN AVERAGE INCOME LEVEL OF LESS
		THAN \$50,000, 29 1% OF THE AVERAGE HOUSEHOLD INCOME LEVELS ARE \$50,000 AND \$100,000, AND 19 4% OF THE AVERAGE HOUSEHOLD INCOME LEVELS ARE
		GREATER THAN \$100,000 PROMOTION OF COMMUNITY HEALTH tch OPERATES AN EMERGENCY ROOM OPEN TO ALL PERSONS REGARDLESS OF ABILITY TO PAY IN ADDITION TO PROVIDING EMERGENCY SERVICES, A
		SYSTEMATIC APPROACH IS USED TO DETERMINE COMMUNITY HEALTH NEEDS WITH INPUT FROM ORGANIZATION SUCH AS THE CENTER FOR CLOSING THE
		HEALTH GAP, THE TCH FAMILY ADVISORY COUNCIL, AND THE GATHERING OF COMMUNITY HEALTH STATISTICS BY THE KSI CLINICAL SERVICES PORTFOLIO TEAM AND BY
		THE MARKETING DEPARTMENT INFORMATION GATHERED THROUGH THESE SOURCES HAS LED TO THE DEPLOYMENT OF THE PALLIATIVE CARE PROGRAM, A CENTER FOR HEALTH AND AGING TO ADDRESS THE
		SPECIAL NEEDS OF GERIATRIC PATIENTS AND A NEWLY REMODELED BEHAVORIAL HEALTH UNIT AT A TIME WHEN OTHER HEALTHCARE PROVIDERS IN THE COMMUNITY
		WERE DISCONTINUING THAT SERVICE TCH ALSO SUPPORTS THE COMMUNITY IN NUMEROUS FUND DRIVES SUCH AS UNITED WAY, AMERICAN HEART ASSOCIATION, DIABETES WALK CANCER WALK AND FINE ARTS FUND. AT
		DIABETES WALK, CANCER WALK AND FINE ARTS FUND AT THE BEGINNING OF EACH SCHOOL YEAR AND AT CHRISTMAS, TCH STAFF ALSO DONATES SCHOOL SUPPLIES AND GIFTS TO THE STUDENTS AT TAFT
		ELEMENTARY SCHOOL LOCATED IN MT AUBURN IN ADDITION, THE STAFF PROVIDES MENTORING OPPORTUNITIES TO UNDERGRADUATE AND GRADUATE
		STUDENT INTERNS INTERESTED IN HEALTHCARE CAREERS AND ALSO TO EXPLORER SCOUTS AFFILIATED HEALTH CARE SYSTEM N/A STATE FILING OF COMMUNITY BENEFIT REPORT N/A
<u>I</u>	1	BENEFIT REPORT N/A

425 Home Street Geargetown, OH 45121

Software ID: **Software Version:**

EIN: 31-0538525

Name: The Christ Hospital

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)

many non-hospital health care facilities did the orga	anization operate during the tax year?
81	
e and address	Tupo of Eachty (docombo)
Outpatient Center - Anderson	Type of Facility (describe) Outpatient Center
7545 Beechmont Avenue Cincinnati, OH 45255	
Outpatient Center - Ft Wright KY 1955 Dixie Highway	O utpatient Center
Ft Wright, KY 41011	
Outpatient Center - Green Township 5885 Harrison Avenue	Outpatient Center
Outpatient Center - Red Bank	Outpatient Center
4440 Red Bank Expressway Cincinnati, OH 45227	
PhysOccupational Therapy - Anderson	O utpatient Center
7545 Beechmont Avenue Suite E Cincinnati,OH 45255	
PhysOccupational Therapy - Cincinnati S 3950 Red Bank Road	O utpatient Center
Cincinnati,OH 45227	
PhysOccupational Therapy - Green Townsh 5885 Harrison Avenue Suite 2900	Outpatient Center
Cincinnati, OH 45248 PhysOccupational Therapy - Kenwood	Outpatient Center
8250 Kenwood Crossings Way Suite 2 Cincinnati,OH 45236	
PhysOccupational Therapy - Mt Auburn	O utpatient Center
2123 Auburn Avenue Suite 224 Cincinnati, OH 45219	
PhysOccupational Therapy - Pilates 2123 Auburn Avenue Suite 236	O utpatient Center
Cincinnati, OH 45219 PhysOccupational Therapy - Wilder	Outpatient Center
1400 Gloria Terrell Drive	Outpatient Center
Wilder, KY 41076 PhysOccupational Therapy - Crestview Hi	Outpatient Center
330 Thomas More Parkway Ste 202 Crestview Hills, KY 41017	
PhysOccupational Therapy - Mason 5382-A Cox Smith Road	O utpatient Center
Mason, OH 45040	
PhysOccupational Therapy - Milford 970 974 Lila Avenue	O utpatient Center
Milford, OH 45150 The Christ Hospital Physicians	O utpatient Center
10506 Montgomery Road Suite 501 Cincinnati, OH 45242	
The Christ Hospital Physicians	Outpatient Center
1275 North High Street Hillsboro,OH 45133	
The Christ Hospital Physicians 1380 NW Washington Blvd	O utpatient Center
Hamilton,OH 45013	
The Christ Hospital Physicians 1955 Dixie Highway	O utpatient Center
Ft Wright, KY 41011 The Christ Hospital Physicians	O utpatient Center
2123 Auburn Avenue Suite 100 Cincinnati, OH 45219	·
The Christ Hospital Physicians	O utpatient Center
2156 Chamber Center Drive Fort Mitchell, KY 41017	
The Christ Hospital Physicians 230 Medical Center Drive	O utpatient Center
Cincinnati, OH 45679 The Christ Hospital Physicians	O utpatient Center
2355 Norwood Avenue	o dipatient Center
Cincinnati, OH 45212 The Christ Hospital Physicians	O utpatient Center
24 Compton Road Suite 205 Cincinnati, OH 45216	
The Christ Hospital Physicians 24 Six Pine Ranch Road	O utpatient Center
Batesville, IN 47006	
The Christ Hospital Physicians 2567 Erie Avenue	O utpatient Center
Cincinnati, OH 45208 The Christ Hospital Physicians	O utpatient Center
2727 Madison Road Suite 208	S departer Street
Cincinnati, OH 45209 The Christ Hospital Physicians	O utpatient Center
334 Thomas More Pkwy Suite 190 Crestview Hills, KY 41017	
The Christ Hospital Physicians 3805 Edwards Road Suite 300	O utpatient Center
Cincinnati, OH 45209	
The Christ Hospital Physicians 3950 Red Bank Road	O utpatient Center
Cincinnati, OH 45227	Outpotiont Contar
The Christ Hospital Physicians 425 Home Street	O utpatient Center

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 organi 81	zation operate during the tax year?
Name and address	Tuno of Facility (decembe)
Name and address The Christ Hospital Physicians 4440 Red Bank Expressway Suite 200 Cincinnati, OH 45227	Type of Facility (describe) Outpatient Center
The Christ Hospital Physicians 47 East Hollister Street Cincinnati, OH 45219	Outpatient Center
The Christ Hospital Physicians 4760 E Galbraith Road Suite 109 Cincinnati,OH 45236	O utpatient Center
The Christ Hospital Physicians 4803 Montgomery Road Suite 114 Cincinnati,OH 45212	Outpatient Center
The Christ Hospital Physicians 4900 Babson Place Suite 400 Cincinnati, OH 45227	Outpatient Center
The Christ Hospital Physicians 5680 Bridgetown Road Cincinnati, OH 45248	O utpatient Center
The Christ Hospital Physicians 5885 Harrison Avenue Suite 1900 Cincinnati, OH 45248	Outpatient Center
The Christ Hospital Physicians 608 Reading Road Suite B Mason, OH 45040	Outpatient Center
The Christ Hospital Physicians 610 W Main Street Wilmington, OH 45177	O utpatient Center
The Christ Hospital Physicians 630 West Main Street Wilmington, OH 45177	O utpatient Center
The Christ Hospital Physicians 7335 Yankee Road Suite 201 Liberty Township, OH 45044	O utpatient Center
The Christ Hospital Physicians 7426 Jager Ct Cincinnati,OH 45255	O utpatient Center
The Christ Hospital Physicians 7451 South Mason Montgomery Road Mason,OH 45040	O utpatient Center
The Christ Hospital Physicians 7545 Beechmont Avenue Cincinnati, OH 45255	O utpatient Center
The Christ Hospital Physicians 7589 Tylers Place Blvd Cincinnati, OH 45069	O utpatient Center
The Christ Hospital Physicians 7685 Beechmont Avenue Cincinnati, OH 45255	Outpatient Center
The Christ Hospital Physicians 7759 University Drive West Chester, OH 45069	O utpatient Center
The Christ Hospital Physicians 7809 Laurel Avenue Suite 11 Cincinnati, OH 45243	O utpatient Center
The Christ Hospital Physicians 796 Old State Rt 74 Suite 100 Cincinnati,OH 45245	O utpatient Center
The Christ Hospital Physicians 8250 Kenwood Crossings Way Cincinnati,OH 45236	Outpatient Center
The Christ Hospital Physicians 98 Elm Street Lawrenceburg, IN 47025	Outpatient Center
The Christ Hospital Physicians 312 Walnut Street Ste 1160 Cincinnati, OH 45202	Outpatient Center
The Christ Hospital Physicians 330 Thomas More Parkway Ste 201 Crestview Hills, KY 41017	Outpatient Center
The Christ Hospital Physicians 4805 Montgomery Road Ste 101 Cincinnati,OH 45212	O utpatient Center
The Christ Hospital Physicians 5714 Signal Hill Court Ste C Milford, OH 45150	O utpatient Center
The Christ Hospital Diabetes & Endocrine 1955 Dixie Highway Suite E1 Ft Wright, KY 41011	Outpatient Center
The Christ Hospital Diabetes & Endocrine 5885 Harrison Avenue Suite 3200 Cincinnati, OH 45248	Outpatient Center
The Christ Hospital Diabetes & Endocrine 2727 Madison Road Suite 208 Cincinnati,OH 45209	O utpatient Center
The Christ Hospital Diabetes & Endocrine 4440 Red Bank Expressway Suite 210 Cincinnati,OH 45227	O utpatient Center
The Christ Hospital Health & Aging Cente 4900 Babson Place Suite 600 Cincinnati, OH 45227	Outpatient Center

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?

81

nme and address	Type of Facility (describe)
Audiology Center 4900 Babson Place Suite 500 Oakley, OH 45227	O utpatient Center
Center for Health & Aging 4900 Babson Place Suite 600 Oakley, OH 45227	O utpatient Center
Diabetes & Endocrine Center 4440 Red Bank Expressway Suite 210 Cincinnati, OH 45227	O utpatient Center
Pelvic Floor Center 2123 Auburn Avenue Suite 322 Cincinnati, OH 45219	O utpatient Center
Spine Surgery Center 4020 Smith Road Cincinnati, OH 45209	O utpatient Center
Surgery Center - Red Bank Expressway 4850 Red Bank Expressway Cincinnati, OH 45227	O utpatient Center
Imaging Center - Anderson 7545 Beechmont Avenue Suite X Cincinnati, OH 45255	O utpatient Center
Imaging Center - Fort Wright 1955 Dixie Highway Suite E2 Ft Wright, KY 41011	O utpatient Center
Imaging Center - Green Township 5885 Harrison Avenue Suite 1100 Cincinnati, OH 45248	O utpatient Center
Imaging Center - Red Bank 4440 Red Bank Expressway Suite 100 Cincinnati, OH 45227	O utpatient Center
Laboratory Draw Site - Hyde Park 2727 Madison Road 2nd Floor Cincinnati, OH 45209	O utpatient Center
Testing Center - Anderson 7545 Beechmont Avenue Suite F Cincinnati, OH 45255	O utpatient Center
Testing Center - Mason 608 Reading Road Mason, OH 45040	O utpatient Center
Testing Center - Mt Auburn 2123 Auburn Avenue Suite 130 Cincinnati, OH 45219	O utpatient Center
Testing Center (Cardiovascular) - Anders 7545 Beechmont Avenue Suite E Cincinnati, OH 45255	O utpatient Center
Testing Center (Cardiovascular) - Ft Wr 1955 Dixie Highway Suite E2 Ft Wright, KY 41011	O utpatient Center
Testing Center (Cardiovascular) - Green 5885 Harrison Avenue Suite 1100 Cincinnati,OH 45248	O utpatient Center
Testing Center (Cardiovascular) - Libert 7335 Yankee Road Suite 201 Liberty Township, OH 45044	O utpatient Center
Testing Center (Cardiovascular) - Montgo 10506 Montgomery Road Suite 504 Cincinnati,OH 45242	O utpatient Center
Women's Imaging Center 2123 Auburn Avenue MOB Suite 324 Cincinnati,OH 45219	O utpatient Center
The Christ Hospital Urgent Care - Madiso 4440 Red Bank Expressway Suite 110 Cincinnati,OH 45227	O utpatient Center

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DLN: 93493135052344

OMB No 1545-0047

Open to Public

Department of the Treasury

Schedule I

(Form 990)

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

Internal Revenue Service Name of the organization						Employer identification	on number
The Christ Hospital							in number
Part I General Informat	ion on Grants and	d Assistance				31-0538525	
 Does the organization maintain the selection criteria used to Describe in Part IV the organ 	n records to substant award the grants or as	nate the amount of the sistance?					∀Yes ► N
				e United States. Con art II can be duplicate			es" to
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran
See Additional Data Table							
		1					
2 Enter total number of section							12
3 Enter total number of other or	ganızatıons lısted ın tl	ne line 1 table . .					3

	· · ·	
• • •	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Pai	rt IV, line 22
	Part III can be duplicated if additional space is needed.	

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

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

Software ID:

Software Version:

EIN: 31-0538525

Name: The Christ Hospital

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount 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
Center for Closing the Health Gap3120 Burnet Avenue CINCINNATI,OH 45229	20-0902286	501(C)(3)	200,000				GENERAL SPONSORSHIP
Center for Respite CarePO BOX 141301 CINCINNATI,OH 45250	20-2544994	501(C)(3)	150,000				GENERAL SPONSORSHIP

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
United Way2400 READING ROAD CINCINNATI,OH 45202	31-0537502	501(C)(3)	106,341				GENERAL SPONSORSHIP
Cincinnati Sports Mall3950 RED BANK ROAD CINCINNATI,OH 45227	31-1249621	N/A	100,000				GENERAL SPONSORSHIP

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Arthritis Foundation7124 MIAMI AVENUE CINCINNATI,OH 45243	31-6043937	501(C)(3)	65,000				GENERAL SPONSORSHIP
The Health Collaborative 2649 ERIE AVENUE CINCINNATI,OH 45208	31-1449807	501(C)(3)	25,000				GENERAL SPONSORSHIP

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Healthy Communities Institute2054 UNIVERSITY AVE BERKELEY, CA 94704	30-0484431	501(C)(3)	20,000				GENERAL SPONSORSHIP
Build Our New Bridge Now 300 CAREW TOWER CINCINNATI,OH 45202	45-5440668	501(C)(3)	15,000				GENERAL SPONSORSHIP

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ProCamps INC4600 MCAULEY PLACE BLUE ASH,OH 45242	45-2562041	N/A	15,000				GENERAL SPONSORSHIP
Depaul Cristo Rey High School1133 CLIFTON AVENUE CINCINNATI,OH 45220	27-2417727	N/A	14,000				YOUTH SPORTS PROGRAM

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
American Cancer Society250 WILLIAMS STREET NW ATLANTA,GA 30303	13-1788491	501(C)(3)	10,000				GENERAL SPONSORSHIP
Thanksgiving Day Race3243 LINWOOD ROAD CINCINNATI,OH 45226	31-1779835	501(C)(3)	10,000				GENERAL SPONSORSHIP

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount 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
LifeCenter Organ Donor Network615 ELSINORE PLACE CINCINNATI,OH 45202	31-1040508	501(C)(3)	7,500				GENERAL SPONSORSHIP
Mayfield Clinic Inc506 OAK STREET CINCINNATI,OH 45219	31-0588183	501(C)(3)	7,500				GENERAL SPONSORSHIP

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Hearing Speech and Deaf Center2825 BURNET AVENUE CINCINNATI,OH 45219	31-0536654	501(C)(3)	6,940				GENERAL SPONSORSHIP

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DLN: 93493135052344

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

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.

Compensation Information

Open to Public Inspection

Name of the organization The Christ Hospital

Employer identification number

31-0538525

Pai	rt I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	□ Travel for companions □ Payments for business use of personal residence			
	Tax idemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e g , maid, chauffeur, chef)			
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			
	✓ Independent compensation consultant ✓ Compensation survey or study			
	Form 990 of other organizations A pproval 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	on		
а	Receive a severance payment or change-of-control payment?	4a	Yes	<u> </u>
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?	4 c		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			
а	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			
а	The organization?	6a		No
b	Any related organization?	6b		Νo
	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		No
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			
	ın Part III	8	<u> </u>	Νo
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)(1)-(111) 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	f W-2 and/or 1099-MI:	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of	(F) Compensation	
	(i) Base compensation	(ii) Bonus & ıncentıve compensatıon	(iii) Other reportable compensation	other deferred compensation	benefits	columns (B)(ı)-(D)	reported as deferred in prior Form 990	
See Additional Data Table								

Schedule J (Form 990) 2012

Part IIII 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
Supplemental Compensation Information	,	UPON SEPARATION FROM SERVICE, MS CROUSHORE WAS ELIGIBLE FOR A TWO YEAR SALARY CONTINUANCE PLAN PART I, LINE 4B THE CHRIST HOSPITAL HAS A 457(F) NON-QUALIFIED DEFERRED COMPENSATION PLAN FOR CERTAIN SENIOR EXECUTIVES the following individual received a taxable distribution in connection with her separation which is reported in part II, column (bii) susan croushore the following individual has an accrual reported in part II, column (C) CHRIS E BERGMAN \$36,751

Schedule J (Form 990) 2012

Software ID: Software Version:

EIN: 31-0538525

Name: The Christ Hospital

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

i orini 330, Schedule 3, Pa		ii Officers, Direc	zeors, rruseces, re	zy Employees, and	2 mgnest compen	Dutcu Linpicy ccs		
(A) Name		(B) Breakdown o	of W-2 and/or 1099-MIS	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation reported in prior Form
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) O ther compensation	compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ
CHRIS BERGMAN	(I) (II)) 346,650) 0	0	21,902	50,864 0	17,333 0	436,749 0	0
ALFRED KAHN III MD	(I) (II)) 518,629) 0	0	0	0	0	518,629 0	0
Thomas Broderick MD	(I) (II)) 700,495) 0	0	4,902	-46,375 0	17,936 0	676,958 0	0 0
PATRICK G KIRK MD	(I) (II)) 1,402,833) 0	0	2,622	0	21,023 0	1,426,478 0	0
Susan Croushore	(I) (II)) 480,750) 0	0	763,910	6,079 0	17,937 0	1,268,676 0	187,293 0
Brian Mannion MD	(I) (II)) 1,140,457) 0	0	2,348	0	16,557 0	1,159,362	0
Dean J Kereiakes MD	(I) (II)) 1,136,677) 0	0	3,736	-42,170 0	17,936 0	1,116,179 0	0
Edward V Lim MD	(I) (II)) 1,198,597) 0	0	4,902	0	19,880 0	1,223,379	0
Manish Bhandari MD	(I) (II)) 1,124,684) 0	0	1,021	0	19,402 0	1,145,107 0	0
Slobodan Stanisic MD	(I) (II)) 1,112,501) 0	0	17,614	0	16,557 0	1,146,672 0	0

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -Schedule K

DLN: 93493135052344 OMB No 1545-0047

2012

Inspection

Open to Public

Supplemental Information on Tax Exempt Bonds ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions,

explanations, and any additional information in Part VI.

Department of the Treasury Internal Revenue Service Name of the organization

(Form 990)

► Attach to Form 990. ► See separate instructions.

Employer identification number

of the organization									Employer identification number					
nrist Hospital									31	-05385	25			
rt I Bond Issues														
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue	price	(f)	f) Descriptio	n of purpose	(g) De	(g) Defeased		(h) On behalf of ıssuer		Pool incing
									Yes	No	Yes	No	Yes	No
HAMILTON COUNTY OHIO	31-6000063		12-20-2010	30,0	00,000	SEE	PART VI			Х	_	×		Х
HAMILTON COUNTY OHIO	31-6000063	40727TCS7	06-26-2012	333,4	31,995	SEE	PART VI			Х		Х		X
t III Proceeds														
						_	В			С			D	
			2,946,0	000		0								
<u> </u>	sed					0		0						
<u> </u>					30,021,765 333,752,995									
<u> </u>						0		0						
						0		0						
Proceeds in refunding escrows						0		0						
<u> </u>						0		5,073,444						
<u> </u>						0 1,607,333								
						0 0								
<u> </u>	ceeds				30,021,7	765 129,759,523								
Other spent proceeds						0	12	27,109,132						
O ther unspent proceeds						0	7	70,203,563						
Year of substantial completion	1			20	12		20:	16		_	_			
				Yes	No		Yes	No	Yes	N N	lo	Yes		No
Were the bonds issued as part	t of a current refundı	ng issue?			Х		Х							
Were the bonds issued as part of an advance refunding issue?					х			Х						
Has the final allocation of proceeds been made?					х			Х						
7 Does the organization maintain adequate books and records to support the final allocation of proceeds?			ort the final	Х			Х							
Private Business U	Jse			1										
		/	A		B			_		D No				
	TET Bond Issues (a) Issuer name HAMILTON COUNTY OHIO HAMILTON COUNTY OHIO IT Proceeds Amount of bonds retired Amount of bonds legally defeat Total proceeds of Issue Gross proceeds in reserve fund Capitalized interest from proceeds Issuance costs from proceeds Credit enhancement from proceeds Credit enhancement from proceeds Capital expenditures from proceeds Other spent proceeds Other unspent proceeds Year of substantial completion Were the bonds Issued as part Has the final allocation of proceeds?	Thrist Hospital (a) Issuer name (b) Issuer EIN HAMILTON COUNTY OHIO 31-6000063 HAMILTON COUNTY OHIO 31-6000063 tII Proceeds Amount of bonds retired Amount of bonds legally defeased Total proceeds of issue Gross proceeds in reserve funds Capitalized interest from proceeds Proceeds in refunding escrows Issuance costs from proceeds Credit enhancement from proceeds Working capital expenditures from proceeds Capital expenditures from proceeds Other spent proceeds Other unspent proceeds Year of substantial completion Were the bonds issued as part of an advance refur Has the final allocation of proceeds? Does the organization maintain adequate books an allocation of proceeds?	til Bond Issues (a) Issuer name (b) Issuer EIN (c) CUSIP # HAMILTON COUNTY OHIO 31-6000063 HAMILTON COUNTY OHIO 31-6000063 40727TCS7 til Proceeds Amount of bonds retired Amount of bonds legally defeased Total proceeds of issue Gross proceeds in reserve funds Capitalized interest from proceeds Proceeds in refunding escrows Issuance costs from proceeds Credit enhancement from proceeds Working capital expenditures from proceeds Capital expenditures from proceeds Other spent proceeds Other unspent proceeds Year of substantial completion Were the bonds issued as part of a current refunding issue? Has the final allocation of proceeds been made? Does the organization maintain adequate books and records to supposaliocation of proceeds?	termst Hospital (a) Issuer name (b) Issuer EIN (c) CUSIP # (d) Date issued HAMILTON COUNTY OHIO 31-6000063 12-20-2010 HAMILTON COUNTY OHIO 31-6000063 40727TCS7 06-26-2012 til Proceeds Amount of bonds retired Amount of bonds legally defeased Total proceeds of issue Gross proceeds in reserve funds Capitalized interest from proceeds Proceeds in refunding escrows Issuance costs from proceeds Credit enhancement from proceeds Working capital expenditures from proceeds Other spent proceeds Other unspent proceeds Year of substantial completion Were the bonds issued as part of a current refunding issue? Were the bonds issued as part of an advance refunding issue? Does the organization maintain adequate books and records to support the final allocation of proceeds?	ternst Hospital (a) Issuer name (b) Issuer EIN (c) CUSIP # (d) Date Issued (e) Issuer HAMILTON COUNTY OHIO 31-6000063 12-20-2010 30,0 HAMILTON COUNTY OHIO 31-6000063 40727TCS7 06-26-2012 333,4 til Proceeds Amount of bonds retired Amount of bonds retired Amount of bonds retired Amount of bonds Issue Gross proceeds in reserve funds Capitalized interest from proceeds Proceeds in refunding escrows Issuance costs from proceeds Credit enhancement from proceeds Working capital expenditures from proceeds Other spent proceeds Other spent proceeds Vear of substantial completion 20 Year of substantial completion 20 Yes Were the bonds issued as part of an advance refunding issue? Has the final allocation of proceeds been made? Does the organization maintain adequate books and records to support the final allocation of proceeds?	This Hospital Bond Issues (a) Issuer name (b) Issuer EIN (c) CUSIP # (d) Date issued (e) Issue price HAMILTON COUNTY OHIO 31-6000063 40727TCS7 06-26-2012 333,431,995 THE Proceeds Amount of bonds retired Amount of bonds legally defeased 2,946,64 Total proceeds in reserve funds Capitalized interest from proceeds Capitalized interest from proceeds Credit enhancement from proceeds Credit enhancement from proceeds Capitalized interest from proceeds Capitaliz	This Hospital A	### Bond Issuer (a) Issuer name (b) Issuer EIN (c) CUSIP # (d) Date issued (e) Issue price (f) Description ###################################	### Manual Manua	Note	### Bond Issuer Rame \$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	### Bond Issuer Rink Co CUSIP # Co CUSIP	## Bond Issuer name 0 0 0 0 0 0 0 0 0	## Bond Issuer name Col Dissuer Elm Col DUSIP # Col

property financed by tax-exempt bonds?

financed property?

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

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

No

Χ

Χ

Yes

No

Χ

Χ

Yes

No

Yes

Yes

No

Page **2** Part Private Business Use (Continued) C D Α В Yes No Yes No Yes No Yes No Are there any management or service contracts that may result in private business use За Х Х of bond-financed property? If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed Χ Χ property? Are there any research agreements that may result in private business use of bond-Χ Χ financed property? If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside Χ counsel to review any research agreements relating to the financed property? Enter the percentage of financed property used in a private business use by entities 4 0% % 0% other than a section 501(c)(3) organization or a state or local government Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501 % % % (c)(3) organization, or a state or local government Total of lines 4 and 5 0/0 0/∩ % % Does the bond issue meet the private security or payment test? 7 Χ Х Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were Χ Χ issued? If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of % 0/∩ % % If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections Χ Χ 1 141-12 and 1 145-2? Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Х Χ Regulations sections 1 141-12 and 1 145-2? Part IV Arbitrage В С Α D Yes No Yes No Yes No Yes No Has the issuer filed Form 8038-T? 1 Χ Χ If "No" to line 1, did the following apply? 2 Rebate not due vet? а Χ Χ Exception to rebate? b No rebate due? Х C If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed Is the bond issue a variable rate issue? 3 Χ Χ Has the organization or the governmental issuer entered 4a Χ Χ into a qualified hedge with respect to the bond issue? FIFTH THIRD BANK Name of provider Term of hedge 99 C Was the hedge superintegrated? d Χ Was a hedge terminated? Χ

i cu	Arbitrage (Continueu)								
		А	A B		С	С			
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х		Х				
b	Name of provider	0		0					
С	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		х		Х				
7	Has the organization established written procedures to monitor the requirements of section 148?	x		Х					

Part V Procedures To Undertake Corrective Action

1	Has the organization established written procedures to ensure
	that violations of federal tax requirements are timely identified
	and corrected through the voluntary closing agreement program if
	self-remediation is not available under applicable regulations?

Α		A B C				D			
Yes	No	Yes	No Yes No		Yes	No			
х		x							

Part VI Supplemental Info	formation. Complete this part to	provide additional information for responses to questions on Schedule K (see instructions).
Identifier	Return Reference	Explanation
PART I, LINE A, COLUMN F		DESCRIPTION OF PURPOSE HEALTHCARE FACILITIES VARIABLE RATE REVENUE BONDS (SERIES 2010 BONDS) WERE USED TO REFUND SEVERAL PATIENT CARE PROJECTS AND FINANCE THE CONSTRUCTIONS OF THE GREEN TOWNSHIP AMBULATORY OUTPATIENT CENTER THE DIFFERENCE BETWEEN PART I, COLUMN (E) AND PART II IS DUE TO INVESTMENT EARNINGS OF \$21,765
PART I, LINE B, COLUMN F		DESCRIPTION OF PURPOSE HOSPITAL FACILITIES FIXED RATE REVENUE BONDS (SERIES 2012 BONDS) WERE USED TO FUND THE CONSTRUCTION OF THE CHRIST HOSPITAL ORTHOPAEDIC AND SPINE CENTER PROJECT, PAY DOWN PRIOR BORROWINGS, AND PAY THE RELATED COST OF ISSUANCE THE DIFFERENCE BETWEEN PART I, COLUMN (E) AND PART II IS DUE TO INVESTMENT EARNINGS OF \$321,000
PART IV, LINE 2C, COLUMN A	0	NO REBATE DUE REBATE COMPUTATION WAS PERFORMED ON MAY 28, 2013

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DLN: 93493135052344

Schedule L

(Form 990 or 990-EZ)

Transactions with Interested Persons

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

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

OMB No 1545-0047 2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization The Christ Hospital

Employer identification number 31-0538525

	1 (a) Name of disqualified person			(b) Relationship between disqualified				(c) Description of transaction				
			person and	d organizatio	n						Yes	No
Enter the am	ount of tax incurre	d by organiza	tion mana	gers or disq	ualıfıed perso	ns during the	year u	inders	section			
4958									F \$			
Enter the am	ount of tax, if any,	on line 2, abo	ve, reimb	ursed by the	organization				▶ \$			
	ns to and/or F											
	olete if the organiz					ne 38a, or Fo	rm 990	O, Par	t IV, lın	e 26, d	or if the	
	nization reported a					I	I		T	_	1	
Name of	(b) Relationship				(e)Original	(f)Balance	(g) In default?		(h	-	(i)Wr	
terested	with organization	of loan	or from t		principal	l due				oved	agreer	ment .
person			organization?		Lamount		""				-	
			organizat	ion?	amount		deid		by boa	ard or		
pe13011					amount			1	by boa	ard or ttee?	Yes	l No
			To	From	amount		Yes	No	by boa	ard or	Yes	No
					amount			1	by boa	ard or ttee?	Yes	No
					amount			1	by boa	ard or ttee?	Yes	No
					amount			1	by boa	ard or ttee?	Yes	Ne
					amount			1	by boa	ard or ttee?	Yes	No
					amount			1	by boa	ard or ttee?	Yes	No
			То		amount			1	by boa	ard or ttee?	Yes	No
al			To	From				1	by boa	ard or ttee?	Yes	No
t III Gran	ts or Assistan		To \$	From	ersons.		Yes	1	by boa	ard or ttee?	Yes	No
al 't III Gran Comp	olete if the orga		To \$ ting Integrated "Y	From Perested P Yes" on For	ersons. m 990, Part	IV, line 27.	Yes	No	y boa commi	ard or ttee? No	- - - - -	
t III Gran Comp	erested (b) Rel	nization ans ationship bet	To sting Integrated "Yween (co	From	ersons. m 990, Part		Yes	No	y boa commi	ard or ttee? No	Yes ————————————————————————————————————	
ıl t III Gran Comp	olete if the orga erested (b) Rei interes	nization ans ationship bet ted person ar	To sting Integrated "Yween (co	From Perested P Yes" on For	ersons. m 990, Part	IV, line 27.	Yes	No	y boa commi	ard or ttee? No	- - - - -	
l t III Gran Comp	olete if the orga erested (b) Rei interes	nization ans ationship bet	To sting Integrated "Yween (co	From Perested P Yes" on For	ersons. m 990, Part	IV, line 27.	Yes	No	y boa commi	ard or ttee? No	- - - - -	
l t IIII Gran Comp) Name of Inte	olete if the orga erested (b) Rei interes	nization ans ationship bet ted person ar	To sting Integrated "Yween (co	From Perested P Yes" on For	ersons. m 990, Part	IV, line 27.	Yes	No	y boa commi	ard or ttee? No	- - - - -	
l t IIII Gran Comp) Name of Inte	olete if the orga erested (b) Rei interes	nization ans ationship bet ted person ar	To sting Integrated "Yween (co	From Perested P Yes" on For	ersons. m 990, Part	IV, line 27.	Yes	No	y boa commi	ard or ttee? No	- - - - -	
l t III Gran Comp	olete if the orga erested (b) Rei interes	nization ans ationship bet ted person ar	To sting Integrated "Yween (co	From Perested P Yes" on For	ersons. m 990, Part	IV, line 27.	Yes	No	y boa commi	ard or ttee? No	- - - - -	

Part IV Business Transactions Involving Interested Person	Part IV	Business	Transactions	Involving	Interested	Persons
---	---------	----------	--------------	-----------	------------	---------

Complete if the organizatio	<u>n answered "Yes" on l</u>	<u>Form 990, Part IV, lin</u>	e 28a, 28b, or 28c.		
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sh of organiz reveni	: zation's
				Yes	No
(1) DEBORAH GERDES	FAMILY MEMBER	194,888	COMPENSATION - SEE PART V		No
(2) cintas corporation	see part v	1,004,328	INDEPENDENT CONTRACTOR		No

Part V Supplemental Information

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

Identifier	Return Reference	Explanation
BUSINESS TRANSACTIONS WITH INTERESTED PERSONS	SCHEDULE L, PART IV	DEBORAH GERDES, DAUGHTER OF THOMAS GERDES (DIRECTOR OF THE CHRIST HOSPITAL), IS EMPLOYED AS A PHYSICIAN BY THE CHRIST HOSPITAL PHYSICIANS, LLC (TCHP) MS GERDES RECEIVED COMPENSATION OF \$194,888 DURING THE CALENDAR YEAR ENDED DECEMBER 31, 2012 TCHP IS A DISREGARDED ENTITY FOR TAX PURPOSES THE SOLE MEMBER OF TCHP IS THE CHRIST HOSPITAL SCOTT D FARMER IS A DIRECTOR OF THE CHRIST HOSPITAL MR FARMER SERVES AS CHIEF EXECUTIVE OFFICER OF THE CINTAS CORPORATION THE CHRIST HOSPITAL CONTRACTED WITH THE CINTAS CORPORATION TO PERFORM SERVICES FOR THE CHRIST HOSPITAL THE CHRIST HOSPITAL PAID CINTAS CORPORATION \$1,004,328 DURING THE FISCAL YEAR ENDED JUNE 30, 2013

Schedule L (Form 990 or 990-EZ) 2012

OMB No 1545-0047

Open to Public Inspection

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

Supplemental Information to Form 990 or 990-EZ

► Attach to Form 990 or 990-EZ.

Name of the organization The Christ Hospital

Employer identification number

31-0538525

ldentifier	Return Reference	Explanation
DESCRIPTION OF PROGRAM SERVICE ACCOMPLISHMENTS	PART III, LINE 4A	
PROCESS USED TO REVIEW FORM 990	PART VI, LINE 11B	THE FORM 990 IS PREPARED AND REVIEWED BY AN OUTSIDE ACCOUNTING FIRM THE FORM 990 IS THEN REVIEWED BY THE EXECUTIVE DIRECTOR OF FINANCE, CONTROLLER, CFO, AND CEO THE FORM IS THEN PRESENTED TO THE AUDIT AND FINANCE COMMITTEE AND BOARD FOR FINAL REVIEW
DESCRIPTION OF PROCESS TO MONITOR TRANSACTIONS FOR CONFLICT OF INTEREST	PART VI, LINE 12C	CONFLICT OF INTEREST (COI) DISCLOSURE FORMS ARE DISTRIBUTED ANNUALLY TO CERTAIN POTENTIALL Y AFFECTED INDIVIDUALS INDIVIDUALS ARE UNDER A DUTY TO DISCLOSE ANY POTENTIAL CONFLICTS T HAT MAY ARISE BETWEEN THE ANNUAL FILINGS OF THE DISCLOSURE FORM THE CHRIST HOSPITAL HAS A DOPTED TWO POLICIES, 1) FOR MEMBERS OF THE BOARD OF DIRECTORS, AND 2) FOR MEDICAL STAFF AN D EMPLOYEES AT THE MANAGER LEVEL AND ABOVE THE CHIEF COMPLIANCE OFFICER REVIEWS ANY POTEN TIAL CONFLICTS THAT ARE REPORTED OR DISCLOSED AND RECOMMENDS APPROPRIATE ACTIONS TO THE EX ECUTIVE TEAM IN MOST CASES, THE RESTRICTIONS ARE THAT THE INDIVIDUAL MAY NOT PARTICIPATE IN ANY DELIBERATIONS OR DECISIONS REGARDING THE PERSON OR MATTER THAT MAY BE THE SOURCE OF THE POTENTIAL CONFLICT
COMPENSATION DETERMINATION PROCESS	PART VI, LINES 15A AND 15B	COMPENSATION OF THE ORGANIZATION'S CEO & OFFICERS IS REVIEWED ANNUALLY AND THE REVIEW WAS LAST PERFORMED IN MAY OF 2013 THE COMPENSATION COMMITTEE IS COMPRISED OF INDEPENDENT MEMB ERS AND PERFORMS THE REVIEW WITH THE ASSISTANCE OF, AND COMPARABLE DATA PROVIDED, BY THE H AY GROUP COMPENSATION ARRANGEMENTS HAVE BEEN DETERMINED REASONABLE AND CONTEMPORANEOUSLY DOCUMENTED
AVAIL OF GOV DOCS, CONFLICT OF INTEREST POLICY AND FIN STMTS TO PUBLIC	PART VI, LINE 19	THE ORGANIZATION'S GOVERNING DOCUMENT, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMEN TS ARE MADE AVAILABLE TO THE PUBLIC UPON A REASONABLE REQUEST and as required
AVERAGE HOURS PER WEEK	PART VII, COLUMN (B)	OFFICERS, DIRECTORS, TRUSTEES, KEY EMPLOYEES AND HIGHEST PAID EMPLOYEES DEVOTE SIGNIFICANT TIME AND EFFORT TO THE OPERATIONS AND OVERSIGHT OF tch FROM TIME TO TIME, AS SITUATIONS DICTATE, THESE INDIVIDUALS MAY DEVOTE SIGNIFICANTLY MORE TIME TO THE OPERATIONS AND OVERSI GHT OF THE ORGANIZATION THAN IS REPORTED ON FORM 990, PART VII, COLUMN (B) ("AVERAGE HOURS PER WEEK")
OTHER CHANGES IN NET ASSETS	FORM 990, PART XI, LINE 9	CHANGE IN PENSION LIABILITY \$49,490,000 UnREALIZED INVESTMENT LOSS (\$ 9,700,141) OTHER CHANGES \$12,486,003 TOTAL \$52,275,862

Name of the organization

The Christ Hospital

DLN: 93493135052344

2012

OMB No 1545-0047

Open to Public Inspection

SCHEDULE R (Form 990) Related Organizations and Unrelated Partnerships (Form 990)

► 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.

Department of the Treasury
Internal Revenue Service

Employer identification number

31-0538525

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	End-	(e) of-year assets	Direct controlling entity			
See Additional Data Table									
See Additional Data Table									
				+					
				_					
				_					
Part II Identification of Related Tax-Exempt Or or more related tax-exempt organizations du		f the organization a	inswered "Yes	" to	Form 990, Pa	art IV,	, line 34 because it	t had o	ne
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code se	ction	(e) Public charity status (if section 501(c)(3))		(f) Status Direct controlling c)(3)) entity		(g) n 512(l ontrolle ntity? No
(1) THE CHRIST HOSPITAL INC	HC SYS PARENT	ОН	501(C)(3)		11A		EDGHA	Yes	No
31-1080885									
(2) CHRIST HOSP EDU & CLINICAL RESEARCH FUND	SUPPORT TCH	ОН	501(C)(3)		11A		ТСН	Yes	
31-1126561 (3) ELIZABETH GAMBLE DEACONESS HOME ASSOC	SUPPORT TCH	ОН	501(C)(3)		11A		NA .		N-
(3) ELIZADETH GAMIDLE DEACONESS HOME ASSOC	SUPPORT ICH	ОП	301(C)(3)		IIA		IVA		No
31-1082756									
(4) THE CHRIST HOSPITAL COLLEGE OF NURSING	SUPPORT TCH	ОН	501(C)(3)		2		ТСН	Yes	
20-3823825 (5) THE CHRIST HOSPITAL AUXILLIARY	SUPPORT TCH	ОН	501(C)(3)		11C		ТСН	Yes	
(3) THE CHRIST HOSPITAL AUXILLIARY	SUPPORT ICH	ОП	301(C)(3)				TCn	Tes	
20-1245159									
(6) THE CHRIST HOSPITAL FOUNDATION	SUPPORT TCH	ОН	501(C)(3)		11A		тсн	Yes	
26-4165492		211						<u> </u>	
(7) Gamble Realty Company	Real Estate	ОН	501(c)(2)		N/A		ТСН	Yes	
31-1080683									

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.)

(-)		T (2)	' ' -		, (6)	(-)	/h		(:)	1 /:		(14)
(a) Name, address, and EIN of	(b) Primary activity	(c) Legal	(d) Direct	(e) Predominant	(f) Share of total	(g) Share of end-	(h) Disprop	rtionate	(i) Code V—UBI	(j Gene	ral or	(k) Percentage
related organization		domicile		income(related,	ıncome	of-year	allocati	ions?	amount in	mana	agıng	ownership
		(state or foreign	entity	unrelated, excluded from		assets			box 20 of Schedule K-1	parti	ner/	
		country)		tax under					(Form 1065)			
				sections 512-								
				514)			Yes	No	1	Yes	No	
(1) MASON PROP CO	SUPPORT TCH	ОН	TCHHSC	N/A								
2139 AUBURN AVE								'				
CINCINNATI, OH 45219								'				
31-1384679	MEDICAL		TO 11	B 1	4 007 500	4.004.477		 '			 	F0.100.0/
	MEDICAL PRACTICE	ОН	тсн	Related	1,937,528	4,034,177		l '			No	50 100 %
15305 DALLAS PKWY 1600	INACITOL							l '			1 1	
CINCINNATI, OH 45219								l '				
27-2818625			TO: 11 ICD	1				├ ──'			\longmapsto	35 500 0/
	MEDICAL PRACTICE	ОН	TCHUSP	N/A								25 500 %
4020 SMITH ROAD								l '			1	,
CINCINNATI, OH 45209								l '			1	,
27-1482322		<u> </u> '						L'			$\sqcup \!\!\! \perp$	
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				- /0							. –	

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.)

line 34 because it had one or m	ore related organizat	tions treated as a corpo	ration 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 (b)(1 contro entit	n 512 13) olled
								Yes	No
(1) THE CHRIST HOSPITAL HEALTH SERVICES CORP	MEDICAL SERVICES	он	TCH INC	C-CORPORATION				Yes	
31-1066981									1 '
(2) EXCEL INSURANCE COMPANY LTD	INSURANCE	СЭ	тсн	C-CORPORATION	3,101,147	13,695,583	100 000 %	Yes	
98-0386259								!	ـــــ

Schedu	lle R (Form 990) 2012		P	age 3
Part	Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or	36.)		
	lote. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Ye	s No
1 Dur	ing 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 l	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	1a	Ye	5
b	Gift, grant, or capital contribution to related organization(s)	1b		No
c (Gift, grant, or capital contribution from related organization(s)	1c		No
d l	oans or loan guarantees to or for related organization(s)	1d	Ye	5
e l	oans or loan guarantees by related organization(s)	1e	Ye	3
f [Dividends from related organization(s)	1f		
g S	Sale of assets to related organization(s)	1g		No
h i	Purchase of assets from related organization(s)	1h		No
i E	xchange of assets with related organization(s)	1i		No
j L	ease of facilities, equipment, or other assets to related organization(s)	<u>1j</u>	Ye	5
k l	ease of facilities, equipment, or other assets from related organization(s)	1k	Ye	5
I P	erformance of services or membership or fundraising solicitations for related organization(s)	11		No
m P	erformance of services or membership or fundraising solicitations by related organization(s)	1m	1	No
n S	haring of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Ye	5
o 9	Sharing of paid employees with related organization(s)	10	Ye	š
р	Reimbursement paid to related organization(s) for expenses	1p	\vdash	No
q F	Reimbursement paid by related organization(s) for expenses	1 q	Ye	5
rC	ther transfer of cash or property to related organization(s)	1r	Ye	5
s (Other transfer of cash or property from related organization(s)	1s	Ye	5

2	if the answer to any of the above is	res,	see the instructions for information on who must complete	this line, including co	overed relationships	and transaction thresholds
		(a)		(b)	(c)	(d)

(a) Name of other organization	(D) Transaction type (a-s)	(C) Amount involved	(a) Method of determining amount involved
(1) TCH COLLEGE OF NURSING	A	716,822	FMV
(2) TCH COLLEGE OF NURSING	J	1,324,522	FMV
(3) TCH COLLEGE OF NURSING	0	4,666,874	FMV
(4) TCH COLLEGE OF NURSING	Q	917,153	FMV
(5) MASON PROPERTY CO	D	2,090,524	FMV

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)	org	(e) all partners section 501(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
												1	

Part VII Supplemental Information

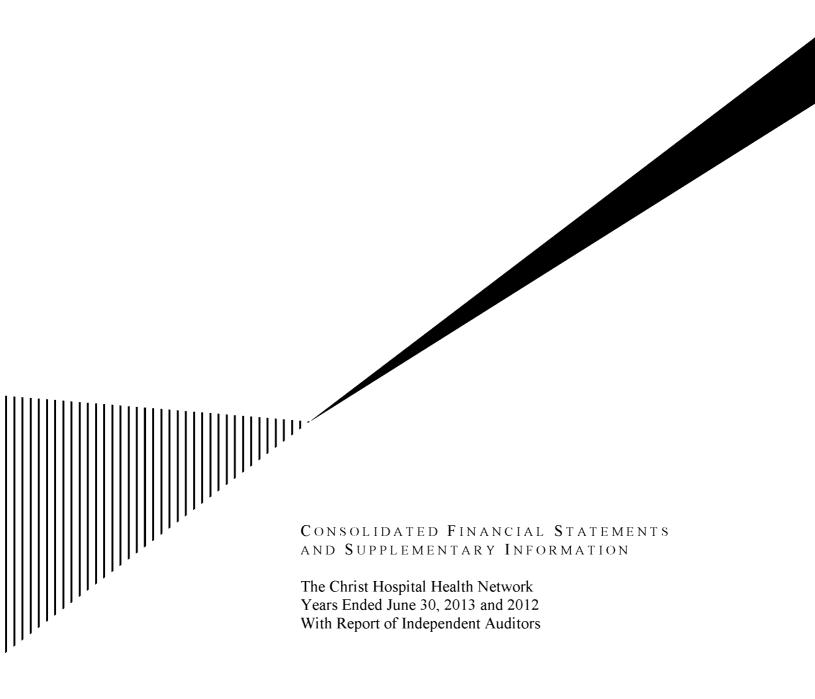
Software ID: Software Version:

EIN: 31-0538525

Name: The Christ Hospital

Schedule R (Form 990) 2012 Page **5**

Complete this part to provide additional information for re	sponses to questions on	Schedule R (see instr	ructions)		
Identifier Return Reference		Explanation			
Form 990, Schedule R, Part I - Identification of Disregar	ded Entities				
(a) Name, address, and EIN of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income	(e) End-of-year assets	(f) Direct Controlling Entity
THE CHRIST HOSPITAL MEDICAL ASSOC LLC	MEDICAL PRACT	ОН			TCH PHYS
26-1332866					
TCH MEDICAL SPECIALISTS II LLC	MEDICAL PRACT	ОН			TCH PHYS
45-2681845					
HPL REALTY CO LLC	REAL ESTATE	ОН			тсн
45-4013544					
TCH MEDICAL ASSOCIATES II LLC	MEDICAL PRACT	ОН			TCH PHYS
27-3999894					
TCH MEDICAL ASSOCIATES III LLC	MEDICAL PRACT	ОН			TCH PHYS
27-5467250					
TCH CLINICALLY INTEGRATED NETWORK LLC	PHO	ОН			ТСН
45-4209314					Tau 2002
TCH CARDIOVASCULAR ASSOCIATES LLC	MEDICAL PRACT	ОН			TCH PHYS
26-3070266 Lindner Ctr for Rsrch & Edu at TCH LLC	MED RESEARCH	ОН	293,713	2,784,346	тсн
26-3885165				<i></i>	
THE CHRIST HOSPITAL PHYSICIANS LLC	MEDICAL PRACT	ОН	-47,641,000	39,875,000	тсн
27-3841691					
TCH ORTHOPAEDIC ASSOCIATES LLC	MEDICAL PRACT	ОН			TCH PHYS
27-2352575					
TCH ORTHOPAEDIC ASSOCIATES II LLC	MEDICAL PRACT	ОН			TCH PHYS
27-3088756					
TCH ORTHOPAEDIC ASSOC III LLC	MEDICAL PRACT	ОН			TCH PHYS
27-3088817					
THE CHRIST HOSP MEDICAL SPECIALISTS LLC	MEDICAL PRACT	ОН			TCH PHYS
27-0577733					
PROFESSIONAL DIAGNOSTIC SERVICES LLC 2139 AUBURN AVENUE CINCINNATI, OH 45219	MEDICAL SERV	ОН			ТСН
	1	1	Į.	1	I



Ernst & Young LLP



The Christ Hospital Health Network

Consolidated Financial Statements and Supplementary Information

Years Ended June 30, 2013 and 2012

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Report of Independent Auditors on Supplementary Information	42
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Report of Independent Auditors

To the Board of Directors
The Christ Hospital Health Network

Report on the Financial Statements

We have audited the accompanying consolidated financial statements of The Christ Hospital Health Network, which comprise the consolidated balance sheets as of June 30, 2013 and 2012, and the related consolidated statements of operations, changes in net assets, and cash flows for the years then ended, and the related notes to the financial statements

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these consolidated 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 consolidated financial statements that are free of material misstatement, whether due to fraud or error

Auditor's Responsibility

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

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the consolidated 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 consolidated 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 consolidated 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 financial statements referred to above present fairly, in all material respects, the consolidated financial position of The Christ Hospital Health Network at June 30, 2013 and 2012, and the consolidated results of its operations and its cash flows for the years then ended in conformity with U S generally accepted accounting principles

Ernst + Young LLP

August 19, 2013

1308-1119900

The Christ Hospital Health Network

Consolidated Balance Sheets

	June 30				
		2013		2012	
		(In Tho	แรสห	nds)	
Assets					
Current assets					
Cash and cash equivalents	\$	31,137	\$	95,661	
Net patient accounts receivable, less allowance for uncollectible					
accounts of \$25,788 in 2013 and \$19,674 in 2012		91,271		80,574	
Other accounts receivable		10,729		11,245	
Inventories		11,508		9,534	
Prepaid and other current assets		10,879		9,546	
Estimated receivable from third-party payors, net		2,500			
Total current assets		158,024		206,560	
Assets whose use is limited and investments Assets whose use is limited					
Restricted by donor		104,574		107,525	
Tax-exempt bond proceeds		71,559		136,956	
Funds for self-insurance reserves		10,691		10,861	
Investments		247,592		166,942	
		434,416		422,284	
Property and equipment, net		313,940		250,177	
Goodwill and intangible assets, net		36,829		37,834	
Unamortized bond issuance costs		6,350		6,148	
Other long-term assets		14,204		11,339	
Total assets	\$	963,763	\$	934,342	

	June 30				
	2013		2012		
	 (In Tho	บรณ	nds)		
Liabilities and net assets					
Current liabilities					
Accounts payable and accrued expenses	\$ 27,825	\$	21,685		
Compensation and benefits	42,007		34,113		
Current portion of long-term debt	2,479		2,804		
Estimated payable from third-party payors, net	 _		616		
Total current liabilities	72,311		59,218		
Long-term self-insurance reserves	17,647		14,332		
Pension liability	65,042		114,568		
Long-term benefits and other liabilities	18,882		15,065		
Long-term debt, net of current portion	360,086		362,138		
Total liabilities	533,968		565,321		
Net assets					
Unrestricted	307,013		241,194		
Temporarily restricted	101,171		106,769		
Permanently restricted	3,957		3,792		
Total net assets excluding noncontrolling interest	412,141		351,755		
Noncontrolling interest	17,654		17,266		
Total net assets	429,795		369,021		
Total liabilities and net assets	 963,763	\$	934,342		

See accompanying notes.

1308-1119900

Consolidated Statements of Operations

	Year Ended June 2013 20			
	(In Thousands)			
Revenue				
Net patient service revenue (net of contractual provision and discounts)	\$	724,431	653,96	5 0
Provision for bad debts	Þ	(15,716)	(10,86	
Net patient service revenue less provision for bad debts		708,715	643,09	_
Other revenue		52,792	37,88	32
Total operating revenue		761,507	680,97	
Expenses				
Salaries and wages		305,294	273,80)7
Fringe benefits		78,074	66,65	
Purchased services		94,353	91,93	34
Professional fees		15,037	13,64	1 9
Supplies		164,481	147,15	59
Utilities and insurance		13,735	10,05	54
Depreciation and amortization		39,888	39,71	18
Interest		12,871	2,20)7
Other, net		18,469	18,90)0
Total operating expenses		742,202	664,07	<u> 19</u>
Excess of revenue over expenses before other (loss) income		19,305	16,90	00
Other (loss) income				
Other, primarily investment (loss) income		(2,678)	57	
Excess of revenue over expenses		16,627	17,47	<u>75</u>
Excess of revenue over expenses attributable to				
noncontrolling interest		5,342	6,83	33
Excess of revenue over expenses attributable to				
The Christ Hospital Health Network		11,285	5 10,64	1 2

See accompanying notes.

Consolidated Statements of Changes in Net Assets

	Year E 2013	June 30 2012	
	(In T	ınds)	
Unrestricted net assets	,		,
Excess of revenue over expenses attributable to			
The Christ Hospital Health Network	\$ 11,28	35 \$	10,642
Change in plan assets and benefit obligation of pension plans	49,49	90	(54, 125)
Net asset released from restrictions for capital purposes	5,0	14	21
Increase (decrease) in unrestricted net assets attributable to			
The Christ Hospital Health Network	65,8	19	(43,462)
Temporarily restricted net assets			
Contributions and investment income	92	27	101,419
Net assets released from restrictions	(6,5)	25)	(954)
(Decrease) increase in temporarily restricted net assets			
attributable to The Christ Hospital Health Network	(5,59	98)	100,465
Permanently restricted net assets			
Contributions and investment income	10	55	146
Increase in permanently restricted net assets			
attributable to The Christ Hospital Health Network	10	55	146
Noncontrolling interest			
Excess of revenue over expenses attributable to			
noncontrolling interest	5,3	12	6,833
Distributions to equity owners	(4,9	54)	(6,577)
Increase in net assets attributable to noncontrolling interest	38	38	256
Total increase in net assets	60,7	74	57,405
Net assets at beginning of year	369,02	21	311,616
Net assets at end of year	\$ 429,79	95 \$	369,021

See accompanying notes.

Consolidated Statements of Cash Flows

	Year Ended June 30			
		2013		2012
		(In Tho	เรต	nds)
Operating activities	Φ	60 55 4	Φ	55 405
Increase in net assets	\$	60,774	\$	57,405
Adjustments to reconcile increase in net assets to net cash provided				
by operating activities Provision for bad debts		15 716		10,863
Depreciation		15,716 38,015		37,306
Amortization of intangible assets		1,873		2,412
(Gain) loss on interest rate swap agreement		(1,006)		2,412 1,774
Change in plan assets and benefit obligation of pension plan		(49,490)		54,125
Restricted contributions and investment income		(1,092)		(101,565)
Cash (used in) provided by operating assets and liabilities		(1,072)		(101,303)
Increase in patient accounts		(26,413)		(13,208)
Increase in other current assets		(5,291)		(2,885)
(Increase) decrease in other assets		(3,251) $(2,865)$		216
Increase in other liabilities		7,029		3,447
Increase in other long-term liabilities		8,102		218
Net cash provided by operating activities		45,352		50,108
The cash provided by operating activities		10,002		20,100
Investing activities				
Additions to property and equipment		(94,084)		(73,077)
Acquisition of physician practices and related entities, net of cash acquired		(2,173)		(1,863)
Purchase of short-term investment under repurchase agreement		_		(188,975)
Sale of short-term investment under repurchase agreement		_		188,924
Transfer of short-term investment upon termination of repurchase agreement		_		63,000
Increase in assets whose use is limited and investments		(12,132)		(260,676)
Net cash used in investing activities	$\overline{}$	108,389)	((272,667)
Financing activities				
Repay ment of long-term debt		(4,619)		(2,461)
Proceeds from issuance of long-term debt		2,242		333,428
Cost of long-term debt issuance, net		(202)		(6,148)
Proceeds from obligation under repurchase agreement		_		183,330
Pay ments on obligation under repurchase agreement		_	((244,440)
Payment on line of credit		_		(72,929)
Restricted contributions and investment income		1,092		101,565
Net cash (used in) provided by financing activities		(1,487)		292,345
(Decrees) we want to decree the second second		(CA 53 f)		(0.50)
(Decrease) increase in cash and cash equivalents		(64,524)		69,786
Cash and cash equivalents at beginning of year		95,661	•	25,875
Cash and cash equivalents at end of year		31,137	\$	95,661

See accompanying notes

Notes to Consolidated Financial Statements (Dollar Amounts in Thousands)

June 30, 2013 and 2012

1. Organization and Mission

The Christ Hospital (the Hospital) and Subsidiaries, doing business as The Christ Hospital Health Network (the Network), is a tax-exempt Ohio corporation, formed on June 25, 1891 The Network's mission is to provide high-quality personalized health care to the residents of Cincinnati and surrounding areas The Christ Hospital, Inc (the Corporation) is the sole member of the Network The Network owns or controls the following companies, all of which are included in the consolidated financial statements of the Network as of June 30, 2013 and 2012, unless otherwise noted

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

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

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

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

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

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

1. Organization and Mission (continued)

TCH/USP Surgery Centers, LLC (TCH/USP) is a joint venture between the Network and USP Surgery Centers, Inc The Network maintains a majority ownership interest of 50 1% in TCH/USP and, therefore, consolidates the balance sheet and statements of operations, changes in net assets, and cash flows of TCH/USP with the recognition of a noncontrolling interest of 49 9% TCH/USP maintains a 51% interest in The Christ Hospital Spine Surgery Center, LLC (the Surgery Center) The Surgery Center performs spine and related back surgeries and procedures in Cincinnati and surrounding areas

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

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

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

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

2. Significant Accounting Policies

New Accounting Pronouncements

The Financial Accounting Standards Board (FASB) has issued Accounting Standards Update (ASU) No 2011-04, Fair Value Measurements (Topic 820), Amendments to Achieve Common Fair Value Measurement and Disclosure Requirements in U.S. GAAP and IFRSs (ASU 2011-04) The amendments in ASU 2011-04 change the wording used to describe many of the requirements in GAAP for measuring fair value and for disclosing information about fair value measurements. The ASU is effective for fiscal years, and interim periods within those fiscal years, beginning after December 15, 2011. The Network has adopted the provisions of ASU 2011-04 in 2013. The adoption did not have a material impact on the consolidated financial statements.

Fair Value Measurements

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

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

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

2. Significant Accounting Policies (continued)

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

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

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

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

2. Significant Accounting Policies (continued)

Cash and Cash Equivalents

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

Net Patient Accounts Receivable

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

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

After satisfaction of amounts due from insurance and reasonable efforts to collect from the patients themselves have been exhausted, the Network may place certain past-due patient balances with collection agencies, subject to the terms of certain restrictions on collection efforts as determined by the Network Patient accounts receivable are written off after collection efforts have been followed in accordance with the Network's policies Overall, the total write-offs of uncollectible accounts and allowances on self-pay patient accounts have not changed significantly since June 30, 2012

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

2. Significant Accounting Policies (continued)

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

	2013	2012
Medicare	33%	33%
Medicaid	8	9
Self-pay	12	12
Commercial and other	47	46
	100%	100%

Pledges Receivable

The Network receives certain unconditional promises to pay, which are recorded in the form of pledges receivable. An allowance for doubtful pledges is established for those pledges that the Network estimates to be uncollectible, if deemed necessary. As of June 30, 2013 and 2012, pledges are primarily donor restricted for capital needs of the Network and are included in the consolidated balance sheets in other accounts receivable and other long-term assets. Collections of these pledges are expected to be made over the following time frame at June 30.

	 2013	2012
2013	\$ _	\$ 2,750
2014	 1,250	250
Gross pledges receivable	 1,250	3,000
Less allowance for doubtful pledges	_	_
Net pledges receivable	\$ 1,250	\$ 3,000

Inventories

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

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

2. Significant Accounting Policies (continued)

Assets Whose Use Is Limited and Investments

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

Investments are made up of marketable debt securities, consisting primarily of U S government agencies and corporate debt securities, marketable equity securities, marketable real estate investment trust, exchange-traded mutual funds and other securities

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

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

Property and Equipment

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

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

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

2. Significant Accounting Policies (continued)

Certain property and equipment purchased prior to the period end is excluded from additions to property and equipment in the consolidated statements of cash flows as payments have not been made at the end of the respective period. These excluded additions were \$6,389 and \$0 for the years ended June 30, 2013 and 2012, respectively

The Network continually evaluates whether circumstances have occurred that would indicate the remaining useful life of long-lived assets may warrant revision or that the remaining balance of such assets may not be recoverable. When factors indicate that such assets should be evaluated for possible impairment, the Network uses an estimate of the undiscounted cash flows over the remaining life of the assets in measuring whether the asset is recoverable. There was no impairment losses recorded for the years ended June 30, 2013 or 2012.

Goodwill and Intangible Assets, Net

Goodwill and intangible assets have been primarily generated from the acquisition of certain businesses, as well as the formation of certain joint ventures. Amortization of intangible assets is calculated on a straight-line basis over the estimated life of the specific intangible asset and range from a period of 3 to 5 years. Amortization expense was \$1,873 and \$2,412 for the years ended June 30, 2013 and 2012, respectively

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

2013	arrying Amount	cumulated ortization	Net
Identifiable intangible assets	\$ 13,296	\$ (11,375)	\$ 1,921
Goodwill	35,201	(293)	34,908
Total	\$ 48,497	\$ (11,668)	\$ 36,829
2012	arrying Amount	cumulated ortization	Net
Identifiable intangible assets	\$ 12,428	\$ (9,502)	\$ 2,926
Goodwill	 35,201	 (293)	 34,908
Total	 47,629	\$ (9,795)	\$ 37,834

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

2. Significant Accounting Policies (continued)

Unamortized Bond Issuance Costs

Unamortized debt issuance cost of \$6,350 and \$6,148 at June 30, 2013 and 2012, respectively, represents costs related to the issuance of tax-exempt bond obligations Substantially all of these amounts are being amortized over the terms of the related tax-exempt bond obligations at amounts approximating the effective interest method

Defined Benefit Pension Plans

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

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

Net Assets

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

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

2. Significant Accounting Policies (continued)

Net Patient Service Revenue

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

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

Charity Care

The Network has a policy of treating certain patients regardless of their ability to pay as defined by established policies of the Network The Network provides care, without charge or at amounts less than its established rates, to patients who meet certain criteria under its charity care policy Amounts determined to qualify as charity care are not reported as net patient service revenue The cost to the Network to provide charity care was \$14,024 and \$14,174 for the years ended June 30, 2013 and 2012, respectively The cost to the Network to provide charity care was determined through application of a ratio of patient costs to charges, consistent with Schedule H of Form 990 filed with Internal Revenue Service, to current-year charity care expense included as a deduction from gross patient revenue The Ohio Hospital Care Assurance Program (HCAP) provides some reimbursement to the Network for services provided to qualified persons who cannot afford to pay The amount of HCAP reimbursement is estimated at \$896 for the year ended June 30, 2013 and was \$80 for the year ended June 30, 2012

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

2. Significant Accounting Policies (continued)

Other Revenue

The American Recovery and Reimbursement Act of 2009 established incentive payments under the Medicare and Medicaid programs for certain professionals and hospitals that meaningfully use certified electronic health record technology. Payments under the program are calculated based upon estimated discharges, charity care and other input data and are predicated upon the Network's attainment of program and attestation criteria and are subject to regulatory audit. The Network has opted to follow a grant accounting method, which provides for ratable recognition over the respective attestation period. The amount recognized in the current period has been recorded as other revenue in the consolidated statements of operations. As a result, management estimated and recognized revenue of \$4,203 and \$5,916 within other revenue for the years ended June 30, 2013 and 2012, respectively. Amounts recognized are subject to change, with such changes impacting operations in the period in which they occur

Other revenue also includes net assets released from restrictions for operating activities, cafeteria revenue, rental income, donation revenue, gains and losses on the sale or disposal of property and equipment, interest and dividends (net of expenses) on designated assets whose us is limited, and revenue from other miscellaneous sources

Excess of Revenue Over Expenses

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

Reclassification

Certain reclassifications were made to the 2012 consolidated financial statement presentation to conform to the 2013 presentation, which had no impact on previously reported excess of revenue over expenses or net assets

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

2. Significant Accounting Policies (continued)

Federal Income Taxes

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

The Network completed an analysis of uncertain tax positions in accordance with applicable accounting guidance at June 30, 2013 and 2012, and determined no amounts were required to be recognized in the consolidated financial statements at June 30, 2013 and 2012

Use of Estimates

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

Noncontrolling Interest

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

Net assets attributable to noncontrolling interest at June 30, 2011	\$ 17,010
Excess of revenue over expenses attributable to noncontrolling interest	6,833
Distributions to equity owners	(6,577)
Net assets attributable to noncontrolling interest at June 30, 2012	17,266
Excess of revenue over expenses attributable to noncontrolling interest	5,342
Distributions to equity owners	(4,954)
Net assets attributable to noncontrolling interest at June 30, 2013	\$ 17,654

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

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

The following is a summary of the carrying amounts, by underlying asset type, of the Network's cash and cash equivalents, assets whose use is limited, and investments as of June 30

	2013			2012
Cash and cash equivalents	\$	72,905	\$	251,569
Marketable debt securities				
US government		_		63,000
U S government agencies		184,983		135,302
Corporate		183,206		64,545
Marketable equity securities		15,272		_
Marketable real estate investment trust		2,966		_
Exchange traded mutual funds		2,216		_
Other		4,005		3,529
	\$	465,553	\$	517,945

Interest and dividend earnings (net of expenses), net realized losses on investments and the net change in unrealized (losses) gains on investments are considered investment (loss) income and are included as either a component of other revenue or other, primarily investment (loss) income on the consolidated statements of operations depending on the nature of the investment and (loss) income generated Approximately \$3,852 and \$0 in interest and dividends (net of expenses) is included as a component of other revenue at June 30, 2013 and 2012, respectively The following is a summary of other, primarily investment (loss) income for the years ended June 30

	 2013	2012
Interest and dividend earnings (net of expenses)	\$ 9,180 \$	3,268
Net realized losses on investments Net change in unrealized (losses) gains on investments	(2,157) $(10,707)$	(2,020) 1,101
Unrealized gain (loss) on interest rate swap agreement	 1,006	(1,774)
	\$ (2,678) \$	575

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

4. Net Patient Service Revenue

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

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

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

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

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

	 2013	2012
Medicare	\$ 336,860	\$ 302,783
Medicaid	54,332	51,009
Self-pay	22,457	19,619
Commercial and other	 310,782	280,549
	\$ 724,431	\$ 653,960

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

4. Net Patient Service Revenue (continued)

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

Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation. See additional discussion of federal health care programs, including the Medicare and Medicaid programs in Note 12. As a result, there is at least a possibility that recorded estimates will change by a material amount in the near term. Net patient service revenue has (decreased) increased by (\$839) and \$3,970 for the years ended June 30, 2013 and 2012, respectively, due to (unfavorable) favorable changes in estimates related to prior-years' cost report settlements and other third-party payor activity

5. Property and Equipment

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

	 2013	2012		
Land and improvements	\$ 15,330	\$	14,408	
Buildings and improvements	159,009		146,762	
Equipment	519,737		498,774	
• •	 694,076		659,944	
Less accumulated depreciation	470,231		437,502	
	 223,845		222,442	
Construction in progress	90,095		27,735	
	\$ 313,940	\$	250,177	

Depreciation expense was \$38,015 and \$37,306 for the years ended June 30, 2013 and 2012, respectively, and is included in depreciation and amortization in the consolidated statements of operations

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

5. Property and Equipment (continued)

The Network had unamortized computer software costs of \$12,594 and \$15,260 recorded at June 30, 2013 and 2012, respectively The Network recognized expense related to computer software costs of \$9,256 and \$9,714 for the years ended June 30, 2013 and 2012, respectively, which is included in depreciation and amortization in the consolidated statements of operations

As of June 30, 2013, the Network is contractually obligated for construction projects totaling approximately \$145,400 at current construction cost or vendor levels. It is expected that the full balance of these costs will be incurred throughout fiscal 2014 and 2015. The Network will finance these construction projects through assets whose use is limited and investments or cash generated from operations.

6. Long-Term Debt

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

	 2013	2012
Healthcare Facilities Revenue Bonds,		
Series 2012 (The Christ Hospital Project)	\$ 324,085	\$ 324,085
Healthcare Facilities Revenue Bonds,		
Series 2010 (The Christ Hospital)	27,054	28,220
Other debt	2,064	2,193
Capital lease obligations	 331	1,101
	 353,534	355,599
Original issue net premium	9,031	9,343
Less current portion of long-term debt	2,479	2,804
	\$ 360,086	\$ 362,138

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

6. Long-Term Debt (continued)

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

	 Amounts <u>Due</u>
Year ending June 30	
2014	\$ 2,479
2015	2,049
2016	1,582
2017	7,724
2018	8,055
Thereafter	331,645
	\$ 353,534

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

The Network's Healthcare Facilities Revenue Bonds (Series 2010) were a direct placement issue and are held entirely by Fifth Third Bank with a final maturity in 2030. The interest rate associated with the Series 2010 Bonds is variable and was 1.38% and 1.40% at June 30, 2013 and 2012, respectively

The aggregate carrying amount, both current and long-term, for the Network's variable rate long-term debt summarized in this note at June 30, 2013 and 2012, was \$29,449 and \$31,514, respectively, which approximates fair value for such long-term debt Management has determined the carrying amount of the Network's other debt and capital lease obligations are representative of fair value as the interest rates associated with these instruments are set by financial institutions, are shorter term in nature, and would be consistent with the expectations of market participants Management has determined that the carrying amount of the Network's Series 2010 Bonds is representative of fair value as the interest rates associated with these obligations are set by market participants. These determinations are consistent with Level 2 measurements under the fair value hierarchy

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

6. Long-Term Debt (continued)

The aggregate carrying amount, both current and long-term, for the Network's fixed rate long-term debt summarized in this note at June 30, 2013 and 2012 was \$333,116 and \$333,428, respectively Management has determined the fair value of the Network's Series 2012 Bonds, which represents all fixed rate long-term debt at June 30, 2013, to be \$320,867 The fair value of the Series 2012 Bonds at June 30, 2013 was determined by applying the yield of openly marketed bonds that have substantially the same characteristics as the bond obligations issued for the benefit of the Network (i e, bond rating, call provisions, maturity, etc.) to outstanding amounts of Series 2012 Bonds. The fair value at June 30, 2012 was determined to be the stated par amount of the long-term debt (\$324,085) plus the premium received as a result of the Series 2012 Bonds being issued and sold to market participants near the June 30, 2012 consolidated balance sheet (June 2012)

Interest paid on long-term debt during the years ended June 30, 2013 and 2012 was \$16,073 and \$2,207, respectively Interest capitalized was \$4,177 and \$59 for the years ended June 30, 2013 and 2012, respectively

The Hospital, Lindner and TCHP are the sole members of the obligated group (Obligated Group) The Obligated Group is liable for the Series 2012 Bonds issued under an Obligated Group Master Trust Indenture and has entered into a mortgage and unconditionally assigns all leases, rents, revenues, and profits of the mortgaged property as security to the bond holders. The mortgaged property includes the main campus of the Hospital, with the exception of the patient heart tower The patient heart tower represents 7% of the main campus of the Hospital. All other long-term debt is the general obligation of the Network. The Obligated Group is subject to certain covenants under its current long-term debt agreements and Master Trust Indenture. The Network is subject to certain additional restrictive covenants under the Series 2010 Bonds reimbursement agreements. Management is of the opinion that the Network was in compliance with all restrictive covenants at June 30, 2013 and 2012.

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

6. Long-Term Debt (continued)

In conjunction with the Series 2010 Bonds, the Network entered into a derivative transaction in the form of an interest rate swap agreement which it uses to manage the relative amounts of its variable rate long-term debt exposure and lower its borrowing costs. The interest rate swap agreement was contracted between the Network and a third party (Fifth Third Bank) that provide economic payments between parties based on changes in notional amounts and defined interest rates. The interest rate swap agreement, terminating in fiscal year 2021, had a notional amount of \$27,054 and \$28,220 at June 30, 2013 and 2012, respectively. The interest rate swap agreement calls for the Network to pay a fixed rate of 2 24% and the Network to receive payments based on the USD-LIBOR-BBA Index. The Network recorded a gain (loss) on the interest rate swap agreement of \$1,006 and (\$1,774) as of June 30, 2013 and 2012, respectively. This represents the change in fair value, and is reported as other, primarily investment (loss) income in the consolidated statements of operations. Net payments to counterparty of \$588 and \$613 for June 30, 2013 and 2012, respectively, are included as an increase in interest expense.

7. Functional Expenses

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

	 2013	2012
Health care services Support services	\$ 630,872 111,330	\$ 531,263 132,816
	\$ 742,202	\$ 664,079

2012

2012

8. Retirement Plans

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

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

8. Retirement Plans (continued)

457(b) Eligible Deferred Compensation Plans

The purpose of the 457(b) Eligible Deferred Compensation Plans (the 457(b) Plan) is to enable eligible employees, as defined by the 457(b) Plan documents, to enhance their retirement security by permitting them to enter into agreements with the Network to defer a portion of their compensation and receive benefits generally at retirement, death, or in the event of financial hardship due to unforeseeable emergencies. The 457(b) Plan meets the requirements of Section 457(b) of the Internal Revenue Code, as amended. The Network had a long-term asset included in other long-term assets and corresponding liability included in long-term benefits and other liabilities of \$9,313 and \$7,275 as of June 30, 2013 and 2012, respectively

The Christ Hospital 401(a) Retirement Savings Plan

The Network sponsors a 401(a) defined contribution plan covering all former employees of the Alliance who are now employees of the Network Participant contributions are no longer allowed into The Christ Hospital 401(a) Retirement Savings Plan (the 401(a) Plan) subsequent to the spin-off agreement Discretionary employer contributions may be contributed by the Network at the discretion of the Network's Board of Directors No amounts were contributed during the periods ended June 30, 2013 and 2012 The 401(a) Plan is subject to the provisions of ERISA

The Christ Hospital 403(b) Retirement Savings Plan

The Network sponsors a defined contribution 403(b) plan covering substantially all employees Each year, participants may contribute up to 100% of their pretax annual compensation, as defined in the 403(b) plan subject to certain Internal Revenue Code limitations Discretionary employer contributions may be contributed by the Network at the discretion of the Network's Board of Directors No amounts were contributed during the period ended June 30, 2013 For the period ended June 30, 2012, the Network contributed \$1,146 The Christ Hospital 403(b) Retirement Savings Plan is subject to the provisions of ERISA

Defined Benefit Pension Plans

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

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

8. Retirement Plans (continued)

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

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

	2013	2012
Accumulated benefit obligation	 234,904	\$ 250,845
Change in benefit obligation		
Benefit obligation at beginning of period	\$ 280,564	\$ 212,742
Service cost	10,390	7,132
Interest cost	11,605	11,909
Lump-sum payments	(1,577)	(1,387)
Actuarial (gain) loss	(36,133)	55,513
Benefits paid	(5,945)	(5,345)
Benefit obligation at end of period	258,904	280,564
Change in plan assets		
Fair value of plan assets at beginning of period	165,996	149,507
Actual return on plan assets	18,014	9,708
Network contributions	17,374	13,513
Benefits paid	(5,945)	(5,345)
Lump-sum payments	(1,577)	(1,387)
Fair value of plan assets at end of period	193,862	165,996
Underfunded status	\$ (65,042)	\$ (114,568)

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

8. Retirement Plans (continued)

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

	 2013	2012
Net actuarial loss	\$ (54,932)	\$ (104,413)
Cumulative shortfall of employer contributions over net periodic pension expense	(10,110)	(10,155)
	\$ (65,042)	\$ (114,568)

Net actuarial loss is amortized as a component of net periodic pension expense, only if the losses exceed 10% of greater of the projected benefit obligation or the fair value of plan assets. Net prior service cost is amortized on a straight-line basis over the estimated useful life of the plan participants. The net actuarial loss that is expected to be recognized in net periodic pension expense during fiscal year ended June 30, 2014 is \$3,967.

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

	2013		2012	
Net actuarial gain (loss) Amortization of net actuarial loss	\$	41,464 8,026	\$ (57,316) 3,191	
	\$	49,490	\$ (54,125)	

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

8. Retirement Plans (continued)

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

	 2013	2012
Service cost	\$ 10,390	\$ 7,132
Interest cost	11,605	11,909
Expected return on plan assets	(12,684)	(11,511)
Amortization of actuarial loss	8,026	3,191
	\$ 17,337	\$ 10,721

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

	TCH I	Plan	TCHCVA Plan		
	2013	2012	2013	2012	
Discount rate	5.20%	4 20%	5.20%	4 20%	
Rate of compensation increase	2.50% – 3.50%	2 50% – 3 50%	N/A	N/A	

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

	TCH 1	Plan	TCHCV	'A Plan
_	2013	2012	2013	2012
Discount rate Expected long-term return	4.20%	5 70%	4.20%	5 70%
on plan assets	7.75%	7 75%	7.75%	7 75%
Rate of compensation increase	2.50% – 3.50%	3 50%	N/A	N/A

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

8. Retirement Plans (continued)

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

The target and range asset allocations for the plan assets set forth in the Plans' investment policy is as follows for June 30, 2013

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

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

	 2013	2012
Cash and cash equivalents Collective investment funds	\$ 546 193,316	\$ 509 165,487
	\$ 193,862	\$ 165,996

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

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

8. Retirement Plans (continued)

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

	I	Level 1	Level 2	Level 3	Total
Cash and cash equivalents Collective investment funds Marketable debt strategy	\$	_	\$ 546	\$ _	\$ 546
funds		_	71,318	_	71,318
Marketable equity strategy funds Ultra long duration		_	120,205	_	120,205
strategy funds		_	1,793	_	1,793
	\$		\$ 193,862	\$ _	\$ 193,862

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

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

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

8. Retirement Plans (continued)

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

The Network's collective investment funds are not readily marketable, however, they consist of marketable equity, marketable debt, and ultra long duration strategy funds (the collective investment funds) The collective investment funds, while not readily marketable, consist primarily of marketable debt and equity securities that have been pooled for the benefit of select institutional investors to reduce administrative costs Management has determined that the net asset value (NAV) is an appropriate estimate of the fair value of these investments at June 30, 2013 and 2012, based on the fact that the collective investment funds are audited and accounted for at fair value by the administrators of the collective investment funds in accordance with GAAP Since the Network has the ability to redeem its investment in the respective collective investment fund at the NAV with no significant restrictions on the redemption at the consolidated balance sheet dates, the Network has categorized the collective investment funds as a Level 2 measurement in the fair value hierarchy

Following is the summary of the inputs and techniques as of June 30, 2013 and 2012 used for valuing Level 2 securities within plan assets

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

The Network expects to contribute \$7,900 to the Plans in 2014

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

Year ending June 30	
2014	\$ 8,362
2015	8,868
2016	9,493
2017	10,211
2018	11,343
2019–2023	75,477

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

9. Self-Insurance Reserves

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

Professional and General Liability

ExCEL covers professional and general liabilities of the Network under a claims-made policy, covering claims incurred on or after July 1, 2008 ExCEL provides both primary and excess layers of insurance coverage, and reinsures 100% of the excess layer of \$25,000 by purchasing insurance from commercial carriers For policy years ended June 30, 2013 and 2012, the primary coverage for each claim is \$3,000 and \$9,000 in the aggregate. The reserve for professional and general liabilities has been established to provide for estimated payments and expenses for related claims, including those incurred but not yet reported As a result, there is a reasonable possibility that recorded estimates may change by a material amount Professional actuaries were retained to assist in the development of the reserve for professional and general liabilities ExCEL only records a liability related to asserted and reported claims under its claims-made policy The undiscounted liability recorded by ExCEL was \$10,625 and \$9,251 at June 30, 2013 and 2012 The Network records the liability for incurred but not reported claims on the records of the Hospital The liability for incurred but not reported claims was \$7,022 and \$5,081 at June 30, 2013 and 2012, respectively, and is discounted 3% both at June 30, 2013 and 2012. In the opinion of management, the reserve for professional and general liabilities is adequate to provide for claims that have occurred on or after July 1, 2008

The Network has had historical professional and general exposure covered through arrangements which existed during its participation in the Alliance The Alliance's self-insurance trust (the Trust) covers the exposure for claims arising before July 1, 2001, on an occurrence basis The Health Alliance Assurance Company (HAAC) covers the liability for claims arising after June 30, 2001 and before July 1, 2008, on a claims-made basis, up to certain limits UC Health continues to manage the activities of the Trust and HAAC consistent with its past practice

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

9. Self-Insurance Reserves (continued)

On or before July 2015, the exposure covered by the Trust and HAAC will be settled in accordance with the financial settlement agreement between the Network and the Alliance If liabilities are incurred in excess of those currently reserved for, the Network could be required to make additional cash payments to cover the shortfall in the Trust and HAAC as defined in the financial settlement agreement However, if the assets maintained by UC Health restricted as to use to cover historical professional and general exposure of the Trust and HAAC exceed actuarially computed liabilities on specific dates outlined in the financial settlement agreement, the Network will receive cash settlements from UC Health equal to its portion of the assets and potential exposure as outlined in the financial settlement agreement. In September of 2012, the Network received its first cash settlement under the financial settlement agreement in the amount of \$7,900 based on the actuarially computed liability as of June 30, 2012 The amount was recognized as other revenue in the consolidated statements of operations during the year ended June 30, 2013 Based on the actuarial valuations of the Trust and HAAC at June 30, 2013 or 2012, the Network was not required to record any excess liability in the consolidated balance sheets The Network is not aware of any significant changes in the actuarial valuations of the Trust and HAAC subsequent to June 30, 2013

Workers' Compensation

The Network maintains an on-site disability management/employee health department that is the initial point of contact for employee injuries, and also retains Hunter Consulting as third-party administrator. The workers' compensation reserve is recorded at the consolidated balance sheet date based on an actuarial valuation. The estimated liability of \$2,599 and \$2,067 at June 30, 2013 and 2012, respectively, for outstanding and incurred but not reported claims is included in long-term benefits and other obligations. Management believes this amount to be adequate for the cost of potential losses.

Employee Health Benefits

The Network is self-insured for employee health benefits Employee health benefits are paid through a local claims processor based on plan coverage determined by the Network An estimated liability of \$4,357 and \$4,555 for outstanding and incurred but not reported claims has been included in compensation and benefits at June 30, 2013 and 2012, respectively, and is believed by management to be adequate for the cost of potential losses

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

10. Lease Commitments

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

	A	mounts Due
2014	\$	13,028
2015		9,954
2016		8,371
2017		7,110
2018		6,032
Thereafter		36,683
	\$	81,178

Rental expense under operating leases amounted to \$18,692 and \$16,098 for the years ended June 30, 2013 and 2012, respectively

11. Related-Party Transactions

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

In June 2012, the Network and the Association entered into a grant agreement whereby the Association provided \$100,000 in cash (which is a Level 1 measurement), for certain portions of the construction of the Project Under the terms of the grant agreement, the use of the funds provided by the Association is restricted to specific construction activities and, therefore, has been recorded by the Network as temporarily restricted at June 30, 2013 and 2012 The Network has utilized \$4,459 of the funds during the year ended June 30, 2013 (\$0 during the year ended June 30, 2012)

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

11. Related-Party Transactions (continued)

The Christ Hospital, Inc is the sole corporate member of The Christ Hospital Health Services Corporation (TCHHS) TCHHS owns a 66 7% ownership interest in Mason Properties Company, which owns and operates a medical office building in Mason, Ohio The Network participates in agreement with Mason Properties Company and Fifth Third Bank to guarantee Mason Properties Company's \$2,091 loan with Fifth Third Bank The loan had an outstanding balance of \$1,748 and \$1,857 at June 30, 2013 and 2012, respectively

12. Contingencies and Commitments

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

During 2012, the Corporate Integrity Agreement was amended to require a claims review of vascular studies. The amendment to the Corporate Integrity Agreement did not extend or change any other terms of the Corporate Integrity Agreement.

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

12. Contingencies and Commitments (continued)

Health Care Regulatory Environment

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

Litigation

During the normal course of business, the Network may become involved in litigation Management assesses the probable outcome of unresolved litigation and records estimated settlements consistent with ASC No 450, *Contingencies* (ASC 450) After consultation with legal counsel, management believes that all such currently existing matters will be resolved without material adverse impact to the consolidated financial position or results of operations of the Network

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

13. Fair Value Measurements

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

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

			June 3	0, 2	2013	
		Level 1	Level 2		Level 3	Total
Assets						
Cash and cash equivalents	\$	31,137	\$ _	\$	_	\$ 31,137
Assets whose use is limited and investments						
Cash and cash equivalents		41,768	_		_	41,768
Marketable debt securities						
US government agencies		_	184,983		_	184,983
Corporate		_	183,206		_	183,206
Marketable equity securities		15,272	_		_	15,272
Marketable real estate						
investment trust		2,966	_		_	2,966
Exchange-traded mutual funds		2,216	_		_	2,216
Other		_	4,005		_	4,005
Total assets whose use is limited						
and investments		62,222	372,194		_	434,416
Retirement plan assets		10,045				10,045
Total assets at fair value	<u>\$</u>	103,404	\$ 372,194	\$		\$ 475,598
Liabilities						
Interest rate swap agreement						
liability	\$	_	\$ 1,614	\$	_	\$ 1,614
Total liabilities at fair value	\$		\$ 1,614	\$		\$ 1,614

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

13. Fair Value Measurements (continued)

	June 30, 2012										
		Level 1		Level 2		Level 3		Total			
Assets											
Cash and cash equivalents	\$	95,661	\$	_	\$	_	\$	95,661			
Assets whose use is limited											
and investments											
Cash and cash equivalents		155,908		_		_		155,908			
Marketable debt securities											
US government		63,000		_		_		63,000			
US government agencies		_		135,302		_		135,302			
Corporate		_		64,545		_		64,545			
Other				3,529		_		3,529			
Total assets whose use is limited											
and investments		218,908		203,376		_		422,284			
Retirement plan assets		7,275		_		_		7,275			
Total assets at fair value	\$	321,844	\$	203,376	\$		\$	525,220			
Liabilities											
Interest rate swap agreement											
liability	\$	_	\$	2,620	\$	_	\$	2,620			
Total liabilities at fair value	\$	_	\$	2,620	\$	_	\$	2,620			

The retirement plan assets of \$9,313 and \$7,275 at June 30, 2013 and 2012 represent the asset associated with the 457(b) Plan discussed in Note 8 The retirement plan assets of \$732 at June 30, 2013 represent retirement plan assets associated with other plans. These figures are included in other long-term assets. The remaining amounts included in other long-term assets are not carried at fair value.

The interest swap agreement liability of \$1,614 and \$2,620 at June 30, 2013 and 2012, respectively, are included in long-term benefits and other liabilities. The remaining amounts included in long-term benefits and other liabilities are not carried at fair value.

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

13. Fair Value Measurements (continued)

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

The Network's cash and cash equivalents and assets whose use is limited and investments are generally classified within Level 1 or Level 2 of the fair value hierarchy because they are valued using quoted market prices, broker or dealer quotations, or alternative pricing sources with reasonable levels of price transparency. The types of financial instruments based on quoted market prices in active markets include most U S government securities, marketable equity securities, exchange-traded mutual funds, marketable real estate investment trust and money market securities (cash equivalents). Such instruments are generally classified within Level 1 of the fair value hierarchy. The Network does not adjust the quoted market price for such financial instruments.

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

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

Securities	Input	Technique
U S government agencies debt securities	Broker/Dealer	Market
Corporate debt securities	Broker/Dealer	Market

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

13. Fair Value Measurements (continued)

Interest Rate Swap Agreements

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

14. Temporarily and Permanently Restricted Net Assets

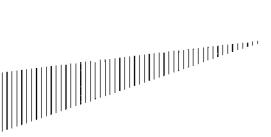
Temporarily and permanently restricted net assets at June 30 are available for the following purposes

		2013	2012
Temporarily restricted			
Capital	\$	95,541	\$ 100,000
Health care services		5,630	6,769
	\$	101,171	\$ 106,769
Permanently restricted			
Investments to be held in perpetuity, the income			
from which is expendable to support health			
care services	_\$_	3,957	\$ 3,792

15. Subsequent Events

The Network has evaluated and disclosed subsequent events through August 19, 2013, which is the date the consolidated financial statements were made publicly available. No recognized or non-recognized subsequent events were identified for recognition or disclosure in the consolidated financial statements.

Supplementary Information





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Report of Independent Auditors on Supplementary Information

The Board of Directors
The Christ Hospital and Subsidiaries

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

August 19, 2013

1308-1119900 42

Ernst + Young LLP

Consolidating Balance Sheet

June 30, 2013

					Th	ne Christ					
					C	ollege of				The Christ	
	The	The Christ			Nur	rsing and	The Christ			Hospital	
	Christ	Hospital	Reclassifications	/ Obligated	1	Health	Hospital	Other	Reclassifications/	Health Networ	rk
	 Hospital	Physicians, LLC	Eliminations	Group Total	5	ciences	Foundation	Subsidiaries	Eliminations	Consolidated	d
Assets				(In	Thousand	5)					
Current assets											
Cash and eash equivalents	\$ 28,308	\$ 2,749	s –	\$ 31,05	7 S	1	\$ -	\$ 79	\$ -	\$ 31,13	37
Net patient accounts receivable less allowance for											
uncollectible accounts of \$25 788	77,092	12,177	_	89,26)	-	-	2,002		91,27	71
Other accounts receivable	2,293	108	_	2,40	1	3,063	1,250	4,015	_	10,72	29
Inventories	10,032	1,354	_	11,38	5	_	_	122	_	11,50	08
Prepaid and other current assets	10,023	752	_	10,77	5	43	_	61	_	10,87	79
Estimated receivable from third-party payors net	2,500	_	_	2,50)	_	_	_	_	2,50	00
Total current assets	130,248	17,140	_	147,38	3	3,107	1,250	6,279	_	158,02	24
Assets whose use is limited and investments											
Assets whose use is limited											
Restricted by donor	95,869	_	_	95,86)	_	8,705	_	_	104,57	74
Tax-exempt bond proceeds	71,559	_	_	71,55)	_	_	_	_	71,55	59
Funds for self-insurance reserves	_	_	_		_	_	_	10,691	_	10,69	91
Investments	231,664	_	_	231,66	4	_	15,928	_	_	247,59	92
	399,092	-	_	399,09	2	_	24,633	10,691	_	434,41	16
Property and equipment net	301,480	10,002	_	311,48	2	540	_	1,918	_	313,94	40
Goodwill and intangible assets net	10,333	3,812	_	14,14	5	_	_	22,684	_	36,82	29
Unamortized bond issuance costs	6,350	_	_	6,35)	_	_	_	_	6,35	50
Other long-term assets	33,789	8,921	(19,280) 23,43)	_	_	_	(9,226)	14,20	04
Total assets	\$ 881,292	\$ 39,875	\$ (19,280) \$ 901,88	7 \$	3,647	\$ 25,883	\$ 41,572	\$ (9,226)	\$ 963,76	63

Consolidating Balance Sheet

June 30, 2012

					The Christ				
	The	The Christ			College of Nursing and	The Christ			The Christ Hospital
	Christ	Hospital	Reclassifications/	Obligated	Health	Hospital	Other	Reclassifications/	Health Network
_	Hospital	Physicians, LLC	Eliminations	Group Total	Sciences	Foundation	Subsidiaries	Eliminations	Consolidated
Assets				(In Tho	usands)				
Current assets									
Cash and eash equivalents	\$ 92,843	\$ 2.704	\$ -	\$ 95.547	\$ 1	\$ -	\$ 113	S –	\$ 95,661
Net patient accounts receivable, less allowance for									
uncollectible accounts of \$19,674	68,597	10,445	_	79,042	_	-	1,532		80.574
Other accounts receivable	2,125	236	=	2,361	1.664	2,750	4,470	=	11.245
Inventories	8,477	954	-	9,431	_	-	103	-	9,534
Prepaid and other current assets	8,901	549	-	9,450	27	-	69	-	9,546
Total current assets	180,943	14,888	_	195,831	1,692	2,750	6,287	_	206,560
Assets whose use is limited and investments									
Assets whose use is limited									
Restricted by donor	99,971	=	-	99,971	-	7,554	-	=	107,525
Tax-exempt bond proceeds	136,956	_	-	136,956	_	_	_	_	136,956
Funds for self-insurance reserves	_	_	-	_	_	_	10,861	_	10.861
Investments	151,304	=	=	151,304	-	15,332	306	=	166,942
	388,231	-	-	388,231	-	22,886	11,167	=	422.284
Property and equipment, net	238,904	9,178	_	248,082	611	_	1.484	_	250,177
Goodwill and intangible assets, net	10,497	4,653	_	15,150	_	-	22,684	_	37.834
Unamortized bond issuance costs	6,148	=	=	6.148	-	=	=	=	6.148
Other long-term assets	30,728	7,036	(19,280)	18.484	_	250	=	(7.395)	11.339
Total assets	\$ 855,451	\$ 35,755	\$ (19,280)	\$ 871,926	\$ 2,303	\$ 25,886	\$ 41,622	\$ (7,395)	\$ 934,342

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Consolidating Balance Sheet (continued)

June 30, 2013

					The Christ				
					College of				The Christ
	The	The Christ			Nursing and	The Christ			Hospital
	Christ	Hospital	Reclassifications/	Obligated	Health	Hospital	Other	Reclassifications/	Health Network
	Hospital	Physicians, LLC	Eliminations	Group Total	Sciences	Foundation	Subsidiaries	Eliminations	Consolidated
Liabilities and net assets (deficit)					(In Thousands)				
Current liabilities									
Accounts payable and accrued expenses	\$ 23,807	\$ 582	\$ -	\$ 24,389	\$ 3,048	\$ -	\$ 388	\$ -	\$ 27,825
Compensation and benefits	30,285	11,083	_	41,368	525	_	114	_	42,007
Current portion of long-term debt	1,689	_	_	1,689	-	_	790	_	2,479
Due to (from) related party	(157,385)	179,409	(23,063)	(1,039)	_	(384)	(4,688)	6,111	
Total current liabilities	(101,604)	191,074	(23,063)	66,407	3,573	(384)	(3,396)	6,111	72,311
Long-term self-insurance reserves	7,022	_	_	7,022	_	_	10,625	_	17.647
Pension liability	63,292	1,750	_	65,042	_	_	10,025	_	65,042
Long-term benefits and other liabilities	9,934	8,860	_	18,794	88		_	_	18,882
Long-term debt net of current portion	358,967	0,000	_	358,967	_	_	1,119	_	360,086
Total liabilities	337,611	201,684	(23,063)		3,661	(384)	8,348	6,111	533,968
Total Haofittes	337,011	201,004	(23,003)	310,232	3,001	(304)	0,540	0,111	555,700
Net assets (deficit)									
Unrestricted	448,140	(161,809)	3,783	290,114	(14	16,680	15,570	(15,337)	307,013
Temporarily restricted	95,541	-	_	95,541	-	5,630	_	-	101,171
Permanently restricted	_	_	_	_	_	3,957	_	_	3,957
Total net assets (deficit) excluding noncontrolling interest	543,681	(161,809)	3,783	385,655	(14	26,267	15,570	(15,337)	412,141
Noncontrolling interest	_	_	_	_	_	_	17,654	_	17,654
Total net assets (deficit)	543,681	(161,809)	3,783	385,655	(14	26,267	33,224	(15,337)	429,795
Total liabilities and net assets (deficit)	\$ 881,292			•	\$ 3,647	\$ 25,883	\$ 41,572		\$ 963,763

Consolidating Balance Sheet (continued)

June 30, 2012

		The C hrist Iospital	The Christ Hospital Physicians, LLC		Reclassifications/ Eliminations		Obligated Group Total		The Christ C ollege of Nursing and Health Sciences (In Thousands)		f d The Christ Hospital Foundation		Other Subsidiaries		Reclassifications/ Eliminations		Hea	he Christ Hospital Ith Network nsolidated
Liabilities and net assets (deficit) Current liabilities									(111 111	ousanas)								
Accounts payable and accrued expenses	s	18 382	e ·	1 206	e.	_	e.	19 588	s	1 385	e.	_	e e	712	e.		s	21 685
Compensation and benefits	3	26 052	Þ	7 369	3		•	33 421	3	546	Þ	_	Э	146	3	_	3	34 113
•		1 935		/ 309		_		1 935		340		_				_		
Current portion of long-term debt				122.562	,	-				2.060		- (10)		869		- 020		2 804
Due to (from) related party		(114 513)		132 563	(23 182)		(5 132)		2 068		(19)	(2 945)		6 028		-
Estimated payable from third-party payors net	_	616		-		-		616						-				616
Total current liabilities		(67 528)		141 138	(23 182)		50 428		3 999		(19)	(1 218)		6 028		59 218
Long-term self-insurance reserves		5 081		_		_		5 081		_		_		9 251		_		14 332
Pension liability		112 172		2 396		_	1	14 568		-		-		_		_		114 568
Long-term benefits and other liabilities		8 002		6 999		_		15 001		64		_		_		_		15 065
Long-term debt net of current portion		360 813		_		_	3	860 813		_		_		1 325		_		362 138
Total habilities		418 540		150 533	(23 182)	5	545 891		4 063		(19)		9 358		6 028		565 321
Net assets (deficit)																		
Unrestricted		336 911		(114 778)		3 902	2	226 035		(1.760)	1	5 344	1	4 998		(13 423)		241 194
Temporarily restricted		100 000		_		_		00 000		-		6 769		_		_		106 769
Permanently restricted		_		_		_		_		_		3 792		_		_		3 792
Total net assets (deficit) excluding noncontrolling interest		436 911		(114 778)		3 902	3	326 035		(1 760)		25 905	1	4 998		(13 423)		351 755
Noncontrolling interest		_		_		_						_	1	7 266		_		17 266
Total net assets (deficit)	_	436 911		(114 778)		3 902	3	326 035		(1 760)	,	25 905		2 264		(13 423)		369 021
	-	855 451	e	35 755	e /			871 926	•	2 303		25 886			•	(7 395)	•	934 342
Total liabilities and net assets (deficit)	<u> </u>	822,431	\$	33,/33	5 (19 280)	\$ 8	5/1/926	3	2,303) 2	23,880) +	1,622	<u>)</u>	(7,393)	2	<u> </u>

Consolidating Statement of Operations

Year Ended June 30, 2013

	The Christ Hospital	The Christ Hospital Physicians, LLC	Reclassifications/ Eliminations	Obligated Group Total	The Christ College of Nursing and Health Sciences (In Thousands)	The Christ Hospital Foundation	Other Subsidiaries		
Revenue					(411 2 111 111 111 111 111 111 111 111 11				
Net patient service revenue (net of contractual allowances)	\$ 604,714	\$ 120,189	\$ (472)	\$ 724,431	s –	s –	s –	s –	\$ 724,431
Provision for bad debts	(11,936)	(3,768)	_	(15,704)	(12)	_	_	_	(15,716)
Net patient service revenue less provision for bad debts	592,778	116,421	(472)	708,727	(12)	-	-	-	708,715
Other revenue	39,597	6,951	(5,693)	40,855	5,161	1,434	8,358	(3,016)	52,792
Total operating revenue	632,375	123,372	(6,165)	749,582	5,149	1,434	8,358	(3,016)	761,507
Expenses									
Salaries and wages	196,121	105,354	_	301,475	3,749	70	-	-	305,294
Fringe benefits	62,132	15,024	_	77,156	918	_	_	_	78,074
Purchased services	86,732	11,772	(4,849)	93,655	1,764	18	220	(1,304)	94,353
Professional fees	13,630	1,393	-	15,023	_	-	14	-	15,037
Supplies	135,433	29,001	_	164,434	41	4	2	_	164,481
Utilities and insurance	10,208	2,370	(1,185)	11,393	_	_	2,342	_	13,735
Depreciation and amortization	35,349	4,479	_	39,828	156	_	(96)	_	39,888
Interest	12,871	_	_	12,871	_	_	_	_	12,871
Other net	15,615	1,620	(12)	17,223	281	656	309	_	18,469
Total operating expenses	568,091	171,013	(6,046)	733,058	6,909	748	2,791	(1,304)	742,202
Excess of revenue over expenses (expenses over revenue) before other income (loss)	64,284	(47,641)	(119)	16,524	(1,760)	686	5,567	(1,712)	19,305
Other income (loss)									
Other primarily investment income (loss)	(2,887)			(2,887)		64	145		(2,678)
Excess of revenue over expenses (expenses over revenue)	61,397	(47,641)	(119)	13,637	(1,760)	750	5,712	(1,712)	16,627
Excess of revenue over expenses attributable to noncontrolling interest			_	_	_	_	5,342		5,342
Excess of revenue over expenses (expenses over revenue) attributable to The Christ Hospital Health Network	\$ 61,397	\$ (47,641)	\$ (119)	\$ 13,637	\$ (1,760)	s 750	\$ 370	\$ (1,712)	s 11,285

Consolidating Statement of Operations

Year Ended June 30, 2012

	The Christ Hospital	The Christ Hospital Physicians, LLC	Reclassifications/ Eliminations	Obligated Group Total	The Christ College of Nursing and Health Sciences (In Thousands)	The Christ Hospital Foundation	Other Subsidiaries	Reclassifications/ Eliminations	The Christ Hospital Health Network Consolidated
Revenue					(111 1 HORSanas)				
Net patient service revenue (net of contractual allowances)	\$ 573.951	\$ 84185	\$ (4176)	\$ 653,960	\$ -	\$ -	\$ -	\$ -	\$ 653,960
Provision for bad debts	(7.576)	(3.285)		(10.861)	(2)	_	_	_	(10 863)
Net patient service revenue less provision for bad debts	566 375	80 900	(4176)	643 099	(2)	-	-	-	643 097
Other revenue	23 952	4 140	(4 ~60)	23 332	4178	1.573	12 449	(3.650)	37 882
Total operating revenue	590 327	85 040	(8 936)	666 431	4176	1 573	12 449	(3.650)	680 979
Expenses									
Salaries and wages	191 713	78 654	-	270.367	3 440	-	-	-	273 807
Fringe benefits	55 329	10 469	-	65 798	853	-	-	-	66 651
Purchased services	87 523	11 340	(7 574)	91 289	1 729	18	241	(1.343)	91 934
Professional fees	13 141	453	-	13 594	-	-	55	-	13 649
Supplies	131 540	15 579	(1)	147 118	35	4	2	-	147 159
Utilities and insurance	10 345	2 519	(3 650)	9 21 4	-	-	840	-	10 054
Depreciation and amortization	35 416	4 185	-	39 601	156	_	(39)	-	39 ~18
Interest	2 206	1	-	2 207	-	-	_	-	2 207
Other net	15 592	1 378	(17)	16 953	134	1 849	(35)	(1)	18 900
Total operating expenses	542 805	124 578	(11-242)	656 141	6 34"	1 8 1	1 064	(1 344)	664 079
Excess of revenue over expenses (expenses over revenue) before other income (loss)	47 522	(39 538)	2 306	10 290	(2171)	(298)	11 385	(2306)	16 900
Other income (loss)									
Other primarily investment income (loss)	735	(349)	_	386	_	-48	141	_	575
Excess of revenue over expenses									
(expenses over revenue)	48 257	(39 887)	2 306	106-6	(2.171)	(250)	11 526	(2 306)	17 475
Excess of revenue over expenses attributable to noncontrolling interest						_	6 833		6 833
Excess of revenue over expenses (expenses over revenue) attributable to The Christ Hospital Health Network	\$ 48,25	\$ (39,887)	\$ 2,306	\$ 10 <u>6</u> 76	\$ (2,171)	\$ (250)	\$ 4,693	\$ (2,306)	\$ 10,642

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