



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



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 private foundations)

Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

Information about Form 990 and its instructions is at [www.IRS.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 07-01-2013, 2013, and ending 06-30-2014

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

C Name of organization

THE GOOD SAMARITAN HOSPITAL OF CINCINNATI OHIO

Doing Business As

Number and street (or P O box if mail is not delivered to street address)

Room/suite

619 OAK STREET - ACCOUNTING 3 WEST

City or town, state or province, country, and ZIP or foreign postal code

CINCINNATI, OH 45206

F Name and address of principal officer

JOHN PROUT

619 OAK STREET - ACCOUNTING 3 WEST

CINCINNATI, OH 45206

H(a) Is this a group return for subordinates?

☐ Yes

☒ No

H(b) Are all subordinates included?

☐ Yes

☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number

0928

I Tax-exempt status

☒ 501(c)(3)

☐ 501(c) ( )

☐ (insert no )

☐ 4947(a)(1) or

☐ 527

J Website:

WWW.TRIHEALTH.COM

K Form of organization

☒ Corporation

☐ Trust

☐ Association

☐ Other

L Year of formation

1852

M State of legal domicile

OH

| Part I Summary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                      |                                                                   |             |                                                                          |              |                                                                               |                                               |           |         |                                                                              |                                              |             |             |                                                    |                                                                |            |            |                                                                      |                                                                          |            |           |                                                                |                                                                                  |             |             |          |    |                                                                   |         |           |    |                                                               |   |   |    |                                                                                   |             |             |     |                                                               |   |   |   |                                                                                      |  |  |    |                                                              |             |             |    |                                                                          |             |             |    |                                                     |            |            |                             |  |  |                           |             |  |    |                                |             |             |  |    |                                     |             |             |  |    |                                                           |             |             |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|-------------------------------------------------------------------|-------------|--------------------------------------------------------------------------|--------------|-------------------------------------------------------------------------------|-----------------------------------------------|-----------|---------|------------------------------------------------------------------------------|----------------------------------------------|-------------|-------------|----------------------------------------------------|----------------------------------------------------------------|------------|------------|----------------------------------------------------------------------|--------------------------------------------------------------------------|------------|-----------|----------------------------------------------------------------|----------------------------------------------------------------------------------|-------------|-------------|----------|----|-------------------------------------------------------------------|---------|-----------|----|---------------------------------------------------------------|---|---|----|-----------------------------------------------------------------------------------|-------------|-------------|-----|---------------------------------------------------------------|---|---|---|--------------------------------------------------------------------------------------|--|--|----|--------------------------------------------------------------|-------------|-------------|----|--------------------------------------------------------------------------|-------------|-------------|----|-----------------------------------------------------|------------|------------|-----------------------------|--|--|---------------------------|-------------|--|----|--------------------------------|-------------|-------------|--|----|-------------------------------------|-------------|-------------|--|----|-----------------------------------------------------------|-------------|-------------|--|
| Activities & Governance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <div><div>1</div><div>Briefly describe the organization's mission or most significant activities</div><div>THE ORGANIZATION'S MISSION IS TO IMPROVE THE HEALTH STATUS OF THE COMMUNITY IT SERVES</div><div></div><div></div><div></div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                      |                                                                   |             |                                                                          |              |                                                                               |                                               |           |         |                                                                              |                                              |             |             |                                                    |                                                                |            |            |                                                                      |                                                                          |            |           |                                                                |                                                                                  |             |             |          |    |                                                                   |         |           |    |                                                               |   |   |    |                                                                                   |             |             |     |                                                               |   |   |   |                                                                                      |  |  |    |                                                              |             |             |    |                                                                          |             |             |    |                                                     |            |            |                             |  |  |                           |             |  |    |                                |             |             |  |    |                                     |             |             |  |    |                                                           |             |             |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <div><div>2</div><div>Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                      |                                                                   |             |                                                                          |              |                                                                               |                                               |           |         |                                                                              |                                              |             |             |                                                    |                                                                |            |            |                                                                      |                                                                          |            |           |                                                                |                                                                                  |             |             |          |    |                                                                   |         |           |    |                                                               |   |   |    |                                                                                   |             |             |     |                                                               |   |   |   |                                                                                      |  |  |    |                                                              |             |             |    |                                                                          |             |             |    |                                                     |            |            |                             |  |  |                           |             |  |    |                                |             |             |  |    |                                     |             |             |  |    |                                                           |             |             |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <table><tr><td>3</td><td>Number of voting members of the governing body (Part VI, line 1a)</td><td>3</td><td>11</td></tr><tr><td>4</td><td>Number of independent voting members of the governing body (Part VI, line 1b)</td><td>4</td><td>6</td></tr><tr><td>5</td><td>Total number of individuals employed in calendar year 2013 (Part V, line 2a)</td><td>5</td><td>3,952</td></tr><tr><td>6</td><td>Total number of volunteers (estimate if necessary)</td><td>6</td><td>1,687</td></tr><tr><td>7a</td><td>Total unrelated business revenue from Part VIII, column (C), line 12</td><td>7a</td><td>147,055</td></tr><tr><td>b</td><td>Net unrelated business taxable income from Form 990-T, line 34</td><td>7b</td><td>-200,930</td></tr></table> | 3                                                                                    | Number of voting members of the governing body (Part VI, line 1a) | 3           | 11                                                                       | 4            | Number of independent voting members of the governing body (Part VI, line 1b) | 4                                             | 6         | 5       | Total number of individuals employed in calendar year 2013 (Part V, line 2a) | 5                                            | 3,952       | 6           | Total number of volunteers (estimate if necessary) | 6                                                              | 1,687      | 7a         | Total unrelated business revenue from Part VIII, column (C), line 12 | 7a                                                                       | 147,055    | b         | Net unrelated business taxable income from Form 990-T, line 34 | 7b                                                                               | -200,930    |             |          |    |                                                                   |         |           |    |                                                               |   |   |    |                                                                                   |             |             |     |                                                               |   |   |   |                                                                                      |  |  |    |                                                              |             |             |    |                                                                          |             |             |    |                                                     |            |            |                             |  |  |                           |             |  |    |                                |             |             |  |    |                                     |             |             |  |    |                                                           |             |             |  |
| 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Number of voting members of the governing body (Part VI, line 1a)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 3                                                                                    | 11                                                                |             |                                                                          |              |                                                                               |                                               |           |         |                                                                              |                                              |             |             |                                                    |                                                                |            |            |                                                                      |                                                                          |            |           |                                                                |                                                                                  |             |             |          |    |                                                                   |         |           |    |                                                               |   |   |    |                                                                                   |             |             |     |                                                               |   |   |   |                                                                                      |  |  |    |                                                              |             |             |    |                                                                          |             |             |    |                                                     |            |            |                             |  |  |                           |             |  |    |                                |             |             |  |    |                                     |             |             |  |    |                                                           |             |             |  |
| 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Number of independent voting members of the governing body (Part VI, line 1b)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 4                                                                                    | 6                                                                 |             |                                                                          |              |                                                                               |                                               |           |         |                                                                              |                                              |             |             |                                                    |                                                                |            |            |                                                                      |                                                                          |            |           |                                                                |                                                                                  |             |             |          |    |                                                                   |         |           |    |                                                               |   |   |    |                                                                                   |             |             |     |                                                               |   |   |   |                                                                                      |  |  |    |                                                              |             |             |    |                                                                          |             |             |    |                                                     |            |            |                             |  |  |                           |             |  |    |                                |             |             |  |    |                                     |             |             |  |    |                                                           |             |             |  |
| 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Total number of individuals employed in calendar year 2013 (Part V, line 2a)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 5                                                                                    | 3,952                                                             |             |                                                                          |              |                                                                               |                                               |           |         |                                                                              |                                              |             |             |                                                    |                                                                |            |            |                                                                      |                                                                          |            |           |                                                                |                                                                                  |             |             |          |    |                                                                   |         |           |    |                                                               |   |   |    |                                                                                   |             |             |     |                                                               |   |   |   |                                                                                      |  |  |    |                                                              |             |             |    |                                                                          |             |             |    |                                                     |            |            |                             |  |  |                           |             |  |    |                                |             |             |  |    |                                     |             |             |  |    |                                                           |             |             |  |
| 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Total number of volunteers (estimate if necessary)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 6                                                                                    | 1,687                                                             |             |                                                                          |              |                                                                               |                                               |           |         |                                                                              |                                              |             |             |                                                    |                                                                |            |            |                                                                      |                                                                          |            |           |                                                                |                                                                                  |             |             |          |    |                                                                   |         |           |    |                                                               |   |   |    |                                                                                   |             |             |     |                                                               |   |   |   |                                                                                      |  |  |    |                                                              |             |             |    |                                                                          |             |             |    |                                                     |            |            |                             |  |  |                           |             |  |    |                                |             |             |  |    |                                     |             |             |  |    |                                                           |             |             |  |
| 7a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Total unrelated business revenue from Part VIII, column (C), line 12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 7a                                                                                   | 147,055                                                           |             |                                                                          |              |                                                                               |                                               |           |         |                                                                              |                                              |             |             |                                                    |                                                                |            |            |                                                                      |                                                                          |            |           |                                                                |                                                                                  |             |             |          |    |                                                                   |         |           |    |                                                               |   |   |    |                                                                                   |             |             |     |                                                               |   |   |   |                                                                                      |  |  |    |                                                              |             |             |    |                                                                          |             |             |    |                                                     |            |            |                             |  |  |                           |             |  |    |                                |             |             |  |    |                                     |             |             |  |    |                                                           |             |             |  |
| b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Net unrelated business taxable income from Form 990-T, line 34                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 7b                                                                                   | -200,930                                                          |             |                                                                          |              |                                                                               |                                               |           |         |                                                                              |                                              |             |             |                                                    |                                                                |            |            |                                                                      |                                                                          |            |           |                                                                |                                                                                  |             |             |          |    |                                                                   |         |           |    |                                                               |   |   |    |                                                                                   |             |             |     |                                                               |   |   |   |                                                                                      |  |  |    |                                                              |             |             |    |                                                                          |             |             |    |                                                     |            |            |                             |  |  |                           |             |  |    |                                |             |             |  |    |                                     |             |             |  |    |                                                           |             |             |  |
| <table><tr><th rowspan="6">Revenue</th><th rowspan="6"></th><th colspan="2">Prior Year</th><th colspan="2">Current Year</th></tr><tr><td>8</td><td>Contributions and grants (Part VIII, line 1h)</td><td>2,693,838</td><td>665,475</td></tr><tr><td>9</td><td>Program service revenue (Part VIII, line 2g)</td><td>486,547,135</td><td>512,216,127</td></tr><tr><td>10</td><td>Investment income (Part VIII, column (A), lines 3, 4, and 7d )</td><td>30,228,597</td><td>30,571,227</td></tr><tr><td>11</td><td>Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td><td>12,594,030</td><td>7,966,874</td></tr><tr><td>12</td><td>Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td><td>532,063,600</td><td>551,419,703</td></tr><tr><td rowspan="8">Expenses</td><td>13</td><td>Grants and similar amounts paid (Part IX, column (A), lines 1–3 )</td><td>461,765</td><td>1,469,691</td></tr><tr><td>14</td><td>Benefits paid to or for members (Part IX, column (A), line 4)</td><td>0</td><td>0</td></tr><tr><td>15</td><td>Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)</td><td>224,865,431</td><td>244,243,507</td></tr><tr><td>16a</td><td>Professional fundraising fees (Part IX, column (A), line 11e)</td><td>0</td><td>0</td></tr><tr><td>b</td><td>Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 0</td><td></td><td></td></tr><tr><td>17</td><td>Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)</td><td>226,863,114</td><td>220,457,730</td></tr><tr><td>18</td><td>Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)</td><td>452,190,310</td><td>466,170,928</td></tr><tr><td>19</td><td>Revenue less expenses Subtract line 18 from line 12</td><td>79,873,290</td><td>85,248,775</td></tr><tr><td rowspan="4">Net Assets or Fund Balances</td><td colspan="2"></td><th>Beginning of Current Year</th><th colspan="2">End of Year</th></tr><tr><td>20</td><td>Total assets (Part X, line 16)</td><td>773,878,136</td><td colspan="2">846,515,340</td></tr><tr><td>21</td><td>Total liabilities (Part X, line 26)</td><td>234,246,732</td><td colspan="2">205,216,681</td></tr><tr><td>22</td><td>Net assets or fund balances Subtract line 21 from line 20</td><td>539,631,404</td><td colspan="2">641,298,659</td></tr></table> | Revenue                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                      | Prior Year                                                        |             | Current Year                                                             |              | 8                                                                             | Contributions and grants (Part VIII, line 1h) | 2,693,838 | 665,475 | 9                                                                            | Program service revenue (Part VIII, line 2g) | 486,547,135 | 512,216,127 | 10                                                 | Investment income (Part VIII, column (A), lines 3, 4, and 7d ) | 30,228,597 | 30,571,227 | 11                                                                   | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 12,594,030 | 7,966,874 | 12                                                             | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 532,063,600 | 551,419,703 | Expenses | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) | 461,765 | 1,469,691 | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | 0 | 0 | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 224,865,431 | 244,243,507 | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 0 | 0 | b | Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 0 |  |  | 17 | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | 226,863,114 | 220,457,730 | 18 | Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) | 452,190,310 | 466,170,928 | 19 | Revenue less expenses Subtract line 18 from line 12 | 79,873,290 | 85,248,775 | Net Assets or Fund Balances |  |  | Beginning of Current Year | End of Year |  | 20 | Total assets (Part X, line 16) | 773,878,136 | 846,515,340 |  | 21 | Total liabilities (Part X, line 26) | 234,246,732 | 205,216,681 |  | 22 | Net assets or fund balances Subtract line 21 from line 20 | 539,631,404 | 641,298,659 |  |
| Revenue                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                      |                                                                   | Prior Year  |                                                                          | Current Year |                                                                               |                                               |           |         |                                                                              |                                              |             |             |                                                    |                                                                |            |            |                                                                      |                                                                          |            |           |                                                                |                                                                                  |             |             |          |    |                                                                   |         |           |    |                                                               |   |   |    |                                                                                   |             |             |     |                                                               |   |   |   |                                                                                      |  |  |    |                                                              |             |             |    |                                                                          |             |             |    |                                                     |            |            |                             |  |  |                           |             |  |    |                                |             |             |  |    |                                     |             |             |  |    |                                                           |             |             |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                      |                                                                   | 8           | Contributions and grants (Part VIII, line 1h)                            | 2,693,838    | 665,475                                                                       |                                               |           |         |                                                                              |                                              |             |             |                                                    |                                                                |            |            |                                                                      |                                                                          |            |           |                                                                |                                                                                  |             |             |          |    |                                                                   |         |           |    |                                                               |   |   |    |                                                                                   |             |             |     |                                                               |   |   |   |                                                                                      |  |  |    |                                                              |             |             |    |                                                                          |             |             |    |                                                     |            |            |                             |  |  |                           |             |  |    |                                |             |             |  |    |                                     |             |             |  |    |                                                           |             |             |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                      |                                                                   | 9           | Program service revenue (Part VIII, line 2g)                             | 486,547,135  | 512,216,127                                                                   |                                               |           |         |                                                                              |                                              |             |             |                                                    |                                                                |            |            |                                                                      |                                                                          |            |           |                                                                |                                                                                  |             |             |          |    |                                                                   |         |           |    |                                                               |   |   |    |                                                                                   |             |             |     |                                                               |   |   |   |                                                                                      |  |  |    |                                                              |             |             |    |                                                                          |             |             |    |                                                     |            |            |                             |  |  |                           |             |  |    |                                |             |             |  |    |                                     |             |             |  |    |                                                           |             |             |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                      |                                                                   | 10          | Investment income (Part VIII, column (A), lines 3, 4, and 7d )           | 30,228,597   | 30,571,227                                                                    |                                               |           |         |                                                                              |                                              |             |             |                                                    |                                                                |            |            |                                                                      |                                                                          |            |           |                                                                |                                                                                  |             |             |          |    |                                                                   |         |           |    |                                                               |   |   |    |                                                                                   |             |             |     |                                                               |   |   |   |                                                                                      |  |  |    |                                                              |             |             |    |                                                                          |             |             |    |                                                     |            |            |                             |  |  |                           |             |  |    |                                |             |             |  |    |                                     |             |             |  |    |                                                           |             |             |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                      |                                                                   | 11          | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 12,594,030   | 7,966,874                                                                     |                                               |           |         |                                                                              |                                              |             |             |                                                    |                                                                |            |            |                                                                      |                                                                          |            |           |                                                                |                                                                                  |             |             |          |    |                                                                   |         |           |    |                                                               |   |   |    |                                                                                   |             |             |     |                                                               |   |   |   |                                                                                      |  |  |    |                                                              |             |             |    |                                                                          |             |             |    |                                                     |            |            |                             |  |  |                           |             |  |    |                                |             |             |  |    |                                     |             |             |  |    |                                                           |             |             |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)     |                                                                   | 532,063,600 | 551,419,703                                                              |              |                                                                               |                                               |           |         |                                                                              |                                              |             |             |                                                    |                                                                |            |            |                                                                      |                                                                          |            |           |                                                                |                                                                                  |             |             |          |    |                                                                   |         |           |    |                                                               |   |   |    |                                                                                   |             |             |     |                                                               |   |   |   |                                                                                      |  |  |    |                                                              |             |             |    |                                                                          |             |             |    |                                                     |            |            |                             |  |  |                           |             |  |    |                                |             |             |  |    |                                     |             |             |  |    |                                                           |             |             |  |
| Expenses                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 13                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Grants and similar amounts paid (Part IX, column (A), lines 1–3 )                    | 461,765                                                           | 1,469,691   |                                                                          |              |                                                                               |                                               |           |         |                                                                              |                                              |             |             |                                                    |                                                                |            |            |                                                                      |                                                                          |            |           |                                                                |                                                                                  |             |             |          |    |                                                                   |         |           |    |                                                               |   |   |    |                                                                                   |             |             |     |                                                               |   |   |   |                                                                                      |  |  |    |                                                              |             |             |    |                                                                          |             |             |    |                                                     |            |            |                             |  |  |                           |             |  |    |                                |             |             |  |    |                                     |             |             |  |    |                                                           |             |             |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 14                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Benefits paid to or for members (Part IX, column (A), line 4)                        | 0                                                                 | 0           |                                                                          |              |                                                                               |                                               |           |         |                                                                              |                                              |             |             |                                                    |                                                                |            |            |                                                                      |                                                                          |            |           |                                                                |                                                                                  |             |             |          |    |                                                                   |         |           |    |                                                               |   |   |    |                                                                                   |             |             |     |                                                               |   |   |   |                                                                                      |  |  |    |                                                              |             |             |    |                                                                          |             |             |    |                                                     |            |            |                             |  |  |                           |             |  |    |                                |             |             |  |    |                                     |             |             |  |    |                                                           |             |             |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 15                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)    | 224,865,431                                                       | 244,243,507 |                                                                          |              |                                                                               |                                               |           |         |                                                                              |                                              |             |             |                                                    |                                                                |            |            |                                                                      |                                                                          |            |           |                                                                |                                                                                  |             |             |          |    |                                                                   |         |           |    |                                                               |   |   |    |                                                                                   |             |             |     |                                                               |   |   |   |                                                                                      |  |  |    |                                                              |             |             |    |                                                                          |             |             |    |                                                     |            |            |                             |  |  |                           |             |  |    |                                |             |             |  |    |                                     |             |             |  |    |                                                           |             |             |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 16a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Professional fundraising fees (Part IX, column (A), line 11e)                        | 0                                                                 | 0           |                                                                          |              |                                                                               |                                               |           |         |                                                                              |                                              |             |             |                                                    |                                                                |            |            |                                                                      |                                                                          |            |           |                                                                |                                                                                  |             |             |          |    |                                                                   |         |           |    |                                                               |   |   |    |                                                                                   |             |             |     |                                                               |   |   |   |                                                                                      |  |  |    |                                                              |             |             |    |                                                                          |             |             |    |                                                     |            |            |                             |  |  |                           |             |  |    |                                |             |             |  |    |                                     |             |             |  |    |                                                           |             |             |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 0 |                                                                   |             |                                                                          |              |                                                                               |                                               |           |         |                                                                              |                                              |             |             |                                                    |                                                                |            |            |                                                                      |                                                                          |            |           |                                                                |                                                                                  |             |             |          |    |                                                                   |         |           |    |                                                               |   |   |    |                                                                                   |             |             |     |                                                               |   |   |   |                                                                                      |  |  |    |                                                              |             |             |    |                                                                          |             |             |    |                                                     |            |            |                             |  |  |                           |             |  |    |                                |             |             |  |    |                                     |             |             |  |    |                                                           |             |             |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 17                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)                         | 226,863,114                                                       | 220,457,730 |                                                                          |              |                                                                               |                                               |           |         |                                                                              |                                              |             |             |                                                    |                                                                |            |            |                                                                      |                                                                          |            |           |                                                                |                                                                                  |             |             |          |    |                                                                   |         |           |    |                                                               |   |   |    |                                                                                   |             |             |     |                                                               |   |   |   |                                                                                      |  |  |    |                                                              |             |             |    |                                                                          |             |             |    |                                                     |            |            |                             |  |  |                           |             |  |    |                                |             |             |  |    |                                     |             |             |  |    |                                                           |             |             |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 18                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)             | 452,190,310                                                       | 466,170,928 |                                                                          |              |                                                                               |                                               |           |         |                                                                              |                                              |             |             |                                                    |                                                                |            |            |                                                                      |                                                                          |            |           |                                                                |                                                                                  |             |             |          |    |                                                                   |         |           |    |                                                               |   |   |    |                                                                                   |             |             |     |                                                               |   |   |   |                                                                                      |  |  |    |                                                              |             |             |    |                                                                          |             |             |    |                                                     |            |            |                             |  |  |                           |             |  |    |                                |             |             |  |    |                                     |             |             |  |    |                                                           |             |             |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 19                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Revenue less expenses Subtract line 18 from line 12                                  | 79,873,290                                                        | 85,248,775  |                                                                          |              |                                                                               |                                               |           |         |                                                                              |                                              |             |             |                                                    |                                                                |            |            |                                                                      |                                                                          |            |           |                                                                |                                                                                  |             |             |          |    |                                                                   |         |           |    |                                                               |   |   |    |                                                                                   |             |             |     |                                                               |   |   |   |                                                                                      |  |  |    |                                                              |             |             |    |                                                                          |             |             |    |                                                     |            |            |                             |  |  |                           |             |  |    |                                |             |             |  |    |                                     |             |             |  |    |                                                           |             |             |  |
| Net Assets or Fund Balances                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                      | Beginning of Current Year                                         | End of Year |                                                                          |              |                                                                               |                                               |           |         |                                                                              |                                              |             |             |                                                    |                                                                |            |            |                                                                      |                                                                          |            |           |                                                                |                                                                                  |             |             |          |    |                                                                   |         |           |    |                                                               |   |   |    |                                                                                   |             |             |     |                                                               |   |   |   |                                                                                      |  |  |    |                                                              |             |             |    |                                                                          |             |             |    |                                                     |            |            |                             |  |  |                           |             |  |    |                                |             |             |  |    |                                     |             |             |  |    |                                                           |             |             |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Total assets (Part X, line 16)                                                       | 773,878,136                                                       | 846,515,340 |                                                                          |              |                                                                               |                                               |           |         |                                                                              |                                              |             |             |                                                    |                                                                |            |            |                                                                      |                                                                          |            |           |                                                                |                                                                                  |             |             |          |    |                                                                   |         |           |    |                                                               |   |   |    |                                                                                   |             |             |     |                                                               |   |   |   |                                                                                      |  |  |    |                                                              |             |             |    |                                                                          |             |             |    |                                                     |            |            |                             |  |  |                           |             |  |    |                                |             |             |  |    |                                     |             |             |  |    |                                                           |             |             |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 21                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Total liabilities (Part X, line 26)                                                  | 234,246,732                                                       | 205,216,681 |                                                                          |              |                                                                               |                                               |           |         |                                                                              |                                              |             |             |                                                    |                                                                |            |            |                                                                      |                                                                          |            |           |                                                                |                                                                                  |             |             |          |    |                                                                   |         |           |    |                                                               |   |   |    |                                                                                   |             |             |     |                                                               |   |   |   |                                                                                      |  |  |    |                                                              |             |             |    |                                                                          |             |             |    |                                                     |            |            |                             |  |  |                           |             |  |    |                                |             |             |  |    |                                     |             |             |  |    |                                                           |             |             |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 22                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Net assets or fund balances Subtract line 21 from line 20                            | 539,631,404                                                       | 641,298,659 |                                                                          |              |                                                                               |                                               |           |         |                                                                              |                                              |             |             |                                                    |                                                                |            |            |                                                                      |                                                                          |            |           |                                                                |                                                                                  |             |             |          |    |                                                                   |         |           |    |                                                               |   |   |    |                                                                                   |             |             |     |                                                               |   |   |   |                                                                                      |  |  |    |                                                              |             |             |    |                                                                          |             |             |    |                                                     |            |            |                             |  |  |                           |             |  |    |                                |             |             |  |    |                                     |             |             |  |    |                                                           |             |             |  |

Part II

Signature Block

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

Sign Here

Signature of officer

2015-05-11

Date

BRIAN KRAUSE VP-FINANCE

Type or print name and title

Prrnt/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN P00961884

Firm's name BKD LLP

Firm's EIN 44-0160260

Firm's address 312 WALNUT STREET SUITE 3000

Phone no (513) 621-8300

CINCINNATI, OH 45202

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

☒ Yes

☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2013)

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

☐ Yes ☒ No

1

Briefly describe the organization's mission

SEE SCHEDULE O

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

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

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4

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

4a

(Code ) (Expenses \$ 372,725,112 including grants of \$ 1,469,691 ) (Revenue \$ 512,258,089 )

SEE SCHEDULE H

4b

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

4c

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

4d

Other program services (Describe in Schedule O )

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

4e

Total program service expenses 372,725,112

Part IV Checklist of Required Schedules

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

Part IV

Checklist of Required Schedules (continued)

|     |                                                                                                                                                                                                                                                                                                                            |     |     |    |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|----|
| 21  | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .                                                                                                      | 21  | Yes |    |
| 22  | Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .                                                                                                            | 22  |     | 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? <i>If "Yes," complete Schedule J</i> . . . . .                                                      | 23  | Yes |    |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .                            | 24a |     | No |
| b   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .                                                                                                                                                                                                                  | 24b |     |    |
| c   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .                                                                                                                                                                       | 24c |     |    |
| d   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .                                                                                                                                                                                                            | 24d |     |    |
| 25a | <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .                                                                                                      | 25a |     | No |
| b   | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .                                       | 25b |     | No |
| 26  | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i> . . . . .                                    | 26  |     | No |
| 27  | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . . | 27  |     | No |
| 28  | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)                                                                                                                               |     |     |    |
| a   | A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .                                                                                                                                                                                                   | 28a |     | No |
| b   | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .                                                                                                                                                                                | 28b |     | No |
| c   | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .                                                                                    | 28c |     | No |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . .                                                                                                                                                                                                    | 29  |     | No |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .                                                                                                                                  | 30  |     | No |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .                                                                                                                                                                                        | 31  |     | No |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .                                                                                                                                                                      | 32  |     | No |
| 33  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .                                                                                                                      | 33  |     | No |
| 34  | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .                                                                                                                                                                  | 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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .                                                                                         | 35b | Yes |    |
| 36  | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .                                                                                                                           | 36  | Yes |    |
| 37  | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .                                                                             | 37  |     | No |
| 38  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .                                                                                                                              | 38  | Yes |    |

Part V

Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

☐

|                                                                                                                                                                                                                                                                         |                                                                                                                                                                                |       |    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----|
|                                                                                                                                                                                                                                                                         |                                                                                                                                                                                | Yes   | No |
| 1a                                                                                                                                                                                                                                                                      | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.                                                                                                  | 310   |    |
| 1b                                                                                                                                                                                                                                                                      | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.                                                                                               | 0     |    |
| 1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?                                                                                                             |                                                                                                                                                                                | 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. | 3,952 |    |
| 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).                                  |                                                                                                                                                                                | Yes   |    |
| 3a Did the organization have unrelated business gross income of \$1,000 or more during the year?                                                                                                                                                                        |                                                                                                                                                                                | Yes   |    |
| 3b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O.</i>                                                                                                                                                  |                                                                                                                                                                                | Yes   |    |
| 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?                           |                                                                                                                                                                                |       | No |
| b If "Yes," enter the name of the foreign country: _____<br>See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.                                                                                              |                                                                                                                                                                                |       |    |
| 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?                                                                                                                                                                |                                                                                                                                                                                |       | No |
| 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?                                                                                                                                                     |                                                                                                                                                                                |       | No |
| 5c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?                                                                                                                                                                                                   |                                                                                                                                                                                |       |    |
| 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?                                                              |                                                                                                                                                                                |       | No |
| 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?                                                                                                                        |                                                                                                                                                                                |       |    |
| 7 Organizations that may receive deductible contributions under section 170(c).                                                                                                                                                                                         |                                                                                                                                                                                |       |    |
| 7a 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?                                                                                                                      |                                                                                                                                                                                |       | No |
| 7b If "Yes," did the organization notify the donor of the value of the goods or services provided?                                                                                                                                                                      |                                                                                                                                                                                |       |    |
| 7c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?                                                                                                                                 |                                                                                                                                                                                |       | No |
| 7d If "Yes," indicate the number of Forms 8282 filed during the year.                                                                                                                                                                                                   |                                                                                                                                                                                |       |    |
| 7e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?                                                                                                                                                      |                                                                                                                                                                                |       | No |
| 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?                                                                                                                                                         |                                                                                                                                                                                |       | No |
| 7g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?                                                                                                                                     |                                                                                                                                                                                |       |    |
| 7h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?                                                                                                                                   |                                                                                                                                                                                |       |    |
| 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? |                                                                                                                                                                                |       |    |
| 9 Sponsoring organizations maintaining donor advised funds.                                                                                                                                                                                                             |                                                                                                                                                                                |       |    |
| 9a Did the organization make any taxable distributions under section 4966?                                                                                                                                                                                              |                                                                                                                                                                                |       |    |
| 9b Did the organization make a distribution to a donor, donor advisor, or related person?                                                                                                                                                                               |                                                                                                                                                                                |       |    |
| 10 Section 501(c)(7) organizations. Enter                                                                                                                                                                                                                               |                                                                                                                                                                                |       |    |
| 10a Initiation fees and capital contributions included on Part VIII, line 12.                                                                                                                                                                                           |                                                                                                                                                                                |       |    |
| 10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.                                                                                                                                                                        |                                                                                                                                                                                |       |    |
| 11 Section 501(c)(12) organizations. Enter                                                                                                                                                                                                                              |                                                                                                                                                                                |       |    |
| 11a Gross income from members or shareholders.                                                                                                                                                                                                                          |                                                                                                                                                                                |       |    |
| 11b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).                                                                                                                                        |                                                                                                                                                                                |       |    |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?                                                                                                                                                          |                                                                                                                                                                                |       |    |
| 12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.                                                                                                                                                                              |                                                                                                                                                                                |       |    |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers.                                                                                                                                                                                                     |                                                                                                                                                                                |       |    |
| 13a Is the organization licensed to issue qualified health plans in more than one state?<br><b>Note.</b> See the instructions for additional information the organization must report on Schedule O.                                                                    |                                                                                                                                                                                |       |    |
| 13b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.                                                                                                          |                                                                                                                                                                                |       |    |
| 13c Enter the amount of reserves on hand.                                                                                                                                                                                                                               |                                                                                                                                                                                |       |    |
| 14a Did the organization receive any payments for indoor tanning services during the tax year?                                                                                                                                                                          |                                                                                                                                                                                |       | No |
| 14b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O.</i>                                                                                                                                                   |                                                                                                                                                                                |       |    |

Part VI

Governance, Management, and Disclosure

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

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

|                                                                                                                                                                                                                  |                                                                                                                                                                                                                               |     |     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|
|                                                                                                                                                                                                                  |                                                                                                                                                                                                                               | Yes | No  |
| 1a                                                                                                                                                                                                               | Enter the number of voting members of the governing body at the end of the tax year . . . . .                                                                                                                                 | 11  |     |
| 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 |                                                                                                                                                                                                                               |     |     |
| 1b                                                                                                                                                                                                               | Enter the number of voting members included in line 1a, above, who are independent . . . . .                                                                                                                                  | 6   |     |
| 2                                                                                                                                                                                                                | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .                                               | 2   | Yes |
| 3                                                                                                                                                                                                                | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . . | 3   | No  |
| 4                                                                                                                                                                                                                | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .                                                                                                    | 4   | No  |
| 5                                                                                                                                                                                                                | Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .                                                                                                          | 5   | No  |
| 6                                                                                                                                                                                                                | Did the organization have members or stockholders? . . . . .                                                                                                                                                                  | 6   | Yes |
| 7a                                                                                                                                                                                                               | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .                                                                  | 7a  | Yes |
| 7b                                                                                                                                                                                                               | 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                                                                                              |     |     |
| 8a                                                                                                                                                                                                               | The governing body? . . . . .                                                                                                                                                                                                 | 8a  | Yes |
| 8b                                                                                                                                                                                                               | Each committee with authority to act on behalf of the governing body? . . . . .                                                                                                                                               | 8b  | Yes |
| 9                                                                                                                                                                                                                | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .        | 9   | No  |

Section B. Policies

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

|                                                                                    |                                                                                                                                                                                                                                                                                                        |     |     |
|------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|
|                                                                                    |                                                                                                                                                                                                                                                                                                        | Yes | No  |
| 10a                                                                                | Did the organization have local chapters, branches, or affiliates? . . . . .                                                                                                                                                                                                                           | 10a | No  |
| 10b                                                                                | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . .                                                                   | 10b |     |
| 11a                                                                                | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .                                                                                                                                                                  | 11a | No  |
| 11b                                                                                | Describe in Schedule O the process, if any, used by the organization to review this Form 990 . . . . .                                                                                                                                                                                                 |     |     |
| 12a                                                                                | Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .                                                                                                                                                                                                      | 12a | Yes |
| 12b                                                                                | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .                                                                                                                                                          | 12b | Yes |
| 12c                                                                                | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .                                                                                                                                           | 12c | Yes |
| 13                                                                                 | Did the organization have a written whistleblower policy? . . . . .                                                                                                                                                                                                                                    | 13  | Yes |
| 14                                                                                 | Did the organization have a written document retention and destruction policy? . . . . .                                                                                                                                                                                                               | 14  | Yes |
| 15                                                                                 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?                                                                                   |     |     |
| 15a                                                                                | The organization's CEO, Executive Director, or top management official . . . . .                                                                                                                                                                                                                       | 15a | Yes |
| 15b                                                                                | Other officers or key employees of the organization . . . . .                                                                                                                                                                                                                                          | 15b | Yes |
| If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) |                                                                                                                                                                                                                                                                                                        |     |     |
| 16a                                                                                | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .                                                                                                                                        | 16a | Yes |
| 16b                                                                                | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . . | 16b | No  |

Section C. Disclosure

|    |                                                                                                                                                                                                                                                                                                                                                                                                                |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 17 | List the States with which a copy of this Form 990 is required to be filed▶                                                                                                                                                                                                                                                                                                                                    |
| 18 | Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.<br><input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O) |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year                                                                                                                                                                                                               |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records of the organization<br>▶BRIAN KRAUSE - VP FINANCE 619 OAK STREET - ACCOUNTING 3 WEST CINCINNATI, OH 45206 (513) 569-5126                                                                                                                                                                              |

Part VII

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

Check if Schedule O contains a response or note to any line in this Part VII

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

List all of the organization's **current** key employees, if any See instructions for definition of "key employee "

List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

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

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

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

| (A)<br>Name and Title                                        | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|-----------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                              |                                                                                            | Individual trustee or director                                                                            | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |                                                                       |                                                                            |                                                                                               |
| (1) MICHAEL HAVERKAMP<br>TRUSTEE                             | 1 00<br>3 00                                                                               | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| (2) ROBERT WALKER<br>SECRETARY                               | 1 00<br>3 00                                                                               | X                                                                                                         |                       | X       |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| (3) JOHN PROUT<br>PRESIDENT/CEO                              | 15 00<br>45 00                                                                             | X                                                                                                         |                       | X       |              |                              |        | 0                                                                     | 1,455,153                                                                  | 328,652                                                                                       |
| (4) PAUL EDGETT III<br>TRUSTEE                               | 1 00<br>3 00                                                                               | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 1,126,594                                                                  | 94,198                                                                                        |
| (5) MYRTIS POWELL<br>TRUSTEE                                 | 1 00<br>3 00                                                                               | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| (6) SR SALLY DUFFY<br>TRUSTEE                                | 1 00<br>3 00                                                                               | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| (7) MICHAEL MCGRAW<br>CHAIRMAN                               | 1 00<br>3 00                                                                               | X                                                                                                         |                       | X       |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| (8) STEPHEN BLATT MD<br>MED STAFF PRES-GOOD SAM (END 12/13)  | 18 00<br>3 00                                                                              | X                                                                                                         |                       |         |              |                              |        | 45,000                                                                | 394,556                                                                    | 59,073                                                                                        |
| (9) STUART DONOVAN MD<br>MED STAFF PRES-BETHESDA (END 12/13) | 3 00<br>8 00                                                                               | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 598,218                                                                    | 11,255                                                                                        |
| (10) JOANN LOHR MD<br>MED STAFF PRES-GOOD SAM (START 1/14)   | 18 00<br>3 00                                                                              | X                                                                                                         |                       |         |              |                              |        | 84,621                                                                | 0                                                                          | 25,845                                                                                        |
| (11) ALAN ALTMAN MD<br>MED STAFF PRES-BETHESDA (START 1/14)  | 3 00<br>8 00                                                                               | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 284,591                                                                    | 91,628                                                                                        |
| (12) CRAIG EISENTROUT MD<br>TRUSTEE                          | 1 00<br>3 00                                                                               | X                                                                                                         |                       |         |              |                              |        | 0                                                                     | 111,149                                                                    | 8,503                                                                                         |
| (13) WAYNE SHIRCLIFF<br>VICE CHAIRMAN/TREASURER              | 1 00<br>3 00                                                                               | X                                                                                                         |                       | X       |              |                              |        | 0                                                                     | 0                                                                          | 0                                                                                             |
| (14) DONNA NIENABER ESQ<br>SVP CORP COUNSEL/ASST SECRETARY   | 15 00<br>45 00                                                                             |                                                                                                           |                       | X       |              |                              |        | 0                                                                     | 503,646                                                                    | 159,585                                                                                       |
| (15) CRAIG RUCKER<br>SVP CFO/ASST TREASURER                  | 15 00<br>45 00                                                                             |                                                                                                           |                       | X       |              |                              |        | 0                                                                     | 590,695                                                                    | 138,806                                                                                       |
| (16) WILLIAM GRONEMAN<br>EXEC VP SYSTEM DEVELOPMENT          | 15 00<br>45 00                                                                             |                                                                                                           |                       |         | X            |                              |        | 0                                                                     | 587,950                                                                    | 184,458                                                                                       |
| (17) GERALD OLIPHANT<br>EXEC VP & COO                        | 15 00<br>45 00                                                                             |                                                                                                           |                       |         | X            |                              |        | 0                                                                     | 657,505                                                                    | 152,110                                                                                       |



Part VII

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

| (A)<br>Name and Title                                          | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|----------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|-----------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                                |                                                                                            | Individual trustee or director                                                                            | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |                                                                       |                                                                            |                                                                                               |
| (18) GEORGES FEGHALI MD<br>CHIEF MEDICAL OFFICER               | 15 00<br>45 00                                                                             |                                                                                                           |                       |         | X            |                              |        | 0                                                                     | 580,831                                                                    | 174,618                                                                                       |
| (19) JOHN ROBINSON MD<br>SVP-HOSPITAL OPERATIONS               | 15 00<br>45 00                                                                             |                                                                                                           |                       |         | X            |                              |        | 0                                                                     | 386,049                                                                    | 94,986                                                                                        |
| (20) JAIME EASTERLING<br>EXEC DIRECTOR- GOOD SAM HOSPITAL      | 60 00<br>0 00                                                                              |                                                                                                           |                       |         | X            |                              |        | 0                                                                     | 202,384                                                                    | 36,798                                                                                        |
| (21) DAVID DHANRAJ MD<br>PHYSICIAN                             | 60 00<br>0 00                                                                              |                                                                                                           |                       |         |              | X                            |        | 330,580                                                               | 0                                                                          | 43,861                                                                                        |
| (22) ROBERT ROHS MD<br>PHYSICIAN                               | 60 00<br>0 00                                                                              |                                                                                                           |                       |         |              | X                            |        | 296,779                                                               | 0                                                                          | 41,057                                                                                        |
| (23) DEVIN NAMAKY MD<br>PHYSICIAN                              | 60 00<br>0 00                                                                              |                                                                                                           |                       |         |              | X                            |        | 246,688                                                               | 0                                                                          | 38,787                                                                                        |
| (24) JOHN SPRAGUE MD<br>PHYSICIAN                              | 60 00<br>0 00                                                                              |                                                                                                           |                       |         |              | X                            |        | 184,906                                                               | 0                                                                          | 34,268                                                                                        |
| (25) GARY HESS<br>PHARMACIST                                   | 60 00<br>0 00                                                                              |                                                                                                           |                       |         |              | X                            |        | 160,069                                                               | 0                                                                          | 39,998                                                                                        |
| (26) MICHAEL CROFTON<br>FORMER                                 | 25 00<br>35 00                                                                             |                                                                                                           |                       |         |              |                              | X      | 0                                                                     | 296,442                                                                    | 75,394                                                                                        |
|                                                                |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                       |                                                                            |                                                                                               |
|                                                                |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                       |                                                                            |                                                                                               |
|                                                                |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                       |                                                                            |                                                                                               |
|                                                                |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                       |                                                                            |                                                                                               |
|                                                                |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                       |                                                                            |                                                                                               |
| <b>1b Sub-Total</b>                                            |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                       |                                                                            |                                                                                               |
| <b>c Total from continuation sheets to Part VII, Section A</b> |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                       |                                                                            |                                                                                               |
| <b>d Total (add lines 1b and 1c)</b>                           |                                                                                            |                                                                                                           |                       |         |              |                              |        | 1,348,643                                                             | 7,775,763                                                                  | 1,833,880                                                                                     |

2

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization▶92

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

Section B. Independent Contractors

| 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year |                                |                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|---------------------|
| (A)<br>Name and business address                                                                                                                                                                                                                    | (B)<br>Description of services | (C)<br>Compensation |
| CATHOLIC HEALTH INITIATIVES 198 INVERNESS DRIVE WEST ENGLEWOOD CO 80112                                                                                                                                                                             | CLINICAL ENGINEERING           | 5,811,601           |
| AMERICAN NURSING CARE INC 1700 EDISON DRIVE SUITE 300 MILFORD OH 45150                                                                                                                                                                              | NURSING                        | 1,269,001           |
| PATIENT TRANSPORT SERVICES INC 1700 EDISON DRIVE SUITE 300 MILFORD OH 45150                                                                                                                                                                         | PATIENT TRANSPORTATION         | 1,077,336           |
| MORRISON MANAGEMENT SPECIALISTS PO BOX 102289 ATLANTA GA 30368                                                                                                                                                                                      | FOOD SERVICE                   | 769,274             |
| DVA RENAL HEALTHCARE INC PO BOX 8500-1607 PHILADELPHIA PA 191781607                                                                                                                                                                                 | RENAL                          | 619,210             |
| 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 ▶37                                                                              |                                |                     |

Part VIII

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

|                                                           |                       |                                                                                                                                            | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under<br>sections<br>512-514 |            |             |                                                        |           |           |
|-----------------------------------------------------------|-----------------------|--------------------------------------------------------------------------------------------------------------------------------------------|----------------------|----------------------------------------------------|-----------------------------------------|---------------------------------------------------------------------|------------|-------------|--------------------------------------------------------|-----------|-----------|
| Contributions, Gifts, Grants<br>and Other Similar Amounts | 1a                    | Federated campaigns . . . . . 1a                                                                                                           | 665,475              |                                                    |                                         |                                                                     |            |             |                                                        |           |           |
|                                                           | b                     | Membership dues . . . . . 1b                                                                                                               |                      |                                                    |                                         |                                                                     |            |             |                                                        |           |           |
|                                                           | c                     | Fundraising events . . . . . 1c                                                                                                            |                      |                                                    |                                         |                                                                     |            |             |                                                        |           |           |
|                                                           | d                     | Related organizations . . . . . 1d                                                                                                         |                      |                                                    |                                         |                                                                     | 665,475    |             |                                                        |           |           |
|                                                           | e                     | Government grants (contributions) 1e                                                                                                       |                      |                                                    |                                         |                                                                     |            |             |                                                        |           |           |
|                                                           | f                     | All other contributions, gifts, grants, and<br>similar amounts not included above 1f                                                       |                      |                                                    |                                         |                                                                     |            |             |                                                        |           |           |
|                                                           | g                     | Noncash contributions included in lines<br>1a-1f \$                                                                                        |                      |                                                    |                                         |                                                                     |            |             |                                                        |           |           |
|                                                           | h                     | Total. Add lines 1a-1f . . . . .                                                                                                           |                      |                                                    |                                         |                                                                     | 665,475    |             |                                                        |           |           |
| Program Service Revenue                                   |                       |                                                                                                                                            | Business Code        | 498,960,426                                        | 498,787,794                             | 172,632                                                             |            |             |                                                        |           |           |
|                                                           | 2a                    | PATIENT SERVICES                                                                                                                           | 621990               |                                                    |                                         |                                                                     |            |             |                                                        |           |           |
|                                                           | b                     | JOA REVENUE                                                                                                                                | 990009               |                                                    |                                         |                                                                     |            | 8,369,059   | 8,369,059                                              |           |           |
|                                                           | c                     | AFFILIATED ORG RENTAL                                                                                                                      | 532000               |                                                    |                                         |                                                                     |            | 2,711,117   |                                                        | 2,711,117 |           |
|                                                           | d                     | MEDICAL RESEARCH                                                                                                                           | 900099               |                                                    |                                         |                                                                     |            | 1,451,275   | 1,451,275                                              |           |           |
|                                                           | e                     | JV REVENUE                                                                                                                                 | 900099               |                                                    |                                         |                                                                     |            | 724,250     | 724,250                                                |           |           |
|                                                           | f                     | All other program service revenue                                                                                                          |                      |                                                    |                                         |                                                                     |            |             |                                                        |           |           |
|                                                           | g                     | Total. Add lines 2a-2f . . . . .                                                                                                           |                      |                                                    |                                         |                                                                     |            | 512,216,127 |                                                        |           |           |
| Other Revenue                                             | 3                     | Investment income (including dividends, interest,<br>and other similar amounts) . . . . .                                                  |                      | 8,783,807                                          |                                         |                                                                     | 8,783,807  |             |                                                        |           |           |
|                                                           | 4                     | Income from investment of tax-exempt bond proceeds . . . . .                                                                               |                      |                                                    |                                         |                                                                     |            |             |                                                        |           |           |
|                                                           | 5                     | Royalties . . . . .                                                                                                                        |                      |                                                    |                                         |                                                                     |            |             |                                                        |           |           |
|                                                           | 6a                    | Gross rents                                                                                                                                | (i) Real             | (ii) Personal                                      |                                         |                                                                     |            |             |                                                        |           |           |
|                                                           |                       |                                                                                                                                            | 1,840,857            |                                                    |                                         |                                                                     |            |             |                                                        |           |           |
|                                                           |                       |                                                                                                                                            | 1,284,687            |                                                    |                                         |                                                                     |            |             |                                                        |           |           |
|                                                           |                       |                                                                                                                                            | 556,170              |                                                    |                                         |                                                                     |            |             |                                                        |           |           |
|                                                           | b                     | Less rental expenses                                                                                                                       |                      |                                                    | 556,170                                 |                                                                     |            | 556,170     |                                                        |           |           |
|                                                           | c                     | Rental income or (loss)                                                                                                                    |                      |                                                    |                                         |                                                                     |            |             |                                                        |           |           |
|                                                           | d                     | Net rental income or (loss) . . . . .                                                                                                      |                      |                                                    |                                         |                                                                     |            |             |                                                        |           |           |
|                                                           | 7a                    | Gross amount from sales of<br>assets other than inventory                                                                                  | (i) Securities       | (ii) Other                                         |                                         |                                                                     |            |             |                                                        |           |           |
|                                                           |                       |                                                                                                                                            | 21,125,991           | 681,255                                            |                                         |                                                                     |            |             |                                                        |           |           |
|                                                           |                       |                                                                                                                                            | 0                    | 19,826                                             |                                         |                                                                     |            |             |                                                        |           |           |
|                                                           |                       |                                                                                                                                            | 21,125,991           | 661,429                                            |                                         |                                                                     |            |             |                                                        |           |           |
|                                                           | b                     | Less cost or other basis and sales expenses                                                                                                |                      |                                                    | 21,787,420                              |                                                                     |            | 21,787,420  |                                                        |           |           |
|                                                           | c                     | Gain or (loss)                                                                                                                             |                      |                                                    |                                         |                                                                     |            |             |                                                        |           |           |
|                                                           | d                     | Net gain or (loss) . . . . .                                                                                                               |                      |                                                    |                                         |                                                                     |            |             |                                                        |           |           |
|                                                           | 8a                    | Gross income from fundraising events (not including<br>\$ _____<br>of contributions reported on line 1c)<br>See Part IV, line 18 . . . . . |                      |                                                    |                                         |                                                                     |            |             |                                                        |           |           |
|                                                           | a                     |                                                                                                                                            |                      |                                                    |                                         |                                                                     |            |             |                                                        |           |           |
|                                                           | b                     | Less direct expenses . . . . . b                                                                                                           |                      |                                                    |                                         |                                                                     |            |             |                                                        |           |           |
|                                                           | c                     | Net income or (loss) from fundraising events . . . . .                                                                                     |                      |                                                    |                                         |                                                                     |            |             |                                                        |           |           |
|                                                           | 9a                    | Gross income from gaming activities<br>See Part IV, line 19 . . . . .                                                                      |                      |                                                    |                                         |                                                                     |            |             |                                                        |           |           |
|                                                           | a                     |                                                                                                                                            |                      |                                                    |                                         |                                                                     |            |             |                                                        |           |           |
|                                                           | b                     | Less direct expenses . . . . . b                                                                                                           |                      |                                                    |                                         |                                                                     |            |             |                                                        |           |           |
|                                                           | c                     | Net income or (loss) from gaming activities . . . . .                                                                                      |                      |                                                    |                                         |                                                                     |            |             |                                                        |           |           |
|                                                           | 10a                   | Gross sales of inventory, less<br>returns and allowances . . . . .                                                                         |                      |                                                    |                                         |                                                                     |            |             |                                                        |           |           |
|                                                           |                       |                                                                                                                                            | a                    |                                                    |                                         |                                                                     |            |             | 773,180                                                |           |           |
|                                                           |                       |                                                                                                                                            | b                    |                                                    |                                         |                                                                     |            |             | Less cost of goods sold . . . . . b                    | 480,790   |           |
|                                                           |                       |                                                                                                                                            | c                    |                                                    |                                         |                                                                     |            |             | Net income or (loss) from sales of inventory . . . . . |           | 292,390   |
|                                                           | Miscellaneous Revenue |                                                                                                                                            | Business Code        | 2,652,829                                          |                                         |                                                                     |            |             |                                                        |           |           |
|                                                           | 11a                   | CAFETERIA                                                                                                                                  | 722100               |                                                    |                                         |                                                                     |            |             |                                                        |           |           |
|                                                           | b                     | EHR MEANINGFUL USE                                                                                                                         | 900099               |                                                    |                                         |                                                                     |            |             | 1,910,951                                              | 1,910,951 |           |
|                                                           | c                     | PHARMACY                                                                                                                                   | 446110               |                                                    |                                         |                                                                     |            |             | 1,565,351                                              |           | 1,565,351 |
|                                                           | d                     | All other revenue . . . . .                                                                                                                |                      | 989,183                                            | 1,014,760                               | -25,577                                                             |            |             |                                                        |           |           |
|                                                           | e                     | Total. Add lines 11a-11d . . . . .                                                                                                         |                      | 7,118,314                                          |                                         |                                                                     |            |             |                                                        |           |           |
|                                                           | 12                    | Total revenue. See Instructions . . . . .                                                                                                  |                      | 551,419,703                                        | 512,258,089                             | 147,055                                                             | 38,349,084 |             |                                                        |           |           |

Part IX

Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. |                                                                                                                                                                                                                                         | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------|----------------------------------------|-----------------------------|
| 1                                                                              | Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.                                                                                                                                | 1,469,691             | 1,469,691                       |                                        |                             |
| 2                                                                              | Grants and other assistance to individuals in the United States. See Part IV, line 22.                                                                                                                                                  |                       |                                 |                                        |                             |
| 3                                                                              | Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.                                                                                                     |                       |                                 |                                        |                             |
| 4                                                                              | Benefits paid to or for members.                                                                                                                                                                                                        |                       |                                 |                                        |                             |
| 5                                                                              | Compensation of current officers, directors, trustees, and key employees.                                                                                                                                                               | 2,934,127             |                                 | 2,934,127                              |                             |
| 6                                                                              | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).                                                                                          |                       |                                 |                                        |                             |
| 7                                                                              | Other salaries and wages.                                                                                                                                                                                                               | 188,747,744           | 156,197,892                     | 32,549,852                             |                             |
| 8                                                                              | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).                                                                                                                                     | 12,023,042            | 8,392,619                       | 3,630,423                              |                             |
| 9                                                                              | Other employee benefits.                                                                                                                                                                                                                | 26,609,187            | 20,855,879                      | 5,753,308                              |                             |
| 10                                                                             | Payroll taxes.                                                                                                                                                                                                                          | 13,929,407            | 11,463,355                      | 2,466,052                              |                             |
| 11                                                                             | Fees for services (non-employees):                                                                                                                                                                                                      |                       |                                 |                                        |                             |
| a                                                                              | Management.                                                                                                                                                                                                                             | 1,726,557             | 1,667,074                       | 59,483                                 |                             |
| b                                                                              | Legal.                                                                                                                                                                                                                                  | 2,338,824             | 1,857                           | 2,336,967                              |                             |
| c                                                                              | Accounting.                                                                                                                                                                                                                             | 495,478               | 1,000                           | 494,478                                |                             |
| d                                                                              | Lobbying.                                                                                                                                                                                                                               |                       |                                 |                                        |                             |
| e                                                                              | Professional fundraising services. See Part IV, line 17.                                                                                                                                                                                |                       |                                 |                                        |                             |
| f                                                                              | Investment management fees.                                                                                                                                                                                                             | 1,301,508             |                                 | 1,301,508                              |                             |
| g                                                                              | Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).                                                                                                                             | 18,081,768            | 11,489,865                      | 6,591,903                              |                             |
| 12                                                                             | Advertising and promotion.                                                                                                                                                                                                              | 3,766,690             | 394,856                         | 3,371,834                              |                             |
| 13                                                                             | Office expenses.                                                                                                                                                                                                                        | 5,996,932             | 3,372,127                       | 2,624,805                              |                             |
| 14                                                                             | Information technology.                                                                                                                                                                                                                 | 9,341,270             | 785,510                         | 8,555,760                              |                             |
| 15                                                                             | Royalties.                                                                                                                                                                                                                              |                       |                                 |                                        |                             |
| 16                                                                             | Occupancy.                                                                                                                                                                                                                              | 10,795,964            | 8,890,702                       | 1,905,262                              |                             |
| 17                                                                             | Travel.                                                                                                                                                                                                                                 | 638,174               | 318,214                         | 319,960                                |                             |
| 18                                                                             | Payments of travel or entertainment expenses for any federal, state, or local public officials.                                                                                                                                         |                       |                                 |                                        |                             |
| 19                                                                             | Conferences, conventions, and meetings.                                                                                                                                                                                                 |                       |                                 |                                        |                             |
| 20                                                                             | Interest.                                                                                                                                                                                                                               | 6,615,729             | 6,615,729                       |                                        |                             |
| 21                                                                             | Payments to affiliates.                                                                                                                                                                                                                 | 6,199,176             |                                 | 6,199,176                              |                             |
| 22                                                                             | Depreciation, depletion, and amortization.                                                                                                                                                                                              | 30,056,482            | 20,372,584                      | 9,683,898                              |                             |
| 23                                                                             | Insurance.                                                                                                                                                                                                                              | 4,339,656             | 3,552,540                       | 787,116                                |                             |
| 24                                                                             | Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):                                       |                       |                                 |                                        |                             |
| a                                                                              | MEDICAL/DIETARY SUPPLY                                                                                                                                                                                                                  | 100,115,447           | 99,825,827                      | 289,620                                |                             |
| b                                                                              | OHIO HOSPITAL FEE                                                                                                                                                                                                                       | 8,619,279             | 8,619,279                       |                                        |                             |
| c                                                                              | EQUIPMENT AND REPAIR                                                                                                                                                                                                                    | 6,729,828             | 6,265,889                       | 463,939                                |                             |
| d                                                                              | DUES AND SUBSCRIPTIONS                                                                                                                                                                                                                  | 308,703               | 308,703                         |                                        |                             |
| e                                                                              | All other expenses                                                                                                                                                                                                                      | 2,990,265             | 1,863,920                       | 1,126,345                              |                             |
| 25                                                                             | Total functional expenses. Add lines 1 through 24e.                                                                                                                                                                                     | 466,170,928           | 372,725,112                     | 93,445,816                             | 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). |                       |                                 |                                        |                             |

Part X

Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

☐

|                             |                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                              |     | (A)               |             | (B)             |
|-----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-------------------|-------------|-----------------|
|                             |                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                              |     | Beginning of year |             | End of year     |
| Assets                      | 1                                                                                                                                                                 | Cash—non-interest-bearing                                                                                                                                                                                                                                                                                                    |     |                   | 1           |                 |
|                             | 2                                                                                                                                                                 | Savings and temporary cash investments                                                                                                                                                                                                                                                                                       |     | 19,431,731        | 2           | 51,279          |
|                             | 3                                                                                                                                                                 | Pledges and grants receivable, net                                                                                                                                                                                                                                                                                           |     |                   | 3           |                 |
|                             | 4                                                                                                                                                                 | Accounts receivable, net                                                                                                                                                                                                                                                                                                     |     | 50,093,511        | 4           | 59,201,876      |
|                             | 5                                                                                                                                                                 | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L                                                                                                                                                           |     |                   | 5           |                 |
|                             | 6                                                                                                                                                                 | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L |     |                   | 6           |                 |
|                             | 7                                                                                                                                                                 | Notes and loans receivable, net                                                                                                                                                                                                                                                                                              |     |                   | 7           |                 |
|                             | 8                                                                                                                                                                 | Inventories for sale or use                                                                                                                                                                                                                                                                                                  |     | 3,420,461         | 8           | 3,313,304       |
|                             | 9                                                                                                                                                                 | Prepaid expenses and deferred charges                                                                                                                                                                                                                                                                                        |     | 95,030            | 9           |                 |
|                             | 10a                                                                                                                                                               | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D                                                                                                                                                                                                                                            | 10a | 578,230,635       |             |                 |
|                             | b                                                                                                                                                                 | Less accumulated depreciation                                                                                                                                                                                                                                                                                                | 10b | 384,084,289       | 198,232,255 | 10c 194,146,346 |
|                             | 11                                                                                                                                                                | Investments—publicly traded securities                                                                                                                                                                                                                                                                                       |     | 23,998,853        | 11          | 17,744,476      |
|                             | 12                                                                                                                                                                | Investments—other securities See Part IV, line 11                                                                                                                                                                                                                                                                            |     | 341,866,209       | 12          | 367,372,884     |
|                             | 13                                                                                                                                                                | Investments—program-related See Part IV, line 11                                                                                                                                                                                                                                                                             |     | 23,440,617        | 13          | 110,752,831     |
|                             | 14                                                                                                                                                                | Intangible assets                                                                                                                                                                                                                                                                                                            |     |                   | 14          |                 |
|                             | 15                                                                                                                                                                | Other assets See Part IV, line 11                                                                                                                                                                                                                                                                                            |     | 113,299,469       | 15          | 93,932,344      |
|                             | 16                                                                                                                                                                | <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)                                                                                                                                                                                                                                                             |     | 773,878,136       | 16          | 846,515,340     |
| Liabilities                 | 17                                                                                                                                                                | Accounts payable and accrued expenses                                                                                                                                                                                                                                                                                        |     | 35,357,073        | 17          | 36,146,048      |
|                             | 18                                                                                                                                                                | Grants payable                                                                                                                                                                                                                                                                                                               |     |                   | 18          |                 |
|                             | 19                                                                                                                                                                | Deferred revenue                                                                                                                                                                                                                                                                                                             |     | 1,002,560         | 19          | 991,948         |
|                             | 20                                                                                                                                                                | Tax-exempt bond liabilities                                                                                                                                                                                                                                                                                                  |     |                   | 20          |                 |
|                             | 21                                                                                                                                                                | Escrow or custodial account liability Complete Part IV of Schedule D                                                                                                                                                                                                                                                         |     |                   | 21          |                 |
|                             | 22                                                                                                                                                                | Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L                                                                                                                                          |     |                   | 22          |                 |
|                             | 23                                                                                                                                                                | Secured mortgages and notes payable to unrelated third parties                                                                                                                                                                                                                                                               |     |                   | 23          |                 |
|                             | 24                                                                                                                                                                | Unsecured notes and loans payable to unrelated third parties                                                                                                                                                                                                                                                                 |     | 45,173,865        | 24          | 43,561,300      |
|                             | 25                                                                                                                                                                | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D                                                                                                                                                         |     | 152,713,234       | 25          | 124,517,385     |
|                             | 26                                                                                                                                                                | <b>Total liabilities.</b> Add lines 17 through 25                                                                                                                                                                                                                                                                            |     | 234,246,732       | 26          | 205,216,681     |
| Net Assets or Fund Balances | <b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b> |                                                                                                                                                                                                                                                                                                                              |     |                   |             |                 |
|                             | 27                                                                                                                                                                | Unrestricted net assets                                                                                                                                                                                                                                                                                                      |     | 534,122,770       | 27          | 635,745,839     |
|                             | 28                                                                                                                                                                | Temporarily restricted net assets                                                                                                                                                                                                                                                                                            |     | 5,508,634         | 28          | 5,552,820       |
|                             | 29                                                                                                                                                                | Permanently restricted net assets                                                                                                                                                                                                                                                                                            |     |                   | 29          |                 |
|                             | <b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>                          |                                                                                                                                                                                                                                                                                                                              |     |                   |             |                 |
|                             | 30                                                                                                                                                                | Capital stock or trust principal, or current funds                                                                                                                                                                                                                                                                           |     |                   | 30          |                 |
|                             | 31                                                                                                                                                                | Paid-in or capital surplus, or land, building or equipment fund                                                                                                                                                                                                                                                              |     |                   | 31          |                 |
|                             | 32                                                                                                                                                                | Retained earnings, endowment, accumulated income, or other funds                                                                                                                                                                                                                                                             |     |                   | 32          |                 |
|                             | 33                                                                                                                                                                | Total net assets or fund balances                                                                                                                                                                                                                                                                                            |     | 539,631,404       | 33          | 641,298,659     |
|                             | 34                                                                                                                                                                | Total liabilities and net assets/fund balances                                                                                                                                                                                                                                                                               |     | 773,878,136       | 34          | 846,515,340     |

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . .

|    |                                                                                                               |    |             |
|----|---------------------------------------------------------------------------------------------------------------|----|-------------|
| 1  | Total revenue (must equal Part VIII, column (A), line 12) . . . . .                                           | 1  | 551,419,703 |
| 2  | Total expenses (must equal Part IX, column (A), line 25) . . . . .                                            | 2  | 466,170,928 |
| 3  | Revenue less expenses Subtract line 2 from line 1 . . . . .                                                   | 3  | 85,248,775  |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .           | 4  | 539,631,404 |
| 5  | Net unrealized gains (losses) on investments . . . . .                                                        | 5  | 30,067,339  |
| 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  | -13,648,859 |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 641,298,659 |

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . .

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

SCHEDULE A

(Form 990 or 990EZ)

Department of the  
Treasury  
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**  
▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at**  
***www.irs.gov/form990.***

OMB No 1545-0047

2013

Open to Public  
Inspection

|                                                                                   |                                                     |
|-----------------------------------------------------------------------------------|-----------------------------------------------------|
| <b>Name of the organization</b><br>THE GOOD SAMARITAN HOSPITAL OF CINCINNATI OHIO | <b>Employer identification number</b><br>31-0537486 |
|-----------------------------------------------------------------------------------|-----------------------------------------------------|

Part I

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

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

|    |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|----|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1  | <input type="checkbox"/>            | A church, convention of churches, or association of churches described in <b>section 170(b)(1)(A)(i).</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 2  | <input type="checkbox"/>            | A school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 3  | <input checked="" type="checkbox"/> | A hospital or a cooperative hospital service organization described in <b>section 170(b)(1)(A)(iii).</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 4  | <input type="checkbox"/>            | A medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A)(iii).</b> Enter the hospital's name, city, and state _____                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 5  | <input type="checkbox"/>            | An organization operated for the benefit of a college or university owned or operated by a governmental unit described in <b>section 170(b)(1)(A)(iv).</b> (Complete Part II )                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 6  | <input type="checkbox"/>            | A federal, state, or local government or governmental unit described in <b>section 170(b)(1)(A)(v).</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 7  | <input type="checkbox"/>            | An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in <b>section 170(b)(1)(A)(vi).</b> (Complete Part II )                                                                                                                                                                                                                                                                                                                                                                                                             |
| 8  | <input type="checkbox"/>            | A community trust described in <b>section 170(b)(1)(A)(vi)</b> (Complete Part II )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 9  | <input type="checkbox"/>            | An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See <b>section 509(a)(2).</b> (Complete Part III )                                                                                                                               |
| 10 | <input type="checkbox"/>            | An organization organized and operated exclusively to test for public safety See <b>section 509(a)(4).</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 11 | <input type="checkbox"/>            | An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See <b>section 509(a)(3).</b> Check the box that describes the type of supporting organization and complete lines 11e through 11h<br><b>a</b> <input type="checkbox"/> Type I <b>b</b> <input type="checkbox"/> Type II <b>c</b> <input type="checkbox"/> Type III - Functionally integrated <b>d</b> <input type="checkbox"/> Type III - Non-functionally integrated |
| e  | <input type="checkbox"/>            | By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)                                                                                                                                                                                                                                                                                                                          |
| f  | <input type="checkbox"/>            | If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| g  | <input type="checkbox"/>            | Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?<br><b>(i)</b> A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?<br><b>(ii)</b> A family member of a person described in (i) above?<br><b>(iii)</b> A 35% controlled entity of a person described in (i) or (ii) above?                                                                                                                                             |
| h  | <input type="checkbox"/>            | Provide the following information about the supported organization(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |

|          | Yes | No |
|----------|-----|----|
| 11g(i)   |     |    |
| 11g(ii)  |     |    |
| 11g(iii) |     |    |

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

Part II

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

| Section A. Public Support                                                                                                                                                                             |          |          |          |          |          |           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) ▶                                                                                                                                                         | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")                                                                                                   |          |          |          |          |          |           |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf                                                                                                     |          |          |          |          |          |           |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge                                                                                             |          |          |          |          |          |           |
| 4 Total. Add lines 1 through 3                                                                                                                                                                        |          |          |          |          |          |           |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) |          |          |          |          |          |           |
| 6 Public support. Subtract line 5 from line 4                                                                                                                                                         |          |          |          |          |          |           |

| Section B. Total Support                                                                                                                                                             |          |          |          |          |          |           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) ▶                                                                                                                                        | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
| 7 Amounts from line 4                                                                                                                                                                |          |          |          |          |          |           |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources                                                     |          |          |          |          |          |           |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on                                                                                 |          |          |          |          |          |           |
| 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )                                                                                    |          |          |          |          |          |           |
| 11 Total support (Add lines 7 through 10)                                                                                                                                            |          |          |          |          |          |           |
| 12 Gross receipts from related activities, etc (see instructions)                                                                                                                    |          |          |          |          | 12       |           |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here . . . . . ▶ |          |          |          |          |          |           |

| Section C. Computation of Public Support Percentage                                                                                                                                                                                                                                                                                                                                           |  |    |  |  |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----|--|--|--|--|
| 14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))                                                                                                                                                                                                                                                                                                     |  | 14 |  |  |  |  |
| 15 Public support percentage for 2012 Schedule A, Part II, line 14                                                                                                                                                                                                                                                                                                                            |  | 15 |  |  |  |  |
| 16a 33 1/3% support test—2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶                                                                                                                                                                          |  |    |  |  |  |  |
| b 33 1/3% support test—2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶                                                                                                                                                                       |  |    |  |  |  |  |
| 17a 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶    |  |    |  |  |  |  |
| b 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ |  |    |  |  |  |  |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶                                                                                                                                                                                                                                                       |  |    |  |  |  |  |

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

| Section A. Public Support                                                                                                                                                  |          |          |          |          |          |           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) ▶                                                                                                                              | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")                                                                        |          |          |          |          |          |           |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose |          |          |          |          |          |           |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513                                                                             |          |          |          |          |          |           |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf                                                                          |          |          |          |          |          |           |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge                                                                  |          |          |          |          |          |           |
| 6 Total. Add lines 1 through 5                                                                                                                                             |          |          |          |          |          |           |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons                                                                                                |          |          |          |          |          |           |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year           |          |          |          |          |          |           |
| c Add lines 7a and 7b                                                                                                                                                      |          |          |          |          |          |           |
| 8 Public support (Subtract line 7c from line 6.)                                                                                                                           |          |          |          |          |          |           |

| Section B. Total Support                                                                                                                                                   |          |          |          |          |          |           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) ▶                                                                                                                              | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
| 9 Amounts from line 6                                                                                                                                                      |          |          |          |          |          |           |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources                                         |          |          |          |          |          |           |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975                                                                  |          |          |          |          |          |           |
| c Add lines 10a and 10b                                                                                                                                                    |          |          |          |          |          |           |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on                                             |          |          |          |          |          |           |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)                                                                         |          |          |          |          |          |           |
| 13 Total support. (Add lines 9, 10c, 11, and 12.)                                                                                                                          |          |          |          |          |          |           |
| 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶ |          |          |          |          |          |           |

| Section C. Computation of Public Support Percentage                                       |    |  |
|-------------------------------------------------------------------------------------------|----|--|
| 15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) | 15 |  |
| 16 Public support percentage from 2012 Schedule A, Part III, line 15                      | 16 |  |

| Section D. Computation of Investment Income Percentage                                                                                                                                                                                                               |    |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--|
| 17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))                                                                                                                                                                       | 17 |  |
| 18 Investment income percentage from 2012 Schedule A, Part III, line 17                                                                                                                                                                                              | 18 |  |
| 19a 33 1/3% support tests—2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶        |    |  |
| b 33 1/3% support tests—2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶ |    |  |
| 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶                                                                                                                                        |    |  |



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

|                                     |
|-------------------------------------|
| <b>Facts And Circumstances Test</b> |
|                                     |

| Return Reference | Explanation |  |
|------------------|-------------|--|
|------------------|-------------|--|

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. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

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

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

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

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

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

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

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

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

|   |                                                                                                          |      |
|---|----------------------------------------------------------------------------------------------------------|------|
| 1 | Provide a description of the organization's direct and indirect political campaign activities in Part IV |      |
| 2 | Political expenditures                                                                                   | ▶ \$ |
| 3 | Volunteer hours                                                                                          |      |

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

|    |                                                                                         |                                                          |
|----|-----------------------------------------------------------------------------------------|----------------------------------------------------------|
| 1  | Enter the amount of any excise tax incurred by the organization under section 4955      | ▶ \$                                                     |
| 2  | Enter the amount of any excise tax incurred by organization managers under section 4955 | ▶ \$                                                     |
| 3  | If the organization incurred a section 4955 tax, did it file Form 4720 for this year?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4a | Was a correction made?                                                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b  | If "Yes," describe in Part IV                                                           |                                                          |

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

|   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                          |
|---|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| 1 | Enter the amount directly expended by the filing organization for section 527 exempt function activities                                                                                                                                                                                                                                                                                                                                                                                                                                | ▶ \$                                                     |
| 2 | Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities                                                                                                                                                                                                                                                                                                                                                                                                       | ▶ \$                                                     |
| 3 | Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b                                                                                                                                                                                                                                                                                                                                                                                                                                          | ▶ \$                                                     |
| 4 | Did the filing organization file <b>Form 1120-POL</b> for this year?                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5 | Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV |                                                          |

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

Part II-A

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

- A
- Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B
- Check ☐ if the filing organization checked box A and "limited control" provisions apply

| Limits on Lobbying Expenditures<br>(The term "expenditures" means amounts paid or incurred.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                   | (a) Filing organization's totals                         | (b) Affiliated group totals        |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|----------------------------------------------------------|------------------------------------|--------------------|------------------------------|-----------------------------------------|-------------------------------------------------|-------------------------------------------|---------------------------------------------------|--------------------------------------------|--------------------------------------------------|-------------------|-------------|--|--|
| 1a Total lobbying expenditures to influence public opinion (grass roots lobbying)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                   |                                                          |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| b Total lobbying expenditures to influence a legislative body (direct lobbying)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                   |                                                          |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| c Total lobbying expenditures (add lines 1a and 1b)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                   |                                                          |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| d Other exempt purpose expenditures                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                   |                                                          |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| e Total exempt purpose expenditures (add lines 1c and 1d)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                   |                                                          |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| f Lobbying nontaxable amount Enter the amount from the following table in both columns                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                   |                                                          |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| <table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table> |                                                   | If the amount on line 1e, column (a) or (b) is:          | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000 | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000 | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000 | Over \$17,000,000 | \$1,000,000 |  |  |
| If the amount on line 1e, column (a) or (b) is:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | The lobbying nontaxable amount is:                |                                                          |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| Not over \$500,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 20% of the amount on line 1e                      |                                                          |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| Over \$500,000 but not over \$1,000,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | \$100,000 plus 15% of the excess over \$500,000   |                                                          |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| Over \$1,000,000 but not over \$1,500,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | \$175,000 plus 10% of the excess over \$1,000,000 |                                                          |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| Over \$1,500,000 but not over \$17,000,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | \$225,000 plus 5% of the excess over \$1,500,000  |                                                          |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| Over \$17,000,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | \$1,000,000                                       |                                                          |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| g Grassroots nontaxable amount (enter 25% of line 1f)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                   |                                                          |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| h Subtract line 1g from line 1a If zero or less, enter -0-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                   |                                                          |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| i Subtract line 1f from line 1c If zero or less, enter -0-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                   |                                                          |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                   | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |

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

| Lobbying Expenditures During 4-Year Averaging Period      |          |          |          |          |           |
|-----------------------------------------------------------|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in)               | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) Total |
| 2a Lobbying nontaxable amount                             |          |          |          |          |           |
| b Lobbying ceiling amount (150% of line 2a, column(e))    |          |          |          |          |           |
| c Total lobbying expenditures                             |          |          |          |          |           |
| d Grassroots nontaxable amount                            |          |          |          |          |           |
| e Grassroots ceiling amount (150% of line 2d, column (e)) |          |          |          |          |           |
| f Grassroots lobbying expenditures                        |          |          |          |          |           |

Part II-B

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

| For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity. |                                                                                                                                                                                                                              | (a) |    | (b)    |
|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--------|
|                                                                                                                           |                                                                                                                                                                                                                              | Yes | No | Amount |
| 1                                                                                                                         | During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of |     |    |        |
| a                                                                                                                         | Volunteers?                                                                                                                                                                                                                  |     | No |        |
| b                                                                                                                         | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?                                                                                                                                 |     | No |        |
| c                                                                                                                         | Media advertisements?                                                                                                                                                                                                        |     | No |        |
| d                                                                                                                         | Mailings to members, legislators, or the public?                                                                                                                                                                             |     | No |        |
| e                                                                                                                         | Publications, or published or broadcast statements?                                                                                                                                                                          |     | No |        |
| f                                                                                                                         | Grants to other organizations for lobbying purposes?                                                                                                                                                                         |     | No |        |
| g                                                                                                                         | Direct contact with legislators, their staffs, government officials, or a legislative body?                                                                                                                                  |     | No |        |
| h                                                                                                                         | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?                                                                                                                                    |     | No |        |
| i                                                                                                                         | Other activities?                                                                                                                                                                                                            | Yes |    | 11,006 |
| j                                                                                                                         | Total. Add lines 1c through 1i.                                                                                                                                                                                              |     |    | 11,006 |
| 2a                                                                                                                        | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?                                                                                                                                |     | No |        |
| b                                                                                                                         | If "Yes," enter the amount of any tax incurred under section 4912                                                                                                                                                            |     |    |        |
| c                                                                                                                         | If "Yes," enter the amount of any tax incurred by organization managers under section 4912                                                                                                                                   |     |    |        |
| d                                                                                                                         | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?                                                                                                                                 |     |    |        |

Part III-A

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

|   | Yes | No |
|---|-----|----|
| 1 |     |    |
| 2 |     |    |
| 3 |     |    |

Part III-B

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

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

Part IV

Supplemental Information

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.

| Return Reference  | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|-------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PART II-B, LINE 1 | DURING THE TAX YEAR, THE GOOD SAMARITAN HOSPITAL OF CINCINNATI, OHIO ("HOSPITAL") PAID ANNUAL MEMBERSHIP DUES TO VARIOUS NATIONAL, STATE AND LOCAL ORGANIZATIONS, A PORTION (\$1,479) OF WHICH RELATED TO LOBBYING ACTIVITIES. IN ADDITION, TRIHEALTH, INC., A RELATED ORGANIZATION OF HOSPITAL, WHICH PROVIDES ADMINISTRATIVE SUPPORT SERVICES TO HOSPITAL, PAID ANNUAL MEMBERSHIP DUES TO VARIOUS NATIONAL, STATE AND LOCAL ORGANIZATIONS, A PORTION OF WHICH RELATED TO LOBBYING ACTIVITIES. A PORTION OF THE AFOREMENTIONED ADMINISTRATIVE SUPPORT SERVICES ARE ALLOCATED TO HOSPITAL AND \$4,232 OF THE AMOUNT SHOWN ON LINE 1I REPRESENTS HOSPITAL'S SHARE OF THESE LOBBYING EXPENSES. FINALLY, HOSPITAL'S CONTROLLING ORGANIZATION, CATHOLIC HEALTH INITIATIVES, PAYS ANNUAL DUES TO THE AMERICAN HOSPITAL ASSOCIATION ("AHA") AND CATHOLIC HOSPITAL ASSOCIATION ("CHA"), A PORTION OF WHICH IS ALLOCATED TO LOBBYING ACTIVITIES. FOR THE TAX YEAR, THE AMOUNT SHOWN ON LINE 1I ABOVE REPRESENTS HOSPITAL'S SHARE OF ALLOCATED LOBBYING EXPENSES: AHA \$3,935, CHA \$1,360. |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |

[illegible]

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b**  
▶ **Attach to Form 990.** ▶ **See separate instructions.** ▶ **Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No 1545-0047

2013

Open to Public Inspection

|                                                                                   |                                                         |
|-----------------------------------------------------------------------------------|---------------------------------------------------------|
| <b>Name of the organization</b><br>THE GOOD SAMARITAN HOSPITAL OF CINCINNATI OHIO | <b>Employer identification number</b><br><br>31-0537486 |
|-----------------------------------------------------------------------------------|---------------------------------------------------------|

Part I

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

|   |                                                                                                                                                                                                                                                                                                                                         |                              |
|---|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|
|   | (a) Donor advised funds                                                                                                                                                                                                                                                                                                                 | (b) Funds and other accounts |
| 1 | Total number at end of year                                                                                                                                                                                                                                                                                                             |                              |
| 2 | Aggregate contributions to (during year)                                                                                                                                                                                                                                                                                                |                              |
| 3 | Aggregate grants from (during year)                                                                                                                                                                                                                                                                                                     |                              |
| 4 | Aggregate value at end of year                                                                                                                                                                                                                                                                                                          |                              |
| 5 | Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>                                                            |                              |
| 6 | Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> |                              |

Part II

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

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area  
☐ Protection of natural habitat ☐ Preservation of a certified historic structure  
☐ Preservation of open space

2

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

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

3

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

4

Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

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

7

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

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

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

Part III

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

1a

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

b

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

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

▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X

▶ \$ \_\_\_\_\_

2

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

a

Revenues included in Form 990, Part VIII, line 1

▶ \$ \_\_\_\_\_

b

Assets included in Form 990, Part X

▶ \$ \_\_\_\_\_

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 52283D

Schedule D (Form 990) 2013

Part III

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

- 3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other
- 4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

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

- 1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No
- b

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

|    |        |
|----|--------|
|    | Amount |
| 1c |        |
| 1d |        |
| 1e |        |
| 1f |        |
- 2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No
- b

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

☐

Part V

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

|                                                  | (a)Current year | (b)Prior year | b (c)Two years back | (d)Three years back | (e)Four years back |
|--------------------------------------------------|-----------------|---------------|---------------------|---------------------|--------------------|
| 1a Beginning of year balance                     | 11,117,985      | 10,779,284    | 10,449,966          | 9,912,083           | 9,440,827          |
| b Contributions                                  | 75,468          | 117,390       | 124,844             | 46,487              | 187,161            |
| c Net investment earnings, gains, and losses     | 1,989,550       | 528,844       | 307,886             | 491,396             | 284,095            |
| d Grants or scholarships                         |                 |               |                     |                     |                    |
| e Other expenditures for facilities and programs | 471,904         | 307,533       | 103,412             |                     |                    |
| f Administrative expenses                        |                 |               |                     |                     |                    |
| g End of year balance                            | 12,711,099      | 11,117,985    | 10,779,284          | 10,449,966          | 9,912,083          |

- 2

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

a

Board designated or quasi-endowment

b

Permanent endowment

79 000 %

c

Temporarily restricted endowment

21 000 %

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

3a

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

(i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

b

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

3b

Yes

4

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

Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.
- | Description of property                                                                          | (a) Cost or other basis (investment) | (b)Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--------------------------------------------------------------------------------------------------|--------------------------------------|--------------------------------|------------------------------|----------------|
| 1a Land                                                                                          |                                      | 14,180,409                     |                              | 14,180,409     |
| b Buildings                                                                                      |                                      | 347,978,524                    | 213,962,849                  | 134,015,675    |
| c Leasehold improvements                                                                         |                                      | 3,931,498                      | 3,156,469                    | 775,029        |
| d Equipment                                                                                      |                                      | 201,156,848                    | 164,802,570                  | 36,354,278     |
| e Other                                                                                          |                                      | 10,983,356                     | 2,162,401                    | 8,820,955      |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) |                                      |                                |                              | 194,146,346    |
- Schedule D (Form 990) 2013





Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

Part XIII

Supplemental Information

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.

| Return Reference | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PART V, LINE 4   | INVESTMENT PROCEEDS FROM ENDOWMENT FUNDS ARE USED TO SUPPORT PROGRAMS AT THE GOOD SAMARITAN HOSPITAL OF CINCINNATI, OHIO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| PART X, LINE 2   | THE FINANCIAL STATEMENTS OF THE GOOD SAMARITAN HOSPITAL OF CINCINNATI, OHIO ARE AUDITED AS PART OF TRIHEALTH AND ITS SUBSIDIARIES AND AFFILIATES ("TRIHEALTH"). FOLLOWING IS THE TEXT OF THE FOOTNOTE TO THE AUDITED COMBINED FINANCIAL STATEMENTS OF TRIHEALTH THAT REPORTS ITS AND ITS SUBSIDIARIES AND AFFILIATES LIABILITY, IF APPLICABLE, FOR UNCERTAIN TAX POSITIONS UNDER ASC 740-10-25. TRIHEALTH COMPLETED AN ANALYSIS OF UNCERTAIN TAX POSITIONS IN ACCORDANCE WITH APPLICABLE ACCOUNTING GUIDANCE AT JUNE 30, 2014 AND 2013, AND DETERMINED NO AMOUNTS WERE REQUIRED TO BE RECOGNIZED IN THE COMBINED FINANCIAL STATEMENTS AT JUNE 30, 2014 AND 2013. IN ADDITION, HOSPITAL'S FINANCIAL INFORMATION IS INCLUDED IN THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS OF CATHOLIC HEALTH INITIATIVES ("CHI"), A RELATED ORGANIZATION. CHI'S FIN 48 (ASC 740) FOOTNOTE FOR THE YEAR ENDED JUNE 30, 2014 READS AS FOLLOWS: CHI IS A TAX-EXEMPT COLORADO CORPORATION AND HAS BEEN GRANTED AN EXEMPTION FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. CHI OWNS CERTAIN TAXABLE SUBSIDIARIES AND ENGAGES IN CERTAIN ACTIVITIES THAT ARE UNRELATED TO ITS EXEMPT PURPOSE AND THEREFORE SUBJECT TO INCOME TAX. MANAGEMENT REVIEWS ITS TAX POSITIONS ANNUALLY AND HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS. |
|                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |

[illegible]

SCHEDULE H  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Hospitals

► Complete if the organization answered "Yes" to Form 990, Part IV, question 20.  
► Attach to Form 990. ► See separate instructions.  
► Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization  
THE GOOD SAMARITAN HOSPITAL OF CINCINNATI OHIO

Employer identification number  
31-0537486

Part I

Financial Assistance and Certain Other Community Benefits at Cost

|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |     |    |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|----|
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Yes | No  |    |
| 1a | Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1a  | Yes |    |
| b  | If "Yes," was it a written policy? . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 1b  | Yes |    |
| 2  | If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year<br><br><input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities<br><input type="checkbox"/> Generally tailored to individual hospital facilities                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |     |     |    |
| 3  | Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year<br><br>a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for <i>free</i> care<br><br><input checked="" type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ %<br><br>b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care . . . . .<br><br><input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %<br><br>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<br><br>4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? . . . . . | 3a  | Yes |    |
| 5a | Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 3b  | Yes |    |
| b  | If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 4   | Yes |    |
| 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 eligible for free or discounted care? . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 5a  | Yes |    |
| 6a | Did the organization prepare a community benefit report during the tax year? . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 5b  |     | No |
| b  | If "Yes," did the organization make it available to the public? . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 5c  |     |    |
|    | Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 6a  | Yes |    |
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 6b  | Yes |    |
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |     |    |

7

Financial Assistance and Certain Other Community Benefits at Cost

| Financial Assistance and Means-Tested Government Programs                                           | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community benefit expense | (d) Direct offsetting revenue | (e) Net community benefit expense | (f) Percent of total expense |
|-----------------------------------------------------------------------------------------------------|-------------------------------------------------|-------------------------------|-------------------------------------|-------------------------------|-----------------------------------|------------------------------|
| a Financial Assistance at cost (from Worksheet 1) . . . .                                           |                                                 |                               | 12,751,079                          | 7,032,126                     | 5,718,953                         | 1 230 %                      |
| b Medicaid (from Worksheet 3, column a) . . . . .                                                   |                                                 |                               | 91,859,935                          | 71,323,039                    | 20,536,896                        | 4 410 %                      |
| c Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .            |                                                 |                               |                                     |                               |                                   |                              |
| d <b>Total</b> Financial Assistance and Means-Tested Government Programs . . . . .                  |                                                 |                               | 104,611,014                         | 78,355,165                    | 26,255,849                        | 5 640 %                      |
| <b>Other Benefits</b>                                                                               |                                                 |                               |                                     |                               |                                   |                              |
| e Community health improvement services and community benefit operations (from Worksheet 4) . . . . |                                                 |                               | 1,062,822                           | 56,637                        | 1,006,185                         | 0 220 %                      |
| f Health professions education (from Worksheet 5) . . . . .                                         |                                                 |                               | 25,636,178                          | 9,564,455                     | 16,071,723                        | 3 450 %                      |
| g Subsidized health services (from Worksheet 6) . . . . .                                           |                                                 |                               | 3,054,890                           | 2,007,914                     | 1,046,976                         | 0 220 %                      |
| h Research (from Worksheet 7) . . . . .                                                             |                                                 |                               | 3,292,153                           |                               | 3,292,153                         | 0 710 %                      |
| i Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .                 |                                                 |                               | 262,110                             |                               | 262,110                           | 0 060 %                      |
| j <b>Total</b> Other Benefits . . . . .                                                             |                                                 |                               | 33,308,153                          | 11,629,006                    | 21,679,147                        | 4 660 %                      |
| k <b>Total.</b> Add lines 7d and 7j . . . . .                                                       |                                                 |                               | 137,919,167                         | 89,984,171                    | 47,934,996                        | 10 300 %                     |

Part IICommunity Building Activities

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

|                                                            | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community building expense | (d) Direct offsetting revenue | (e) Net community building expense | (f) Percent of total expense |
|------------------------------------------------------------|-------------------------------------------------|-------------------------------|--------------------------------------|-------------------------------|------------------------------------|------------------------------|
| 1Physical improvements and housing                         |                                                 |                               |                                      |                               |                                    |                              |
| 2Economic development                                      |                                                 |                               | 290,000                              |                               | 290,000                            | 0.060 %                      |
| 3Community support                                         |                                                 |                               |                                      |                               |                                    |                              |
| 4Environmental improvements                                |                                                 |                               |                                      |                               |                                    |                              |
| 5Leadership development and training for community members |                                                 |                               |                                      |                               |                                    |                              |
| 6Coalition building                                        |                                                 |                               |                                      |                               |                                    |                              |
| 7Community health improvement advocacy                     |                                                 |                               |                                      |                               |                                    |                              |
| 8Workforce development                                     |                                                 |                               |                                      |                               |                                    |                              |
| 9Other                                                     |                                                 |                               |                                      |                               |                                    |                              |
| 10Total                                                    |                                                 |                               | 290,000                              |                               | 290,000                            | 0.060 %                      |

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?

1

Yes

2Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.

2

26,697,055

3Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.

3

0

4Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.

Section B. Medicare

5Enter total revenue received from Medicare (including DSH and IME).

5

98,042,133

6Enter Medicare allowable costs of care relating to payments on line 5.

6

99,041,783

7Subtract line 6 from line 5. This is the surplus (or shortfall).

7

-999,650

8Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.

☐ Cost accounting system

☒ Cost to charge ratio

☐ Other

Section C. Collection Practices

9aDid the organization have a written debt collection policy during the tax year?

9a

Yes

bIf "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI.

9b

Yes

Part IVManagement Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

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

## Section A. Hospital Facilities

Name, address, primary website address,  
and state license number

**Schedule H (Form 990) 2013**

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)

GOOD SAMARITAN HOSPITAL

Name of hospital facility or facility reporting group

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A)

1

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

Part V

Facility Information (continued)

| Financial Assistance Policy                                                                                                                                                                                                                                                                           |  | Yes       | No  |           |    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------|-----|-----------|----|
| <b>9</b> 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?                                                                |  | <b>9</b>  | Yes |           |    |
| <b>10</b> Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care? . . . . .<br>If "Yes," indicate the FPG family income limit for eligibility for free care <u>100 00000000000000</u> %<br>If "No," explain in Part VI the criteria the hospital facility used |  | <b>10</b> | Yes |           |    |
| <b>11</b> Used FPG to determine eligibility for providing <i>discounted</i> care? . . . . .<br>If "Yes," indicate the FPG family income limit for eligibility for discounted care <u>400 00000000000000</u> %<br>If "No," explain in Part VI the criteria the hospital facility used                  |  | <b>11</b> | Yes |           |    |
| <b>12</b> Explained the basis for calculating amounts charged to patients? . . . . .<br>If "Yes," indicate the factors used in determining such amounts (check all that apply)                                                                                                                        |  | <b>12</b> | Yes |           |    |
| <b>a</b> <input checked="" type="checkbox"/> Income level                                                                                                                                                                                                                                             |  |           |     |           |    |
| <b>b</b> <input type="checkbox"/> Asset level                                                                                                                                                                                                                                                         |  |           |     |           |    |
| <b>c</b> <input checked="" type="checkbox"/> Medical indigency                                                                                                                                                                                                                                        |  |           |     |           |    |
| <b>d</b> <input checked="" type="checkbox"/> Insurance status                                                                                                                                                                                                                                         |  |           |     |           |    |
| <b>e</b> <input checked="" type="checkbox"/> Uninsured discount                                                                                                                                                                                                                                       |  |           |     |           |    |
| <b>f</b> <input checked="" type="checkbox"/> Medicaid/Medicare                                                                                                                                                                                                                                        |  |           |     |           |    |
| <b>g</b> <input type="checkbox"/> State regulation                                                                                                                                                                                                                                                    |  |           |     |           |    |
| <b>h</b> <input type="checkbox"/> Residency                                                                                                                                                                                                                                                           |  |           |     |           |    |
| <b>i</b> <input checked="" type="checkbox"/> Other (describe in Part VI)                                                                                                                                                                                                                              |  |           |     |           |    |
| <b>13</b> Explained the method for applying for financial assistance? . . . . .                                                                                                                                                                                                                       |  | <b>13</b> | Yes |           |    |
| <b>14</b> Included measures to publicize the policy within the community served by the hospital facility? . . . . .<br>If "Yes," indicate how the hospital facility publicized the policy (check all that apply)                                                                                      |  | <b>14</b> | Yes |           |    |
| <b>a</b> <input type="checkbox"/> The policy was posted on the hospital facility's website                                                                                                                                                                                                            |  |           |     |           |    |
| <b>b</b> <input type="checkbox"/> The policy was attached to billing invoices                                                                                                                                                                                                                         |  |           |     |           |    |
| <b>c</b> <input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms                                                                                                                                                                                   |  |           |     |           |    |
| <b>d</b> <input type="checkbox"/> The policy was posted in the hospital facility's admissions offices                                                                                                                                                                                                 |  |           |     |           |    |
| <b>e</b> <input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility                                                                                                                                                                              |  |           |     |           |    |
| <b>f</b> <input checked="" type="checkbox"/> The policy was available upon request                                                                                                                                                                                                                    |  |           |     |           |    |
| <b>g</b> <input checked="" type="checkbox"/> Other (describe in Part VI)                                                                                                                                                                                                                              |  |           |     |           |    |
| Billing and Collections                                                                                                                                                                                                                                                                               |  |           |     |           |    |
| <b>15</b> 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? . . . . .                                                     |  | <b>15</b> | Yes |           |    |
| <b>16</b> 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 individual's eligibility under the facility's FAP                                                 |  |           |     |           |    |
| <b>a</b> <input type="checkbox"/> Reporting to credit agency                                                                                                                                                                                                                                          |  |           |     |           |    |
| <b>b</b> <input type="checkbox"/> Lawsuits                                                                                                                                                                                                                                                            |  |           |     |           |    |
| <b>c</b> <input type="checkbox"/> Liens on residences                                                                                                                                                                                                                                                 |  |           |     |           |    |
| <b>d</b> <input type="checkbox"/> Body attachments                                                                                                                                                                                                                                                    |  |           |     |           |    |
| <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)                                                                                                                                                                                                                       |  |           |     |           |    |
| <b>17</b> 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 individual's eligibility under the facility's FAP? . . . . .                                                              |  |           |     | <b>17</b> | No |
| If "Yes," check all actions in which the hospital facility or a third party engaged                                                                                                                                                                                                                   |  |           |     |           |    |
| <b>a</b> <input type="checkbox"/> Reporting to credit agency                                                                                                                                                                                                                                          |  |           |     |           |    |
| <b>b</b> <input type="checkbox"/> Lawsuits                                                                                                                                                                                                                                                            |  |           |     |           |    |
| <b>c</b> <input type="checkbox"/> Liens on residences                                                                                                                                                                                                                                                 |  |           |     |           |    |
| <b>d</b> <input type="checkbox"/> Body attachments                                                                                                                                                                                                                                                    |  |           |     |           |    |
| <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)                                                                                                                                                                                                                       |  |           |     |           |    |

**Part V**

**Facility Information** *(continued)*

- 18** Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)
- a** ☒ Notified individuals of the financial assistance policy on admission

**b** ☐ Notified individuals of the financial assistance policy prior to discharge

**c** ☒ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills

**d** ☒ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy

**e** ☐ Other (describe in Section C)

**Policy Relating to Emergency Medical Care**

|                       |                                                                                                                                                                                                                                                                                                                                                   | Yes | No |
|-----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>19</b>             | 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? . . . . . | Yes |    |
| If "No," indicate why |                                                                                                                                                                                                                                                                                                                                                   |     |    |
| <b>a</b>              | <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions                                                                                                                                                                                                                                          |     |    |
| <b>b</b>              | <input type="checkbox"/> The hospital facility's policy was not in writing                                                                                                                                                                                                                                                                        |     |    |
| <b>c</b>              | <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)                                                                                                                                                                                                    |     |    |
| <b>d</b>              | <input type="checkbox"/> Other (describe in Part VI)                                                                                                                                                                                                                                                                                              |     |    |

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

|                              |                                                                                                                                                                                                                                                                                |  |    |
|------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----|
| <b>20</b>                    | 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                                                                                        |  |    |
| <b>a</b>                     | <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged                                                                                                                   |  |    |
| <b>b</b>                     | <input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged                                                                                             |  |    |
| <b>c</b>                     | <input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged                                                                                                                                                |  |    |
| <b>d</b>                     | <input checked="" type="checkbox"/> Other (describe in Part VI)                                                                                                                                                                                                                |  |    |
| <b>21</b>                    | During the tax year, did the hospital facility charge any FAP-eligible individual 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? . . . . . |  | No |
| If "Yes," explain in Part VI |                                                                                                                                                                                                                                                                                |  |    |
| <b>22</b>                    | During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . .                                                                                                   |  | No |
| If "Yes," explain in Part VI |                                                                                                                                                                                                                                                                                |  |    |



**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

[illegible]

Part V

Facility Information (continued)

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

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

| Name and address |                                                                                                  | Type of Facility (describe)              |
|------------------|--------------------------------------------------------------------------------------------------|------------------------------------------|
| 1                | GOOD SAMARITAN MEDICAL CENTER<br>6949 GOOD SAMARITAN DRIVE<br>CINCINNATI, OH 45247               | EMERGENCY DEPARTMENT/OUTPATIENT SERVICES |
| 2                | GOOD SAMARITAN PHYSICAL THERAPY<br>8748 UNION CENTRE DRIVE<br>WEST CHESTER, OH 45069             | PHYSICAL THERAPY                         |
| 3                | GOOD SAMARITAN HOSPITAL OUTPATIENT CTR<br>6350 GLENWAY AVENUE<br>CINCINNATI, OH 45211            | OUTPATIENT PHYSICIAN CLINIC              |
| 4                | GOOD SAMARITAN HOSPITAL WEIGHT MGMT CTR<br>3219 CLIFTON AVENUE SUITE 225<br>CINCINNATI, OH 45220 | WEIGHT MANAGEMENT SERVICES               |
| 5                | GOOD SAMARITAN HOSPITAL WOMEN'S CENTER<br>3219 CLIFTON AVENUE SUITE 100<br>CINCINNATI, OH 45220  | WOMEN'S HEALTH SERVICES                  |
| 6                | TRIHEALTH OUTPATIENT CENTER<br>7777 BEECHMONT AVE<br>CINCINNATI, OH 45255                        | OUTPATIENT PHYSICIAN/PATIENT SERVICES    |
| 7                | TRIHEALTH INFUSION CENTER - WESTSIDE<br>5520 CHEVIOT RD SUITE A<br>CINCINNATI, OH 45247          | INFUSION CENTER                          |
| 8                | TRIHEALTH INFUSION CENTER - NORTH<br>10550 MONTGOMERY RD STE 22<br>CINCINNATI, OH 45242          | INFUSION CENTER/RADIATION THERAPY        |
| 9                | TRIHEALTH SLEEP MEDICINE<br>6350 GLENWAY AVENUE<br>CINCINNATI, OH 45211                          | SLEEP MEDICINE                           |
| 10               | GOOD SAMARITAN HOSPITAL WEIGHT MGMT CTR<br>6200 PFEIFFER ROAD<br>CINCINNATI, OH 45242            | WEIGHT MANAGEMENT SERVICES               |

Part VI

Supplemental Information

Provide the following information

- 1
- Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2
- Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
- 3
- Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4
- Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5
- Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc )
- 6
- Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7
- State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

| Form and Line Reference | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|-------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PART I, LINE 3C         | THE GOOD SAMARITAN HOSPITAL OF CINCINNATI, OHIO UTILIZES THE FEDERAL POVERTY GUIDELINES ("FPG") IN DETERMINING CHARITY CARE ELIGIBILITY SEE THE RESPONSES TO PART I, LINE 3A AND 3B AN INDIVIDUAL'S INCOME UNDER FPG IS A SIGNIFICANT FACTOR IN DETERMINING ELIGIBILITY FOR CHARITY CARE ADDITIONALLY, AN INDIVIDUAL'S INCOME IN RELATION TO HIS/HER MEDICAL EXPENSES IS ALSO TAKEN INTO ACCOUNT AND SUCH A PATIENT MAY BE EXTENDED DISCOUNTED OR FREE CARE BASED UPON THE FACTS AND CIRCUMSTANCES |

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

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

| Form and Line Reference | Explanation                                                                                                                                    |
|-------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|
| PART I, LINE 7G         | THE SUBSIDIZED HEALTH SERVICES COMMUNITY BENEFIT AMOUNT REPORTED IN PART I, LINE 7(G) DOES NOT INCLUDE COSTS ATTRIBUTABLE TO PHYSICIAN CLINICS |

| Form and Line Reference | Explanation                                                                                                                                                                                                                                                                                                                                      |
|-------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PART I, LN 7 COL(F)     | BAD DEBT EXPENSE IS NOT INCLUDED ON FORM 990, PART IX, LINE 25 IT IS PRESENTED ON FORM 990, PART VIII, LINE 2 AS A DEDUCTION FROM PATIENT SERVICE REVENUE WHICH CORRESPONDS TO ITS FINANCIAL STATEMENT PRESENTATION SEE RESPONSE TO PART III, LINE 4 THEREFORE, NO ADJUSTMENT TO TOTAL EXPENSES SHOWN ON FORM 990, PART IX, LINE 25 IS NECESSARY |

| Form and Line Reference                | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PART II, COMMUNITY BUILDING ACTIVITIES | THE UPTOWN CONSORTIUM ("CONSORTIUM") IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS EXEMPT FROM INCOME TAX UNDER INTERNAL REVENUE CODE SECTION 501(A) AS AN ORGANIZATION DESCRIBED IN INTERNAL REVENUE CODE SECTION 501(C)(3) IT IS MADE UP OF THE FIVE LARGEST EMPLOYERS OF CINCINNATI'S "UPTOWN" INCLUDING THE GOOD SAMARITAN HOSPITAL OF CINCINNATI, OHIO "UPTOWN" GENERALLY INCLUDES THE NEIGHBORHOODS OF AVONDALE, CLIFTON, CLIFTON HEIGHTS, CORRYVILLE, FAIRVIEW, MT AUBURN AND UNIVERSITY HEIGHTS THE CONSORTIUM IS DEDICATED TO BUILDING THE HUMAN, SOCIAL AND PHYSICAL IMPROVEMENT OF UPTOWN CINCINNATI IT WILL UNDERTAKE A VARIETY OF INVESTMENT AND PROGRAM ACTIVITIES IN UPTOWN TO HELP PROVIDE HOUSING, HEALTH CARE AND JOB OPPORTUNITIES |



| Form and Line Reference | Explanation                      |
|-------------------------|----------------------------------|
| PART III, LINE 2        | SEE SCHEDULE H, PART III, LINE 4 |

| Form and Line Reference | Explanation                      |
|-------------------------|----------------------------------|
| PART III, LINE 3        | SEE SCHEDULE H, PART III, LINE 4 |

| Form and Line Reference | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|-------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PART III, LINE 4        | <p>THE GOOD SAMARITAN HOSPITAL OF CINCINNATI, OHIO'S FINANCIAL STATEMENTS ARE AUDITED AS PART OF THE TRIHEALTH AUDIT REPORT NET PATIENT ACCOUNTS RECEIVABLE (PART OF FOOTNOTE B)NET PATIENT ACCOUNTS RECEIVABLE AND NET PATIENT SERVICE REVENUE HAVE BEEN ADJUSTED TO THE ESTIMATED AMOUNTS EXPECTED TO BE COLLECTED THESE ESTIMATED AMOUNTS ARE SUBJECT TO FURTHER ADJUSTMENTS UPON REVIEW BY THIRD-PARTY PAYORS THE PROVISION FOR BAD DEBTS IS BASED UPON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS CONSIDERING HISTORICAL BUSINESS AND ECONOMIC CONDITIONS, TRENDS IN HEALTH CARE COVERAGE, AND OTHER COLLECTION INDICATORS MANAGEMENT PERIODICALLY ASSESSES THE ADEQUACY OF THE ALLOWANCES FOR UNCOLLECTIBLE ACCOUNTS BASED UPON HISTORICAL WRITE-OFF EXPERIENCE THE RESULTS OF THESE REVIEWS ARE USED TO MODIFY AS NECESSARY THE PROVISIONS FOR BAD DEBTS AND TO ESTABLISH APPROPRIATE ALLOWANCES FOR UNCOLLECTIBLE NET PATIENT ACCOUNTS RECEIVABLE SIGNIFICANT PROVISION IS MADE FOR SELF-PAY PATIENT ACCOUNTS RECEIVABLE IN THE PERIOD OF SERVICE BASED UPON HISTORICAL WRITE-OFF EXPERIENCE AFTER SATISFACTION OF AMOUNTS DUE FROM INSURANCE, TRIHEALTH FOLLOWS ESTABLISHED GUIDELINES FOR PLACING CERTAIN PATIENT BALANCES WITH COLLECTION AGENCIES, SUBJECT TO THE TERMS OF CERTAIN RESTRICTIONS ON COLLECTION EFFORTS AS DETERMINED BY TRIHEALTH OVERALL, THE TOTAL WRITE-OFFS OF UNCOLLECTIBLE ACCOUNTS AND ALLOWANCES ON SELF-PAY PATIENT ACCOUNTS RECEIVABLE HAS NOT SIGNIFICANTLY CHANGED SINCE JUNE 30, 2013 TRIHEALTH HAS NOT EXPERIENCED SIGNIFICANT CHANGES IN WRITE-OFF TRENDS AND HAS NOT CHANGED ITS CHARITY CARE POLICY SINCE JUNE 30, 2013 THE OVERALL ALLOWANCE PERCENTAGE FOR UNCOLLECTIBLE ACCOUNTS WENT FROM 52% AT JUNE 30, 2013 TO 37% AT JUNE 30, 2014 AS A RESULT OF CHANGES IN PAYOR MIX DUE TO THE AFFORDABLE CARE ACT FINANCIAL INSTRUMENTS THAT POTENTIALLY SUBJECT TRIHEALTH TO CONCENTRATIONS OF CREDIT RISK CONSIST PRIMARILY OF NON-GOVERNMENTAL PATIENT ACCOUNTS RECEIVABLE TRIHEALTH GRANTS CREDIT WITHOUT COLLATERAL TO ITS PATIENTS, MOST OF WHOM ARE INSURED UNDER THIRD-PARTY PAYOR AGREEMENTS THE PERCENTAGES OF GROSS PATIENT ACCOUNTS RECEIVABLE FROM PATIENTS AND THIRD-PARTY PAYORS AT JUNE 30 APPROXIMATED THE FOLLOWING 2014 - MEDICARE 18%, MEDICAID 4%, MANAGED CARE 26%, SELF PAY 20%, COMMERCIAL AND OTHER 32%2013 - MEDICARE 19%, MEDICAID 3%, MANAGED CARE 22%, SELF PAY 23%, COMMERCIAL AND OTHER 33%TRIHEALTH HAS AGREEMENTS WITH THIRD-PARTY PAYORS THAT PROVIDE FOR PAYMENTS AT AMOUNTS DIFFERENT FROM ITS ESTABLISHED RATES THE BASIS FOR PAYMENT UNDER THESE AGREEMENTS INCLUDES PROSPECTIVELY DETERMINED RATES, COST REIMBURSEMENT, NEGOTIATED DISCOUNTS FROM ESTABLISHED RATES, AND PER DIEMPAYMENTS PATIENT SERVICE REVENUE IS REPORTED AT THE ESTIMATED NET REALIZABLE AMOUNTS FROM PATIENTS, THIRD-PARTY PAYORS AND OTHERS FOR SERVICES RENDERED, INCLUDING ESTIMATED RETROACTIVE ADJUSTMENTS DUE TO FUTURE AUDITS, REVIEW AND INVESTIGATIONS THE DIFFERENCES BETWEEN THE ESTIMATED AND ACTUAL ADJUSTMENTS ARE RECORDED AS PART OF NET PATIENT SERVICE REVENUE IN FUTURE PERIODS, AS THE AMOUNTS BECOME KNOWN, OR AS YEARS ARE NO LONGER SUBJECT TO SUCH AUDITS, REVIEWS AND INVESTIGATIONS TRIHEALTH RECOGNIZES A SIGNIFICANT AMOUNT OF PATIENT SERVICE REVENUE AT THE TIME THE SERVICES ARE RENDERED EVEN THOUGH IT DOES NOT ASSESS THE PATIENT'S ABILITY TO PAY AS A RESULT, THE PROVISION FOR BAD DEBT IS PRESENTED AS A DEDUCTION FROM PATIENT SERVICE REVENUE NET OF CONTRACTUAL PROVISIONS AND DISCOUNTS AS FOR THE AMOUNT OF BAD DEBT THAT REASONABLY COULD BE ATTRIBUTABLE TO PATIENTS WHO LIKELY WOULD QUALIFY FOR FINANCIAL ASSISTANCE UNDER THE ORGANIZATION'S CHARITY CARE POLICY, THE GOOD SAMARITAN HOSPITAL OF CINCINNATI, OHIO DOES NOT REPORT ACTUAL BAD DEBT EXPENSE AS COMMUNITY BENEFIT IF UPON FURTHER RESEARCH, IT IS ULTIMATELY DETERMINED THAT A PORTION OF BAD DEBT EXPENSE IS ATTRIBUTABLE TO PATIENTS WHO WOULD LIKELY QUALIFY FOR FINANCIAL ASSISTANCE UNDER TRIHEALTH'S CHARITY CARE POLICY, THOSE COSTS WOULD BE RECLASSIFIED, AS APPROPRIATE, TO COMMUNITY BENEFIT AT THAT TIME PLEASE NOTE THAT BAD DEBT EXPENSE IS NOT DETERMINED UNTIL AFTER ALL DISCOUNTS AND ANY ASSOCIATED PAYMENTS ARE TAKEN INTO ACCOUNT IF ANY PAYMENTS ARE RECEIVED AFTER A PATIENT ACCOUNT IS DETERMINED TO BE BAD DEBT, THE ACCOUNT WILL BE ADJUSTED ACCORDINGLY AT THAT TIME</p> |

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

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

| Form and Line Reference | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|-------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PART VI, LINE 2         | <p>IN 1852, THE SISTERS OF CHARITY ESTABLISHED GOOD SAMARITAN HOSPITAL OF CINCINNATI, OHIO (" GSH") IN AN EFFORT TO ADDRESS THE NEEDS OF THE GROWING CITY OF CINCINNATI. IN 1995, GSH &amp; BETHESDA HOSPITAL, INC. ("BETHESDA") FORMED A PARTNERSHIP TO CREATE A LOCAL HEALTH SYSTEM. TRIHEALTH, INC. ("TRIHEALTH") TRIHEALTH'S MISSION IS TO IMPROVE THE HEALTH STATUS OF THE COMMUNITY THROUGH A FULL RANGE OF HEALTH RELATED SERVICES (E.G. PREVENTION, WELLNESS &amp; EDUCATION) THE SERVICES DESCRIBED BELOW, &amp; OTHERS NOT LISTED, PROMOTE A HEALTHY COMMUNITY AND SEEK TO REDUCE THE BURDENS ON THE GOVERNMENT. FOR EXAMPLE, IF GSH DID NOT ADDRESS THE ROOT CAUSES OF LOW BIRTH WEIGHT &amp; PREMATURITY, THE BURDEN TO GOVERNMENT MEDICAL PROGRAMS SUCH AS MEDICAID WOULD BE EVEN GREATER. GSH, AS PART OF TRIHEALTH, PARTICIPATED IN AND WAS A FINDER OF THE WORK OF A COLLABORATIVE, REGIONAL EFFORT, THE AIM FOR BETTER HEALTH COMMUNITY HEALTH NEEDS ASSESSMENT (AIM) IN THE AREAS ASSESSED. THE POPULATIONS SURVEYED WERE MORE OFTEN UNDERSERVED, INCLUDING THE UNINSURED, UNDERINSURED, LOW SOCIOECONOMIC STATUS, MINORITIES, AND OVER AGE SIXTY-FIVE, OR WITH A DIAGNOSIS OF MENTAL ILLNESS. THE AIM, PUBLISHED IN THE SPRING OF 2012, WAS THE BASIS FOR THE DEVELOPMENT OF GSH' COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION PLAN THAT WAS APPROVED DURING FISCAL YEAR 2013. FREE &amp; DISCOUNTED SERVICES ARE PROVIDED FOR THOSE UNABLE TO PAY &amp; MEETING ELIGIBILITY CRITERIA THROUGH THE HOSPITAL CARE ASSURANCE PROGRAM (HCAP). GSH SERVES PATIENTS MEETING CRITERIA SET FORTH BY THE STATE OF OHIO. GSH POLICY IS TO PROVIDE CHARITY CARE ON A SLIDING SCALE DISCOUNTING WHEN THE FAMILY INCOME IS UP TO 400 % OF THE ANNUALLY ESTABLISHED FEDERAL POVERTY GUIDELINE. IT OFFERS AN UNINSURED DISCOUNT FOR MEDICALLY NECESSARY SERVICES FOR THOSE WHO HAVE NO INSURANCE &amp; WHO DO NOT QUALIFY FOR OTHER FINANCIAL ASSISTANCE OPTIONS. FINANCIAL COUNSELORS ASSIST PATIENTS IN COMPLETING THE FINANCIAL ASSISTANCE APPLICATION WHICH IS AVAILABLE ON TRIHEALTH'S WEBSITE &amp; BROCHURES ABOUT FINANCIAL ASSISTANCE ARE VISIBLE &amp; AVAILABLE IN HOSPITAL REGISTRATION &amp; ADMITTING AREAS. GSH FUNDS THE TRIHEALTH OUTREACH MINISTRIES &amp; COMMUNITY HEALTH WORKER PROGRAMS. THESE PROGRAMS PROVIDE, AT NO CHARGE, HOME VISITS TO LOW INCOME CLIENTS IN 9 NEIGHBORHOODS. CLIENTS INCLUDE SENIORS &amp; FRAIL ELDERLY IN THEIR HOMES OR IN CONGREGATE SUBSIDIZED HOUSING, THE MENTALLY &amp; PHYSICALLY HANDICAPPED LIVING ALONE OR IN GROUP HOMES, &amp; MOTHERS WHO ARE PREGNANT OR WHO HAVE RECENTLY DELIVERED A BABY. REFERRALS COME FROM HOSPITAL CARE COORDINATORS, OTHER HOSPITALS &amp; AGENCIES. THE TEAM PROVIDES HEALTH SCREENINGS, EDUCATION ON MANAGING CHRONIC ILLNESSES, &amp; CONNECTIONS TO ASSISTANCE. HEALTHY WOMEN HEALTHY LIVES IS A PROGRAM BASED ON THE PREMISE THAT PREVENTION, EARLY DETECTION, TREATMENT &amp; ACCESS TO HEALTH CARE SERVICES IMPROVE INDIVIDUAL &amp; COMMUNITY HEALTH OUTCOMES. THE FOCUS IS ON HEALTH RISKS ASSOCIATED WITH THE ONSET OF MENOPAUSE. WELL ORGANIZED SCREENING &amp; EDUCATION EVENTS BRING THE SERVICES TO AT RISK POPULATIONS OF AFRICAN AMERICAN, APPALACHIAN, HISPANIC, UNINSURED &amp; UNDERINSURED WOMEN FORTY YEARS OF AGE OR OLDER. SCREENING INCLUDES OSTEOPOROSIS, MAMMOGRAPHY, CHOLESTEROL, HYPERTENSION, &amp; OBESITY. EVERY WOMAN RECEIVES A NURSE CONSULTATION, A COPY OF THEIR RESULTS &amp; A WRITTEN PRIMARY CARE REFERRAL. WOMEN WITH ABNORMAL RESULTS ARE CONTACTED &amp; ASSISTED IN ACCESSING PRIMARY CARE. THIS PROGRAM SERVES AS AN ENTRY POINT TO HEALTH CARE SERVICES FOR MANY WOMEN IN THE COMMUNITY. HAMILTON COUNTY'S INFANT MORTALITY RATE IS THE HIGHEST IN OHIO AND HAS LED GSH TO FOCUS ON MATERNAL &amp; INFANT HEALTH PROGRAMS. STRATEGIES INCLUDE INVESTIGATING THE ROOT CAUSES OF PREMATURITY &amp; LOW BIRTH WEIGHT. IN RESPONSE, GSH PROVIDES AND SUPPORTS A DIVERSITY OF PROGRAMS OF PRENATAL CARE FOR AT RISK MOTHERS. PERINATAL CARE COORDINATION NURSES &amp; SOCIAL WORKERS FROM GSH ASSIST MOTHERS IN THE GSH FACULTY MEDICAL CENTER AND TRIHEALTH MIDWIVES LOCATIONS. THEY ALSO TRAVEL TO OUTSIDE CLINICS IN ORDER TO REACH OUT &amp; HELP UNINSURED &amp; UNDERINSURED MOTHERS ACCESS PUBLIC PROGRAMS, REFERRALS, EDUCATION, ASSESSMENT &amp; RESOURCES. THE B4 (BEFORE, BETWEEN, AND BEYOND PREGNANCY FOR YOUR BABY AND YOU) IS A PREMATURITY PREVENTION PROGRAM THAT PROVIDES INTERCONCEPTION HEALTH EDUCATION, TARGETED CASE MANAGEMENT, AND SUPPORT TO MOTHERS WHOSE INFANTS ARE BORN AT LESS THAN 32 COMPLETED WEEKS OF GESTATION AND RECEIVE CARE IN GSH'S NICU. THE GOAL OF THE PROGRAM IS TO PROMOTE A CONTINUUM OF WELLNESS CARE FOR WOMEN IN ORDER TO IMPROVE THEIR OWN HEALTH AND REDUCE THEIR RISK FOR RECURRING POOR BIRTH OUTCOMES, INCLUDING PREMATURITY AND NEONATAL MORTALITY. ALSO, IN COLLABORATION WITH WINTON HILLS HEALTH CENTER, GSH FUNDS THE SALARIES OF AN OB/GYN PHYSICIAN AND A NURSE MIDWIFE AT THE CENTER AND ITS SATELLITE EXTENSION. THIS AFFORDS HEALTH CARE ACCESS TO WOMEN IN THE AREA SURROUNDING THE CENTER. GSH CONTINUES A COMMITMENT TO EDUCATING THE NEXT GENERATION OF HEALTH CARE PROVIDERS, PHYSICIANS &amp; ALLIED HEALTH PROF</p> |

| Form and Line Reference | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|-------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PART VI, LINE 2         | <p>           ESSIONALS GSH, AS PART OF TRIHEALTH, INC , SPONSORS MEDICAL RESIDENCIES<br/>           THERE WERE 26 RE SIDENTS IN INTERNAL MEDICINE &amp; 21 GENERAL SURGERY RESIDENTS<br/>           AT GSH IN FISCAL YEAR 2014 5 RESIDENTS/FELLOWS IN VASCULAR SURGERY RECEIVED<br/>           EXTENDED LEARNING &amp; PREPARATION AT GSH 32 TOTAL RESIDENTS IN OBSTETRICS &amp;<br/>           GYNECOLOGY LEARNED IN A JOINT RESIDENCY AT BOTH BETHESDA &amp; GSH IN THE GSH<br/>           FACULTY MEDICAL CENTER ("FMC"), A MULTI-SPECIALTY CENTER, MEDICAL RESIDENT S<br/>           PROVIDE CARE TO PATIENTS UNDER THE GUIDANCE OF ATTENDING PHYSICIANS FMC<br/>           SERVICES INCLUD E OBSTETRICS &amp; GYNECOLOGY, INTERNAL MEDICINE, VASCULAR &amp;<br/>           GENERAL SURGERY, DYSPLASIA, HIGH- RISK PREGNANCY, URO-GYNECOLOGY &amp; GASTRO-<br/>           INTESTINAL THE FMC PHARMACIST HELPS ELIGIBLE CLIE NTS COMPLETE THE<br/>           MEDICATION ASSISTANCE PROGRAMS APPLICATIONS THE GSH ON-SITE PHARMACY<br/>           PRO VIDES PRESCRIPTIONS FOR THOSE IN NEED, AT REDUCED OR NO COST GSH FUNDS<br/>           THE SALARIES OF ST AFF SUPPORTING THE CLIENTS AND PHYSICIANS OF THE FACULTY<br/>           MEDICAL CENTER THIS STAFF INCLUD ES CARE COORDINATORS, SOCIAL WORKERS,<br/>           DIETITIANS, PHARMACISTS, AND FINANCIAL COUNSELORS GS H COLLABORATES WITH<br/>           LOCAL &amp; REGIONAL COLLEGES, UNIVERSITIES &amp; TRAINING CENTERS TO PROVIDE<br/>           MENTORING, INTERNSHIPS, CLERKSHIPS, SUPERVISED EDUCATION &amp; CLINICAL<br/>           ROTATIONS TO STUDENTS IN HEALTH FIELDS THESE PARTNERSHIPS HELP STUDENTS<br/>           LEARN ABOUT &amp; PREPARE FOR PROFESSIONS I N NURSE PRACTITIONER, RESPIRATORY<br/>           THERAPY, RADIOLOGY TECHNOLOGY, STERILE PROCESSING, PHLEB OTOMY, MEDICAL<br/>           LABORATORY, CLINICAL DIETETICS, PHARMACY, SPEECH, AUDIOLOGY, PHYSICAL THERA<br/>           PY, OCCUPATIONAL THERAPY, NURSE MIDWIFERY, &amp; NEONATAL NURSE PRACTITIONER<br/>           PASTORAL CARE OF FERS A CLINICAL PASTORAL EDUCATION PROGRAM EDUCATING<br/>           CLERGY &amp; OTHERS IN PASTORAL SKILLS TO MINISTER EFFECTIVELY TO THE SICK &amp; THE<br/>           DYING GSH'S RESEARCH PROGRAM MANAGES BASIC &amp; APPLI ED SCIENTIFIC STUDIES &amp;<br/>           SPONSORED CLINICAL TRIALS IT ALSO SUPPORTS THE EDUCATION ACTIVITI ES OF<br/>           STAFF PHYSICIANS &amp; SURGEONS, TEACHING FACULTY, RESIDENTS, &amp; ALLIED HEALTH<br/>           PROFESSION ALS WHAT IS LEARNED THROUGH THE RESEARCH &amp; EDUCATION<br/>           PROGRAMS IS SHARED WITH THE LARGER C OMMUNITY THE RESEARCH PROGRAM HELPS<br/>           RESEARCHERS GIVE PROFESSIONAL PRESENTATIONS AT REGION AL &amp; NATIONAL<br/>           MEETINGS AS HAVE STUDIES &amp; ARTICLES PUBLISHED IN PEER-REVIEWED MEDICAL<br/>           JOURN ALS THROUGH THESE PROGRAMS, GSH CONTINUES ITS SPECIAL CONCERN FOR<br/>           THE VULNERABLE EMPLOYEE S, PHYSICIANS &amp; LEADERS PROVIDING &amp; GUIDING THESE<br/>           PROGRAMS FOR COMMUNITY HEALTH ARE LIVING THE CORE VALUES OF STEWARDSHIP &amp;<br/>           RESPONSE TO COMMUNITY NEEDS         </p> |

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



| Form and Line Reference | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|-------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PART VI, LINE 4         | LOCATED IN CINCINNATI, OHIO, GOOD SAMARITAN HOSPITAL OF CINCINNATI, OHIO AND THE TRIHEALTH SYSTEM SERVE HAMILTON, BUTLER, WARREN AND CLERMONT COUNTIES, AS WELL AS PERSONS FROM INDIANA AND KENTUCKY OHIO'S THIRD LARGEST CITY, CINCINNATI HAS AN ESTIMATED POPULATION OF 300,000 THE POPULATION WITHIN THE FOUR OHIO COUNTIES SERVED BY TRIHEALTH IS ESTIMATED TO BE 1,600,000 AND 11% PERCENT OF THIS POPULATION IS UNINSURED THE GEOGRAPHIC AREA SERVED BY THE GOOD SAMARITAN HOSPITAL OF CINCINNATI, OHIO IS PREDOMINANTLY URBAN WITH A LARGE SEGMENT OF ITS PATIENTS UNINSURED, UNDERINSURED OR MEDICAID RECIPIENTS |

| Form and Line Reference | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|-------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PART VI, LINE 5         | THE ONGOING PURPOSE OF THE GOOD SAMARITAN HOSPITAL OF CINCINNATI, OHIO ("GSH") IS TO PROVIDE CARE WITH COMPASSION ITS MISSION IS TO IMPROVE THE HEALTH STATUS OF THE COMMUNITY THROUGH HEALTH RELATED SERVICES-- PREVENTION, WELLNESS AND EDUCATION ITS BOARD OF DIRECTORS IS COMPRISED OF INDEPENDENT COMMUNITY REPRESENTATIVES GSH IS AN ACUTE TERTIARY TEACHING HOSPITAL AS PART OF TRIHEALTH A SYSTEM OF SERVICES SPANNING ACUTE CARE TO HOME CARE, BABIES TO SENIORS IT PROVIDES A 24-HOUR EMERGENCY ROOM, FOUR INTENSIVE CARE UNITS FOR NEONATES AND ADULTS, ADULT AND GERIATRIC INPATIENT PSYCHIATRIC CARE, AND AN ACCREDITED REHABILITATION MEDICINE PROGRAM SERVICES ARE OPEN TO ALL INDIVIDUALS REGARDLESS OF ABILITY TO PAY GSH HAS AN OPEN MEDICAL STAFF AND A HISTORY OF TRAINING AND EDUCATING MEDICAL RESIDENTS AND HEALTH CARE PROFESSIONALS ITS MEDICAL AND SCIENTIFIC RESEARCH PROGRAMS INCLUDE STUDIES THAT ARE NOT COMMERCIALY SPONSORED GSH PARTICIPATES IN MEDICARE AND MEDICAID AND OTHER GOVERNMENT-SPONSORED HEALTH CARE PROGRAMS, AND HAS AN ACTIVE CHARITY CARE PROGRAM SEE RESPONSE TO PART VI, LINE 2 FOR ADDITIONAL INFORMATION |

| Form and Line Reference | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|-------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PART VI, LINE 6         | IN 1995, THE GOOD SAMARITAN HOSPITAL OF CINCINNATI, OHIO AND BETHESDA HOSPITAL, INC FORMED A PARTNERSHIP CALLED TRIHEALTH, INC TO CREATE AN INTEGRATED HEALTH DELIVERY SYSTEM WHOSE MISSION IS TO IMPROVE THE HEALTH OF THE PEOPLE THEY SERVE, WITH AN EMPHASIS ON PREVENTION, WELLNESS AND EDUCATION TRIHEALTH, INC 'S SITES INCLUDE TWO HOSPITAL LOCATIONS AND VARIOUS PHYSICIAN OFFICE BUILDINGS THROUGHOUT THE GREATER CINCINNATI AREA IN ADDITION TO FITNESS, REHABILITATION, OCCUPATIONAL HEALTH, PALLIATIVE CARE SERVICES AND OUTPATIENT CENTERS IT ALSO PROVIDES SERVICES IN HOMES AND WORKPLACES AND DELIVERS CARE AND EDUCATION COOPERATIVELY THROUGH COMMUNITY-BASED ORGANIZATIONS, SUCH AS CHURCHES, SCHOOLS, CLINICS AND SOCIAL AGENCIES |



Additional Data

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|-------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| GOOD SAMARITAN HOSPITAL | <p>PART V, SECTION B, LINE 3 INPUT WAS RECEIVED FROM INDIVIDUALS REPRESENTING UNDERSERVED POPULATIONS USING THE THREE SURVEY APPROACHES DESCRIBED BELOW -CHNA GROUP LEVEL ASSESSMENTS (GLAS) THE UNIVERSITY OF CINCINNATIS ACTION RESEARCH CENTER FACILITATED LARGE GROUP COMMUNITY DISCUSSIONS (GROUP LEVEL ASSESSMENTS) WITH SERVICE PROVIDERS IN EACH OF THE COUNTIES COVERED BY THE CHNA THE TOTAL NUMBER OF SERVICE PROVIDERS AT THE COUNTY GLAS RANGED FROM AS FEW AS NINE PEOPLE TO AS MANY AS 30 PEOPLE OVERALL, APPROXIMATELY 200 SERVICE PROVIDERS ACROSS THE COUNTIES PARTICIPATED THE RESULTS OF THE GLAS WERE PRESENTED BACK TO THE SERVICE PROVIDERS AND COMMUNITY AT LARGE THROUGH A SERIES OF PUBLIC PRESENTATIONS CHNA COMMUNITY HEALTH SURVEY THE ACTION RESEARCH CENTER ALSO SURVEYED POPULATIONS IN THE GREATER CINCINNATI REGION THAT ARE MORE OFTEN UNDERSERVED WITH A PARTICULAR FOCUS ON HEALTH CARE CONSUMERS WHO ARE UNINSURED, UNDERINSURED, LOW SOCIOECONOMIC STATUS, MINORITY, AGE 65 PLUS OR WHO HAVE BEEN DIAGNOSED WITH MENTAL ILLNESS SURVEYS WERE ADMINISTERED TO MORE THAN 1,000 COMMUNITY RESIDENTS ACROSS THE NINE COUNTIES WITH OVERSAMPLING OF VULNERABLE GROUPS INCLUDING MENTAL ILLNESS RESPONDENTS WHO REPORTED BEING DIAGNOSED WITH OR HAVING EXPERIENCE WITH MENTAL ILLNESS (214 RESPONDENTS)SENIORS THOSE 65 YEARS OF AGE OR OLDER (126 RESPONDENTS)HISPANIC/LATINOS THOSE OF LATIN AMERICAN ORIGIN (154 RESPONDENTS)AFRICAN IMMIGRANTS WEST AFRICAN AND CENTRAL AFRICAN IMMIGRANTS TO THE CINCINNATI AREA (48 RESPONDENTS)LOW INCOME RESPONDENTS REPORTING COMBINED HOUSEHOLD INCOME OF \$24,999 OR LESS (472 RESPONDENTS)FAMILIES AT RISK FAMILIES WITH CHILDREN UNDER THE AGE OF 18 LIVING IN THE HOUSE REPORTING A COMBINED HOUSEHOLD INCOME OF \$24,999 OR LESS(257 RESPONDENTS)THE INTERVIEW QUESTIONS WERE DRAFTED AND NARROWED TO A TOTAL OF 17 QUESTIONS IN FIVE CATEGORIES INCLUDING DEFINING HEALTH AND CONCERNS, ORGANIZATIONAL OPERATIONS PERTAINING TO COMMUNITY IMPROVEMENT, COLLABORATION AND ASSISTANCE, MEASUREMENT AND CLOSING QUESTIONS THE SURVEYS CONTAINED QUESTIONS REGARDING BARRIERS TO HEALTH CARE, USAGE OF HEALTH CARE, HEALTH CARE NEEDS AND DEMOGRAPHIC INFORMATION CHNA STAKEHOLDER INTERVIEWS WITH COUNTY LEADERS FURTHER INDIVIDUAL INPUT WAS OBTAINED THROUGH ONE-ON-ONE INTERVIEWS WITH COUNTY LEADERS LASTING 45-60 MINUTES EACH THIRTY INTERVIEWS WERE CONDUCTED IN PERSON, THREE OUT OF SIX REQUESTS TO COMPLETE THE ONLINE VERSION WERE FULFILLED, THREE INDIVIDUALS DECLINED, AND EIGHT INDIVIDUALS WERE UNABLE TO BE SCHEDULED DUE TO LACK OF RESPONSE FOLLOWING ARE ORGANIZATIONS AND GROUPS CONSULTED WHILE CONDUCTING THE CHNA GROUP LEVEL ASSESSMENTS REPRESENTATIONBUTLER COUNTY BUTLER 211, BUTLER COUNTY FAMILY CHILDREN FIRST COUNCIL, BUTLER COUNTY SUCCESS, EDUCATIONAL SERVICE CENTER - SUCCESS, FAIRFIELD CITY SCHOOLS, LIFESPAN, MIDDLETOWN HEALTH DEPARTMENT, PRIMARY HEALTH SOLUTIONS, SERVE CITY, TALAWANDA SCHOOL DISTRICT BOARD, BUTLER COUNTY HEALTH DEPARTMENT AND OXFORD COLLEGE CORNER FREE CLINICCLERMONT COUNTY AMERICAN CANCER SOCIETY, CHILD FOCUS, INC , CLERMONT COUNTY HEALTH DISTRICT, LIFEPOINT SOLUTIONS, MERCY CLERMONT, MERCY CLERMONT OUTREACH, SISTERS OF MERCY CLERMONTAMILTON COUNTY CENTERPOINT HEALTH, CINCINNATI CHILDRENS HOSPITAL MEDICAL CENTER, CINCINNATI HEALTH DEPARTMENT, CROSSROAD HEALTH CENTER, EVERYBODY RIDES METRO, HAMILTON COUNTY PUBLIC HEALTH, HEALTH CARE ACCESS NOW, PRO SENIORS, INC, SINCERE HOME HEALTH CARE, SINCERE HOME HEALTH CARE, TALBERT HOUSE, THE GREATER CINCINNATI FOUNDATION, THE HEALTH FOUNDATION OF GREATER CINCINNATI, THE HEALTH COLLABORATIVE, THE HEALTHCARE CONNECTION, THE HEALTHCARE CONNECTION LINCOLN HEIGHTS, UNIVERSITY OF CINCINNATI FAMILY RESIDENCYWARREN COUNTY ABUSE RAPE CRISIS SHELTER, FAMILY &amp; CHILDREN FIRST COUNCIL, HEALTH DISTRICT (HEALTH DEPARTMENT), OHIO STATE UNIVERSITY EXTENSION, TRIHEALTH, WARREN COUNTY CAREER CENTER, WARREN COUNTY COMMUNITY SERVICES, WARREN COUNTY UNITED WAYSTAKEHOLDER INTERVIEWS REPRESENTATIONAL COUNTIES CHATFIELD COLLEGE, GREATER CINCINNATI FOUNDATION, HEALTHSOURCE OF OHIO, SOUTHERN STATE COMMUNITY COLLEGE, UNIVERSITY OF CINCINNATI INSTITUTE FOR POLICY RESEARCHBUTLER COUNTY BUTLER COUNTY SUPPORTS TO ENCOURAGE LOW-INCOME FAMILIES, HAMILTON COMMUNITY FOUNDATION, MIDDLETOWN AREA UNITED WAY, MIDDLETOWN CITY HEALTH DEPARTMENT, MIDDLETOWN COMMUNITY FOUNDATIONCLERMONT COUNTY CLERMONT COUNTY COMMUNITY SERVICES, CLERMONT COUNTY MENTAL HEALTH AND RECOVERY BOARD, UNITED WAY OF GREATER CINCINNATIHAMILTON COUNTY CINCINNATI/HAMILTON COMMUNITY ACTION AGENCY, HAMILTON COUNTY MENTAL HEALTH AND RECOVERY SERVICES BOARD, HAMILTON COUNTY PUBLIC HEALTH, SANTA MARIA COMMUNITY SERVICES, UNITED WAY OF GREATER CINCINNATIWARREN COUNTY MENTAL HEALTH AND RETARDATION SERVICES OF WARREN AND CLINTON COUNTIES, WARREN COUNTY COMBINED HEALTH DISTRICT, WARREN COUNTY COMMUNITY SERVICES INC</p> |

**Section C. Supplemental Information for Part V, Section B.**Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|-------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| GOOD SAMARITAN HOSPITAL | PART V, SECTION B, LINE 4 ADAMS COUNTY REGIONAL MEDICAL CENTER, ATRIUM MEDICAL CENTER, DEARBORN COUNTY HOSPITAL, FORT HAMILTON HOSPITAL, GREATER CINCINNATI FOUNDATION, GREATER CINCINNATI HEALTH COUNCIL, HAMILTON COUNTY PUBLIC HEALTH, HIGHLAND COUNTY HEALTH DEPARTMENT, LINDNER CENTER OF HOPE, MARGARET MARY COMMUNITY HOSPITAL, MCCULLOUGH-HYDE MEMORIAL HOSPITAL, MERCY HEALTH, MIDDLETOWN HEALTH DEPARTMENT, UC HEALTH, UNITED WAY OF GREATER CINCINNATI, BETHESDA NORTH HOSPITAL, BETHESDA BUTLER COUNTY |

**Section C. Supplemental Information for Part V, Section B.**Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|-------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| GOOD SAMARITAN HOSPITAL | PART V, SECTION B, LINE 7 OBESITY - GOOD SAMARITAN HOSPITAL WILL ADDRESS THIS NEED IN HAMILTON AND BUTLER COUNTIES, HOWEVER, IT WILL NOT, AT THIS TIME, ENTER INTO SPECIFIC PROGRAMS IN WARREN AND CLERMONT COUNTIES THESE COUNTIES HAVE POPULATIONS THAT ARE SIGNIFICANTLY SMALLER AND LESS DENSE THAN HAMILTON AND BUTLER COUNTIES, THEREBY PRESENTING ADDITIONAL CHALLENGES FOR AN EFFECTIVE AND COMPREHENSIVE STRATEGY LATINO-LOW INCOME - WITH CHRONIC HEALTH CONDITIONS - GOOD SAMARITAN HOSPITAL WILL NOT ADDRESS THIS NEED SPECIFICALLY AS ITS AFFILIATED HOSPITAL, BETHESDA HOSPITAL, INC , WHICH IS IN THE TRIHEALTH, INC SYSTEM AND THE GOOD SAMARITAN HOSPITAL FREE CLINIC, AN AFFILATED ORGANIZATION ALSO WITHIN THE TRIHEALTH, INC SYSTEM SERVE LOW INCOME LATINOS IN HAMILTON COUNTY AND HAVE TARGETED THIS NEED THE EXISTENCE OF AN ALTERNATIVE MEANS OF ADDRESSING THIS PARTICULAR NEED ALLOWS GOOD SAMARITAN HOSPITAL TO ALLOCATE RESOURCES TO ADDRESS OTHER SIGNIFICANT HEALTH NEEDS SUBSTANCE ABUSE/MENTAL HEALTH - THIS NEED WILL BE ADDRESSED BY GOOD SAMARITAN HOSPITAL THROUGH ITS GERIATRIC AND ADULT BEHAVIORAL HEALTH PATIENT UNITS IT WILL NOT ADDRESS MENTAL HEALTH NEEDS OTHERWISE AS THERE IS A COMPREHENSIVE OUTPATIENT PROGRAM FOR SUBSTANCE ABUSE ELSEWHERE IN THE TRIHEALTH, INC SYSTEM, TO WHICH GOOD SAMARITAN HOSPITAL BELONGS GOOD SAMARITAN HOSPITAL BELIEVES THAT IT CAN LEVERAGE THE TRIHEALTH NETWORK TO ASSIST IN ADDRESSING PORTIONS OF THIS SIGNIFICANT NEED, THEREBY PERMITTING IT TO ALLOCATE RESOURCES TO OTHER SIGNIFICANT NEEDS |

**Section C. Supplemental Information for Part V, Section B.**Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|-------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| GOOD SAMARITAN HOSPITAL | PART V, SECTION B, LINE 12I SELECT CLINIC DISCOUNT - ELIGIBLE SERVICES RENDERED IN OR ORDERED BY PHYSICIANS AT SELECT CLINICS MAY BE DISCOUNTED IN AN AMOUNT NOT TO EXCEED 85% O/B CLINIC DISCOUNT - O/B CLINIC PATIENTS RECEIVING ELIGIBLE SERVICES WHO DO NOT QUALIFY FOR FREE CARE AND FOR WHOM THE CHARITY CARE DISCOUNT IS NOT SUFFICIENT MAY RECEIVE A DISCOUNTED FLAT FEE PRICE FOR SUCH SERVICES UNIQUE CIRCUMSTANCES ALLOWANCE - ALLOWANCES MAY BE GRANTED TO PATIENTS WITH UNIQUE CIRCUMSTANCES WHO DO NOT QUALIFY FOR ANY OTHER FINANCIAL ASSISTANCE |



**Section C. Supplemental Information for Part V, Section B.**Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|-------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| GOOD SAMARITAN HOSPITAL | PART V, SECTION B, LINE 14G GOOD SAMARITAN HOSPITAL DOES NOT PROVIDE A DETAILED COPY OF ITS FINANCIAL ASSISTANCE POLICY TO PATIENTS HOWEVER IT DOES PROVIDE A SUMMARY OF THE POLICY IN A MANNER LISTED IN LINES 13A-13E IN ADDITION, SUCH INFORMATION SHALL BE PROVIDED IN LANGUAGES CONSIDERED TO BE COMMONLY SPOKEN BY THE POPULATION GOOD SAMARITAN HOSPITAL SERVES IF TRANSLATION OR OTHER ASSISTANCE IS NEEDED TO FACILITATE COMPLETION AND/OR UNDERSTANDING OF THE FINANCIAL ASSISTANCE POLICY AND/OR APPLICATION TRANSLATION AND OTHER REASONABLE REQUESTS FOR ASSISTANCE WILL BE PROVIDED |

**Section C. Supplemental Information for Part V, Section B.**Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|-------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| GOOD SAMARITAN HOSPITAL | PART V, SECTION B, LINE 20D THE GOOD SAMARITAN HOSPITAL OF CINCINNATI, OHIO ("GSH") ISSUES A BILLING STATEMENT TO ALL FAP ELIGIBLE INDIVIDUALS THAT STATES GROSS CHARGES FOR THE CARE RECEIVED AS THE STARTING POINT FOR APPLYING THE DISCOUNTS AND DEDUCTIONS THE FAP ELIGIBLE INDIVIDUAL IS ENTITLED TO UNDER ITS FAP, SUCH THAT THE AMOUNT THAT AN FAP ELIGIBLE INDIVIDUAL IS REQUIRED TO PAY IS (I) LESS THAN THE GROSS CHARGES FOR SUCH CARE, AND (II) TYPICALLY LESS THAN THE AMOUNTS GENERALLY BILLED TO PERSONS WITH INSURANCE CURRENTLY, AS PART OF THE TRIHEALTH SYSTEM, GSH PROVIDES FREE CARE TO PATIENTS WHOSE INCOME FALLS BELOW 100% OF THE FEDERAL POVERTY GUIDELINES IN ADDITION, IT PROVIDES DISCOUNTED CARE ON A SLIDING SCALE TO PATIENTS WITH INCOMES ALL THE WAY UP TO 400% OF THE FEDERAL POVERTY GUIDELINES ANY UNINSURED PATIENT THAT FILLS OUT A FINANCIAL ASSISTANCE FORM AUTOMATICALLY RECEIVES A 40% DISCOUNT REGARDLESS OF INCOME WHILE OTHER PATIENTS RECEIVE A 45% DISCOUNT (INCOME BETWEEN 300% AND 400% OF POVERTY GUIDELINES), 60% DISCOUNT (INCOME BETWEEN 200% AND 300% OF POVERTY GUIDELINES), OR AN 80% DISCOUNT (INCOME BETWEEN 100% AND 200% OF POVERTY GUIDELINES) THE CURRENT AVERAGE DISCOUNT WITH COMMERCIAL INSURANCE COMPANIES IS 63% SO VIRTUALLY ALL PATIENTS QUALIFYING FOR FINANCIAL ASSISTANCE WITH INCOME UP TO 300% OF THE POVERTY GUIDELINES ARE RECEIVING DISCOUNTS EQUAL TO OR GREATER THAN THE AVERAGE COMMERCIAL INSURANCE DISCOUNT IN ADDITION, GSH BELIEVES THE TRIHEALTH FINANCIAL ASSISTANCE POLICY IS GENEROUS AS MANY HOSPITALS DO NOT OFFER ANY FINANCIAL ASSISTANCE TO PATIENTS WITH INCOME OVER 300% OF THE POVERTY GUIDELINE HOWEVER, IT PREFERENCES TO EXTEND DISCOUNTS TO SUCH INDIVIDUALS RATHER THAN DENY THEM ELIGIBILITY UNDER THE POLICY SO THAT SUCH INDIVIDUALS RECEIVE SOME FINANCIAL ASSISTANCE RATHER THAN NONE |

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

**Section D. 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?

\_\_\_\_\_

| Name and address                                                                                 | Type of Facility (describe)              |
|--------------------------------------------------------------------------------------------------|------------------------------------------|
| GOOD SAMARITAN MEDICAL CENTER<br>6949 GOOD SAMARITAN DRIVE<br>CINCINNATI, OH 45247               | EMERGENCY DEPARTMENT/OUTPATIENT SERVICES |
| GOOD SAMARITAN PHYSICAL THERAPY<br>8748 UNION CENTRE DRIVE<br>WEST CHESTER, OH 45069             | EMERGENCY DEPARTMENT/OUTPATIENT SERVICES |
| GOOD SAMARITAN HOSPITAL OUTPATIENT CTR<br>6350 GLENWAY AVENUE<br>CINCINNATI, OH 45211            | EMERGENCY DEPARTMENT/OUTPATIENT SERVICES |
| GOOD SAMARITAN HOSPITAL WEIGHT MGMT CTR<br>3219 CLIFTON AVENUE SUITE 225<br>CINCINNATI, OH 45220 | EMERGENCY DEPARTMENT/OUTPATIENT SERVICES |
| GOOD SAMARITAN HOSPITAL WOMEN'S CENTER<br>3219 CLIFTON AVENUE SUITE 100<br>CINCINNATI, OH 45220  | EMERGENCY DEPARTMENT/OUTPATIENT SERVICES |
| TRIHEALTH OUTPATIENT CENTER<br>7777 BEECHMONT AVE<br>CINCINNATI, OH 45255                        | EMERGENCY DEPARTMENT/OUTPATIENT SERVICES |
| TRIHEALTH INFUSION CENTER - WESTSIDE<br>5520 CHEVIOT RD SUITE A<br>CINCINNATI, OH 45247          | EMERGENCY DEPARTMENT/OUTPATIENT SERVICES |
| TRIHEALTH INFUSION CENTER - NORTH<br>10550 MONTGOMERY RD STE 22<br>CINCINNATI, OH 45242          | EMERGENCY DEPARTMENT/OUTPATIENT SERVICES |
| TRIHEALTH SLEEP MEDICINE<br>6350 GLENWAY AVENUE<br>CINCINNATI, OH 45211                          | EMERGENCY DEPARTMENT/OUTPATIENT SERVICES |
| GOOD SAMARITAN HOSPITAL WEIGHT MGMT CTR<br>6200 PFEIFFER ROAD<br>CINCINNATI, OH 45242            | EMERGENCY DEPARTMENT/OUTPATIENT SERVICES |

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
THE GOOD SAMARITAN HOSPITAL OF CINCINNATI OHIO

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

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2013

Open to Public  
Inspection

Employer identification number  
31-0537486

Part I

General Information on Grants and Assistance

1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

2

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

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|----------------------------------------------------|---------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| See Additional Data Table                          |         |                                    |                          |                                   |                                                       |                                        |                                    |
|                                                    |         |                                    |                          |                                   |                                                       |                                        |                                    |
|                                                    |         |                                    |                          |                                   |                                                       |                                        |                                    |
|                                                    |         |                                    |                          |                                   |                                                       |                                        |                                    |
|                                                    |         |                                    |                          |                                   |                                                       |                                        |                                    |
|                                                    |         |                                    |                          |                                   |                                                       |                                        |                                    |
|                                                    |         |                                    |                          |                                   |                                                       |                                        |                                    |
|                                                    |         |                                    |                          |                                   |                                                       |                                        |                                    |
|                                                    |         |                                    |                          |                                   |                                                       |                                        |                                    |

2

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

12

3

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

Part III

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

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

Part IV

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

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

Additional Data

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

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

| (a) Name and address of organization or government                       | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| UPTOWN CONSORTIUM INC<br>629 OAK STREET SUITE 306<br>CINCINNATI,OH 45206 | 20-0688727 | 501(C)(3)                          | 147,900                  |                                   |                                                       |                                        | GENERAL PURPOSES                   |

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

| (a) Name and address of organization or government                   | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|----------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| AMERICAN HEART ASSOCIATION<br>7272 GREENVILLE AVE<br>DALLAS,TX 75231 | 13-5613797 | 501(C)(3)                          | 65,280                   |                                   |                                                        |                                        | SPONSORSHIP                        |

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

| (a) Name and address of organization or government                   | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|----------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| CENTER FOR RESPITE CARE INC<br>PO BOX 141301<br>CINCINNATI, OH 45229 | 20-2544994 | 501(C)(3)                          | 26,010                   |                                   |                                                       |                                        | GENERAL PURPOSES                   |



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

| (a) Name and address of organization or government                                            | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|-----------------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| GOOD SAMARITAN HOSPITAL FOUNDATION OF CINCINNATI INC<br>619 OAK STREET<br>CINCINNATI,OH 45206 | 31-1206047 | 501(C)(3)                          | 11,120                   |                                   |                                                        |                                        | SPONSORSHIP                        |

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

| (a) Name and address of organization or government                   | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|----------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| BETHESDA FOUNDATION<br>INC<br>619 OAK STREET<br>CINCINNATI, OH 45206 | 23-7374129 | 501(C)(3)                          | 60,690                   |                                   |                                                       |                                        | SPONSORSHIP                        |

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

| (a) Name and address of organization or government                            | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|-------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| THE HEALTH COLLABORATIVE<br>2649 ERIE AVENUE 2ND FLOOR<br>CINCINNATI,OH 45208 | 31-1449807 | 501(C)(3)                          | 56,100                   |                                   |                                                        |                                        | GENERAL PURPOSES                   |

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

| (a) Name and address of organization or government                            | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|-------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| THE CHILDREN'S THEATER<br>5020 OAKLAWN DRSUITE<br>2000<br>CINCINNATI,OH 45227 | 31-6026285 | 501(C)(3)                          | 10,200                   |                                   |                                                        |                                        | SPONSORSHIP                        |

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

| (a) Name and address of organization or government              | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|-----------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| FRIARS CLUB INC<br>2316 HARRYWOOD COURT<br>CINCINNATI, OH 45239 | 31-0537485 | 501(C)(3)                          | 5,100                    |                                   |                                                       |                                        | SPONSORSHIP                        |

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

| (a) Name and address of organization or government                                               | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--------------------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| JUVENILE DIABETES RESEARCH FOUNDATION<br>8050 HOSBROOK ROAD<br>SUITE 314<br>CINCINNATI, OH 45236 | 23-1907729 | 501(C)(3)                          | 5,100                    |                                   |                                                       |                                        | SPONSORSHIP                        |

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

| (a) Name and address of organization or government                                       | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|------------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| MARVIN LEWIS<br>COMMUNITY FUND<br>700 WEST PETE ROSE WAY<br>NO 37<br>CINCINNATI,OH 45203 | 20-2704690 | 501(C)(3)                          | 12,750                   |                                   |                                                        |                                        | SPONSORSHIP                        |

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

| (a) Name and address of organization or government                      | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|-------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| HEALTHY BEGINNINGS INC<br>47 E HOLLISTER STE 201<br>CINCINNATI,OH 45219 | 31-1380939 | 501(C)(3)                          | 80,000                   |                                   |                                                        |                                        | SUPPORT FUNDING                    |



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

| (a) Name and address of organization or government                     | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| HEALTHY MOM AND BABIES INC<br>2270 BANNING ROAD<br>CINCINNATI,OH 45239 | 31-1155292 | 501(C)(3)                          | 100,000                  |                                   |                                                        |                                        | CHARITY CARE                       |

Schedule J  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.  
▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization  
THE GOOD SAMARITAN HOSPITAL OF CINCINNATI OHIO

Employer identification number  
31-0537486

Part I

Questions Regarding Compensation

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

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

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

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

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

**Part III** Supplemental Information

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.

| Return Reference | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PART I, LINE 4B  | ELIGIBLE EXECUTIVES (GENERALLY VICE PRESIDENTS AND ABOVE) PARTICIPATE IN A PROGRAM THAT PROVIDES FOR SUPPLEMENTAL RETIREMENT BENEFITS. THE PAYMENT OF BENEFITS UNDER THE PROGRAM, IF ANY, IS ENTIRELY DEPENDENT UPON THE FACTS AND CIRCUMSTANCES UNDER WHICH THE EXECUTIVE TERMINATES EMPLOYMENT WITH THE ORGANIZATION. BENEFITS UNDER THE PROGRAM ARE UNFUNDED AND NON-VESTED. DUE TO THE SUBSTANTIAL RISK OF FORFEITURE PROVISION, THERE IS NO GUARANTEE THAT THESE EXECUTIVES WILL EVER RECEIVE ANY BENEFIT UNDER THE PROGRAM. ANY AMOUNT ULTIMATELY PAID UNDER THE PROGRAM TO THE EXECUTIVE IS REPORTED AS COMPENSATION ON FORM 990, SCHEDULE J, PART II, COLUMN B IN THE YEAR PAID. TRIHEALTH, INC., THE RELATED ORGANIZATION THAT PAID THE SALARIES OF THE FOLLOWING INDIVIDUALS LISTED IN SCHEDULE J, PART II, CONTRIBUTED, ON BEHALF OF THE FOLLOWING INDIVIDUALS, TO A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN IN THE AMOUNTS AS NOTED: JOHN PROUT - \$261,496; DONNA NIENABER, ESQ. - \$72,455; CRAIG RUCKER - \$84,556; MICHAEL CROFTON - \$18,591; GERALD OLIPHANT - \$99,709; WILLIAM GRONEMAN - \$89,099; GEORGES FEGHALI, MD - \$92,355; JOHN ROBINSON, MD - \$45,737. IN ADDITION, THE FOLLOWING INDIVIDUALS LISTED IN SCHEDULE J, PART II, RECEIVED A PAYMENT FROM A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN WHICH WAS TREATED AS TAXABLE COMPENSATION BY THEIR RESPECTIVE EMPLOYERS: JOHN PROUT - \$119,269; WILLIAM GRONEMAN - \$20,369. |
| PART I, LINE 7   | A PHYSICIAN HAS A BASE SALARY BUT IS ALSO ELIGIBLE FOR A BONUS. THE BONUS IS CONTINGENT ON THE PROFITABILITY OF HIS OR HER PRACTICE. ESSENTIALLY, THE PROFITABILITY OF HIS OR HER PRACTICE GETS PAID TO THE PHYSICIAN AS A BONUS UP TO A MAXIMUM OF \$100,000.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| PART I, LINE 3   | TRIHEALTH, INC., A RELATED ORGANIZATION OF THE GOOD SAMARITAN HOSPITAL OF CINCINNATI, OHIO, WHO PAID THE INDIVIDUAL, USES THE FOLLOWING TO ESTABLISH THE COMPENSATION OF THE FILING ORGANIZATION'S CEO/EXECUTIVE DIRECTOR: * COMPENSATION COMMITTEE, * INDEPENDENT COMPENSATION CONSULTANT, * COMPENSATION SURVEY OR STUDY, AND * APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| PART I, LINE 4A  | THE REPORTABLE INDIVIDUALS OF THE GOOD SAMARITAN HOSPITAL OF CINCINNATI, OHIO ARE PAID BY TRIHEALTH, INC., A RELATED ORGANIZATION, RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS EXEMPT FROM FEDERAL INCOME TAX UNDER INTERNAL REVENUE CODE SECTION 501(A) AS AN ORGANIZATION DESCRIBED IN INTERNAL REVENUE CODE SECTION 501(C)(3). THESE INDIVIDUALS DO NOT HAVE EMPLOYMENT AGREEMENTS, SO NO SPECIAL ARRANGEMENTS EXIST BEYOND TRIHEALTH, INC.'S STANDARD EMPLOYEE SEVERANCE PACKAGE. GENERAL SEVERANCE PAY IS BASED ON LENGTH OF SERVICE. IN ADDITION, NOTICE PAY, IF APPLICABLE UNDER TRIHEALTH, INC. POLICY, MAY BE ADDED TO THE SEVERANCE PACKAGE AND THE AMOUNT OF NOTICE PAY WILL BE DETERMINED BY HUMAN RESOURCES IN ACCORDANCE WITH TRIHEALTH, INC. POLICY. PAYMENTS OF SEVERANCE ARE CONDITIONED UPON SIGNING A SEPARATION AND RELEASE AGREEMENT. NO REPORTABLE INDIVIDUALS RECEIVED SEVERANCE PAYMENTS FROM TRIHEALTH, INC. DURING THE 2013 CALENDAR YEAR.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |

Additional Data

Software ID:

Software Version:

EIN: 31-0537486

Name: THE GOOD SAMARITAN HOSPITAL OF CINCINNATI OHIO

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

| (A) Name                                                        |      | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                          | (C) Deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported in prior Form 990 or Form 990-EZ |
|-----------------------------------------------------------------|------|----------------------------------------------------|-------------------------------------|--------------------------|---------------------------|-------------------------|---------------------------------|------------------------------------------------------------|
|                                                                 |      | (i) Base Compensation                              | (ii) Bonus & incentive compensation | (iii) Other compensation |                           |                         |                                 |                                                            |
| JOHN PROUT<br>PRESIDENT/CEO                                     | (i)  | 0                                                  | 0                                   | 0                        | 0                         | 0                       | 0                               | 0                                                          |
|                                                                 | (ii) | 933,901                                            | 370,000                             | 151,252                  | 319,627                   | 9,025                   | 1,783,805                       | 119,269                                                    |
| PAUL EDGETT III<br>TRUSTEE                                      | (i)  | 0                                                  | 0                                   | 0                        | 0                         | 0                       | 0                               | 0                                                          |
|                                                                 | (ii) | 496,880                                            | 515,695                             | 114,019                  | 72,192                    | 22,006                  | 1,220,792                       | 92,265                                                     |
| STEPHEN BLATT MD<br>MED STAFF PRES-<br>GOOD SAM (END<br>12/13)  | (i)  | 0                                                  | 0                                   | 45,000                   | 0                         | 0                       | 45,000                          | 0                                                          |
|                                                                 | (ii) | 371,110                                            | 22,109                              | 1,337                    | 41,395                    | 17,678                  | 453,629                         | 0                                                          |
| STUART DONOVAN<br>MD MED STAFF PRES-<br>BETHESDA (END<br>12/13) | (i)  | 0                                                  | 0                                   | 0                        | 0                         | 0                       | 0                               | 0                                                          |
|                                                                 | (ii) | 457,880                                            | 93,000                              | 47,338                   | 10,783                    | 472                     | 609,473                         | 0                                                          |
| ALAN ALTMAN MD<br>MED STAFF PRES-<br>BETHESDA (START<br>1/14)   | (i)  | 0                                                  | 0                                   | 0                        | 0                         | 0                       | 0                               | 0                                                          |
|                                                                 | (ii) | 241,019                                            | 25,000                              | 18,572                   | 67,361                    | 24,267                  | 376,219                         | 0                                                          |
| DONNA NIENABER<br>ESQ SVP CORP<br>COUNSEL/ASST<br>SECRETARY     | (i)  | 0                                                  | 0                                   | 0                        | 0                         | 0                       | 0                               | 0                                                          |
|                                                                 | (ii) | 335,667                                            | 142,672                             | 25,307                   | 142,672                   | 16,913                  | 663,231                         | 0                                                          |
| CRAIG RUCKER SVP<br>CFO/ASST<br>TREASURER                       | (i)  | 0                                                  | 0                                   | 0                        | 0                         | 0                       | 0                               | 0                                                          |
|                                                                 | (ii) | 438,712                                            | 128,945                             | 23,038                   | 127,978                   | 10,828                  | 729,501                         | 0                                                          |
| WILLIAM GRONEMAN<br>EXEC VP SYSTEM<br>DEVELOPMENT               | (i)  | 0                                                  | 0                                   | 0                        | 0                         | 0                       | 0                               | 0                                                          |
|                                                                 | (ii) | 398,252                                            | 117,323                             | 72,375                   | 157,712                   | 26,746                  | 772,408                         | 20,369                                                     |
| GERALD OLIPHANT<br>EXEC VP & COO                                | (i)  | 0                                                  | 0                                   | 0                        | 0                         | 0                       | 0                               | 0                                                          |
|                                                                 | (ii) | 490,075                                            | 148,339                             | 19,091                   | 127,101                   | 25,009                  | 809,615                         | 0                                                          |
| GEORGES FEGHALI<br>MD CHIEF MEDICAL<br>OFFICER                  | (i)  | 0                                                  | 0                                   | 0                        | 0                         | 0                       | 0                               | 0                                                          |
|                                                                 | (ii) | 395,530                                            | 159,828                             | 25,473                   | 152,458                   | 22,160                  | 755,449                         | 0                                                          |
| JOHN ROBINSON MD<br>SVP-HOSPITAL<br>OPERATIONS                  | (i)  | 0                                                  | 0                                   | 0                        | 0                         | 0                       | 0                               | 0                                                          |
|                                                                 | (ii) | 296,746                                            | 75,179                              | 14,124                   | 71,624                    | 23,362                  | 481,035                         | 0                                                          |
| JAIME EASTERLING<br>EXEC DIRECTOR-<br>GOOD SAM HOSPITAL         | (i)  | 0                                                  | 0                                   | 0                        | 0                         | 0                       | 0                               | 0                                                          |
|                                                                 | (ii) | 163,982                                            | 34,882                              | 3,520                    | 22,944                    | 13,854                  | 239,182                         | 0                                                          |
| DAVID DHANRAJ MD<br>PHYSICIAN                                   | (i)  | 329,918                                            | 0                                   | 662                      | 22,162                    | 21,699                  | 374,441                         | 0                                                          |
|                                                                 | (ii) | 0                                                  | 0                                   | 0                        | 0                         | 0                       | 0                               | 0                                                          |
| ROBERT ROHS MD<br>PHYSICIAN                                     | (i)  | 239,990                                            | 53,384                              | 3,405                    | 40,594                    | 463                     | 337,836                         | 0                                                          |
|                                                                 | (ii) | 0                                                  | 0                                   | 0                        | 0                         | 0                       | 0                               | 0                                                          |
| DEVIN NAMAKY MD<br>PHYSICIAN                                    | (i)  | 246,371                                            | 0                                   | 317                      | 20,884                    | 17,903                  | 285,475                         | 0                                                          |
|                                                                 | (ii) | 0                                                  | 0                                   | 0                        | 0                         | 0                       | 0                               | 0                                                          |
| JOHN SPRAGUE MD<br>PHYSICIAN                                    | (i)  | 183,715                                            | 0                                   | 1,191                    | 18,860                    | 15,408                  | 219,174                         | 0                                                          |
|                                                                 | (ii) | 0                                                  | 0                                   | 0                        | 0                         | 0                       | 0                               | 0                                                          |
| GARY HESS<br>PHARMACIST                                         | (i)  | 149,031                                            | 9,901                               | 1,137                    | 32,716                    | 7,282                   | 200,067                         | 0                                                          |
|                                                                 | (ii) | 0                                                  | 0                                   | 0                        | 0                         | 0                       | 0                               | 0                                                          |
| MICHAEL CROFTON<br>FORMER                                       | (i)  | 0                                                  | 0                                   | 0                        | 0                         | 0                       | 0                               | 0                                                          |
|                                                                 | (ii) | 223,774                                            | 48,955                              | 23,713                   | 50,992                    | 24,402                  | 371,836                         | 0                                                          |

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.  
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2013

Open to Public  
Inspection

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

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

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

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



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

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

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

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

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

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

| Return<br>Reference          | Explanation                                                                                                                                                                             |
|------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990, PART<br>XI, LINE 9 | CHANGE PENSION PLAN/SERP FUNDED STATUS 18,226,294 TRANSFER TO CHI CAPITAL RESOURCE POOL -3,030,132<br>LOSS ON UNCONSOLIDATED ORGANIZATIONS -28,811,749 MISCELLANEOUS ADJUSTMENT -33,272 |

| Return Reference            | Explanation                                                                                                                             |
|-----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990, PART I,<br>LINE 6 | DURING THE TAX YEAR, THE GOOD SAMARITAN HOSPITAL OF CINCINNATI, OHIO WAS ASSISTED BY 1,687<br>VOLUNTEERS WHO DONATED OVER 153,000 HOURS |



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

| Return<br>Reference                                                   | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|-----------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990,<br>PART VII,<br>SECTION A -<br>AVERAGE<br>HOURS PER<br>WEEK | <p>THE OFFICERS AND DIRECTORS FOR THE GOOD SAMARITAN HOSPITAL OF CINCINNATI, OHIO THAT SHOW AT LEAST 60 HOURS PER WEEK PROVIDE SERVICES TO TRIHEALTH, INC (A RELATED ORGANIZATION WHO PAID THE INDIVIDUALS) AND ITS SUBSIDIARIES/AFFILIATES ("TRIHEALTH") AS AN ENTIRE SYSTEM HOURS WORKED, INCLUDING THEIR DUTIES AS OFFICERS AND DIRECTORS OF THE FILING ORGANIZATION, ARE NOT TRACKED ON AN ENTITY BY ENTITY BASIS, THUS THE AVERAGE HOURS PER WEEK DISCLOSED ARE ESTIMATES TO SHOW THAT THE TIME SPENT BY THESE INDIVIDUALS RELATE TO THEM FULFILLING THEIR DUTIES AS FULL-TIME, 60 HOURS-PER-WEEK EMPLOYEES OF TRIHEALTH VERSUS THEIR DUTIES AS OFFICERS AND DIRECTORS OF THE FILING ORGANIZATION IN ADDITION, THE COMPENSATION REPORTED ON FORM 990, PART VII WAS PAID TO THESE INDIVIDUALS IN FULFILLMENT OF THEIR DUTIES AS EMPLOYEES OF TRIHEALTH DIRECTORS (AS NOTED WITH A "MED STAFF PRES" REFERENCE) FOR BETHESDA HOSPITAL, INC SERVE ON THE BOARD IN THEIR CAPACITY AS MEDICAL STAFF PRESIDENT FOR EITHER BETHESDA HOSPITAL, INC OR THE GOOD SAMARITAN HOSPITAL OF CINCINNATI, OHIO IN ADDITION, THESE INDIVIDUALS PROVIDE SERVICES AS EMPLOYEES OF VARIOUS RELATED ENTITIES FOR WHICH THEY RECEIVE COMPENSATION NONE OF THE COMPENSATION SHOWN IS FOR SERVING AS A DIRECTOR</p> |

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

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

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990. ▶ See separate instructions.  
▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization  
THE GOOD SAMARITAN HOSPITAL OF CINCINNATI OHIO

Employer identification number  
31-0537486

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

| Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. |                         |                                                  |                            |                                                     |                                  |                                              |    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|--------------------------------------------------|----------------------------|-----------------------------------------------------|----------------------------------|----------------------------------------------|----|
| (a)<br>Name, address, and EIN of related organization                                                                                                                                                                 | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled entity? |    |
|                                                                                                                                                                                                                       |                         |                                                  |                            |                                                     |                                  | Yes                                          | No |
| See Additional Data Table                                                                                                                                                                                             |                         |                                                  |                            |                                                     |                                  |                                              |    |
|                                                                                                                                                                                                                       |                         |                                                  |                            |                                                     |                                  |                                              |    |
|                                                                                                                                                                                                                       |                         |                                                  |                            |                                                     |                                  |                                              |    |
|                                                                                                                                                                                                                       |                         |                                                  |                            |                                                     |                                  |                                              |    |
|                                                                                                                                                                                                                       |                         |                                                  |                            |                                                     |                                  |                                              |    |
|                                                                                                                                                                                                                       |                         |                                                  |                            |                                                     |                                  |                                              |    |
|                                                                                                                                                                                                                       |                         |                                                  |                            |                                                     |                                  |                                              |    |

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 50135Y

Schedule R (Form 990) 2013

Part III

Identification of Related Organizations Taxable as a Partnership

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

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

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

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

Part V

Transactions With Related Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

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

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

| (a)<br>Name of related organization | (b)<br>Transaction<br>type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-------------------------------------|----------------------------------|------------------------|----------------------------------------------|
| See Additional Data Table           |                                  |                        |                                              |
|                                     |                                  |                        |                                              |
|                                     |                                  |                        |                                              |
|                                     |                                  |                        |                                              |
|                                     |                                  |                        |                                              |
|                                     |                                  |                        |                                              |
|                                     |                                  |                        |                                              |

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

[illegible]



Part VII

Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

Additional Data

Software ID:

Software Version:

EIN: 31-0537486

Name: THE GOOD SAMARITAN HOSPITAL OF CINCINNATI OHIO

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

| (a)<br>Name, address, and EIN of related organization                                                                                  | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled entity? |    |
|----------------------------------------------------------------------------------------------------------------------------------------|-------------------------|--------------------------------------------------|----------------------------|-----------------------------------------------------|----------------------------------|----------------------------------------------|----|
|                                                                                                                                        |                         |                                                  |                            |                                                     |                                  | Yes                                          | No |
| (1) ALEAGENT CREIGHTON CLINIC<br><br>12809 W DODGE RD<br>OMAHA, NE 68154<br>47-0765154                                                 | HEALTHCARE              | NE                                               | 501(C)(3)                  | 3                                                   | ACH                              | Yes                                          |    |
| (1) ALEAGENT CREIGHTON HEALTH<br><br>12809 W DODGE RD<br>OMAHA, NE 68154<br>47-0757164                                                 | HEALTHCARE              | NE                                               | 501(C)(3)                  | 3                                                   | CHI NEBRASKA                     | Yes                                          |    |
| (2) ALEAGENT CREIGHTON HEALTH FOUNDATION<br><br>12809 W DODGE RD<br>OMAHA, NE 68154<br>47-0648586                                      | FUNDRAISING             | NE                                               | 501(C)(3)                  | 7                                                   | ACH                              | Yes                                          |    |
| (3) ALEAGENT HEALTH - BERGAN MERCY HEALTH SYSTEM<br><br>7500 MERCY RD<br>OMAHA, NE 68124<br>47-0484764                                 | HEALTHCARE              | NE                                               | 501(C)(3)                  | 3                                                   | CHI NEBRASKA                     | Yes                                          |    |
| (4) ALEAGENT HEALTH - COMMUNITY MEMORIAL HOSPITAL OF MISSOURI VALLEY IA<br><br>631 N 8TH ST<br>MISSOURI VALLEY, IA 51555<br>42-0776568 | HEALTHCARE              | IA                                               | 501(C)(3)                  | 3                                                   | CHI NEBRASKA                     | Yes                                          |    |
| (5) ALEAGENT HEALTH - IMMANUEL MEDICAL CENTER<br><br>6901 N 72ND ST<br>OMAHA, NE 68122<br>47-0376615                                   | HEALTHCARE              | NE                                               | 501(C)(3)                  | 3                                                   | CHI NEBRASKA                     | Yes                                          |    |
| (6) ALEAGENT HEALTH - MEMORIAL HOSPITAL SCHUYLER<br><br>104 W 17TH ST<br>SCHUYLER, NE 68661<br>47-0399853                              | HEALTHCARE              | NE                                               | 501(C)(3)                  | 3                                                   | CHI NEBRASKA                     | Yes                                          |    |
| (7) ALEAGENT HEALTH - MERCY HOSPITAL CORNING IOWA<br><br>PO BOX 368<br>CORNING, IA 50841<br>42-0782518                                 | HEALTHCARE              | IA                                               | 501(C)(3)                  | 3                                                   | CHI NEBRASKA                     | Yes                                          |    |
| (8) ALVERNA APARTMENTS<br><br>300 SE 8TH AVE<br>LITTLE FALLS, MN 56345<br>41-1351177                                                   | LTERM CARE              | MN                                               | 501(C)(3)                  | 9                                                   | CHI                              | Yes                                          |    |
| (9) APPLETREE COURT<br><br>601 OAK ST<br>BRECKENRIDGE, MN 56520<br>41-1850500                                                          | SENIOR LIVING           | MN                                               | 501(C)(3)                  | 9                                                   | SFH                              | Yes                                          |    |
| (10) BISHOP DRUMM RETIREMENT CENTER<br><br>1111 6TH AVE<br>DES MOINES, IA 50314<br>42-0725196                                          | LTERM CARE              | IA                                               | 501(C)(3)                  | 9                                                   | CHI-IA CORP                      | Yes                                          |    |
| (11) BORNEMANN HEALTHCARE CORPORATION<br><br>2500 BERNVILLE RD PO BOX 316<br>READING, PA 19603<br>23-2187242                           | HEALTHCARE              | PA                                               | 501(C)(3)                  | 11A                                                 | CHI                              | Yes                                          |    |
| (12) CARRINGTON HEALTH CENTER<br><br>800 N 4TH ST<br>CARRINGTON, ND 58421<br>45-0227311                                                | HEALTHCARE              | ND                                               | 501(C)(3)                  | 3                                                   | CHI                              | Yes                                          |    |
| (13) CATHOLIC HEALTH INITIATIVES<br><br>198 INVERNESS DRIVE WEST<br>ENGLEWOOD, CO 80112<br>47-0617373                                  | HEALTHCARE              | CO                                               | 501(C)(3)                  | 9                                                   | N/A                              | Yes                                          |    |
| (14) CATHOLIC HEALTH INITIATIVES - COLORADO<br><br>188 INVERNESS DRIVE WEST STE 500<br>ENGLEWOOD, CO 80112<br>84-0405257               | HEALTHCARE              | CO                                               | 501(C)(3)                  | 3                                                   | CHI                              | Yes                                          |    |
| (15) CATHOLIC HEALTH INITIATIVES - IOWA CORP<br><br>1111 6TH AVE<br>DES MOINES, IA 50314<br>42-0680448                                 | HEALTHCARE              | IA                                               | 501(C)(3)                  | 3                                                   | CHI                              | Yes                                          |    |
| (16) CATHOLIC HEALTH INITIATIVES COLORADO FOUNDATION<br><br>6385 CORPORATE DR STE 301<br>COLORADO SPRINGS, CO 80919<br>84-0902211      | FUNDRAISING             | CO                                               | 501(C)(3)                  | 7                                                   | CHIC                             | Yes                                          |    |
| (17) CATHOLIC HEALTH INITIATIVES NATIONAL FOUNDATION<br><br>6385 CORPORATE DR<br>COLORADO SPRINGS, CO 80919<br>27-0930004              | FUNDRAISING             | CO                                               | 501(C)(3)                  | 11A                                                 | CHI                              | Yes                                          |    |
| (18) CATHOLIC HEALTH INITIATIVES VIRTUAL HEALTH SERVICES<br><br>198 INVERNESS DRIVE WEST<br>ENGLEWOOD, CO 80112<br>46-0992796          | HEALTHCARE              | CO                                               | 501(C)(3)                  | 11A                                                 | CHINS                            | Yes                                          |    |
| (19) CENTENNIAL MEDICAL GROUP INC<br><br>2700 STEWART PKWY<br>ROSEBURG, OR 97471<br>26-3946191                                         | PHYSICIANS              | OR                                               | 501(C)(3)                  | 9                                                   | MMC                              | Yes                                          |    |

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

| (a)<br>Name, address, and EIN of related organization                                                                       | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status<br>(if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled entity? |    |
|-----------------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------------------------|----------------------------|--------------------------------------------------------|----------------------------------|----------------------------------------------|----|
|                                                                                                                             |                         |                                                     |                            |                                                        |                                  | Yes                                          | No |
| (21) CENTRAL KANSAS MEDICAL CENTER<br><br>3515 BROADWAY<br>GREAT BEND, KS 67530<br>48-0543724                               | SURGERY CENTER          | KS                                                  | 501(C)(3)                  | 3                                                      | CHI                              | Yes                                          |    |
| (1) CHI HEALTH CONNECT AT HOME - FARGO<br><br>4816 AMBER VALLEY PKWY S<br>FARGO, ND 58104<br>27-1966847                     | HEALTHCARE              | MN                                                  | 501(C)(3)                  | 9                                                      | CHI                              | Yes                                          |    |
| (2) CHI INSTITUTE FOR RESEARCH AND INNOVATION<br><br>198 INVERNESS DRIVE WEST<br>ENGLEWOOD, CO 80112<br>27-1050565          | HEALTHCARE              | CO                                                  | 501(C)(3)                  | 11A                                                    | CHI                              | Yes                                          |    |
| (3) CHI KENTUCKY INC<br><br>3900 OLYMPIC BLVD STE 400<br>ERLANGER, KY 41018<br>20-2741651                                   | HEALTHCARE              | KY                                                  | 501(C)(3)                  | 11A                                                    | CHI                              | Yes                                          |    |
| (4) CHI NATIONAL HOME CARE<br><br>198 INVERNESS DRIVE WEST<br>ENGLEWOOD, CO 80112<br>45-1261716                             | HEALTHCARE              | CO                                                  | 501(C)(3)                  | 9                                                      | CHI NS                           | Yes                                          |    |
| (5) CHI NATIONAL SERVICES<br><br>198 INVERNESS DRIVE WEST<br>ENGLEWOOD, CO 80112<br>45-2532084                              | HEALTHCARE              | CO                                                  | 501(C)(3)                  | 11A                                                    | CHI                              | Yes                                          |    |
| (6) CHI NEBRASKA<br><br>6940 O ST STE 200<br>LINCOLN, NE 68510<br>36-3233121                                                | HEALTHCARE              | NE                                                  | 501(C)(3)                  | 11C                                                    | CHI                              | Yes                                          |    |
| (7) CHI ST LUKE'S HEALTH BAYLOR COLLEGE OF MEDICINE MEDICAL CENTER<br><br>6624 FANNIN ST<br>HOUSTON, TX 77030<br>74-1161938 | HEALTHCARE              | TX                                                  | 501(C)(3)                  | 3                                                      | SLHS                             | Yes                                          |    |
| (8) CHI ST VINCENT HOSPITAL HOT SPRINGS<br><br>300 WERNER ST<br>HOT SPRINGS, AR 71913<br>71-0236913                         | HEALTHCARE              | AR                                                  | 501(C)(3)                  | 3                                                      | CHISVHS                          | Yes                                          |    |
| (9) CHI ST VINCENT HOT SPRINGS<br><br>300 WERNER ST<br>HOT SPRINGS, AR 71913<br>26-1125064                                  | HOLDING CO              | AR                                                  | 501(C)(3)                  | 11B                                                    | SVIMC                            | Yes                                          |    |
| (10) CHI ST VINCENT MEDICAL GROUP HOT SPRINGS<br><br>1 MERCY LANE STE 201<br>HOT SPRINGS, AR 71913<br>26-1125131            | HEALTHCARE              | AR                                                  | 501(C)(3)                  | 3                                                      | CHISVHS                          | Yes                                          |    |
| (11) COMMUNITY LIMITED CARE DIALYSIS CENTER<br><br>619 OAK ST ACCOUNTING-3 W<br>CINCINNATI, OH 45206<br>23-7419853          | HOLDING CO              | OH                                                  | 501(C)(2)                  |                                                        | GSH                              | Yes                                          |    |
| (12) COMMUNITY MEMORIAL HOSPITAL MEDICAL SERVICE FOUNDATION<br><br>631 N 8TH ST<br>MISSOURI VALLEY, IA 51555<br>42-1294399  | FUNDRAISING             | IA                                                  | 501(C)(3)                  | 11A                                                    | AH-CMHMV                         | Yes                                          |    |
| (13) CONTINUING CARE HOSPITAL<br><br>150 NORTH EAGLE CREEK DR<br>LEXINGTON, KY 40509<br>61-1400619                          | LT ACH                  | KY                                                  | 501(C)(3)                  | 3                                                      | SJHS                             | Yes                                          |    |
| (14) COVENANT HOME CARE<br><br>198 INVERNESS DRIVE WEST<br>ENGLEWOOD, CO 80112<br>23-2028429                                | HOME HEALTH             | PA                                                  | 501(C)(3)                  | 11B                                                    | CHI NHC                          | Yes                                          |    |
| (15) ENUMCLAW REGIONAL HOSPITAL ASSOCIATION<br><br>1450 BATTERSBY AVE<br>ENUMCLAW, WA 98022<br>91-0715805                   | HEALTHCARE              | WA                                                  | 501(C)(3)                  | 3                                                      | FHS                              | Yes                                          |    |
| (16) FLAGET HEALTHCARE INC<br><br>4305 NEW SHEPHERDSVILLE RD<br>BARDSTOWN, KY 40004<br>61-1345363                           | HEALTHCARE              | KY                                                  | 501(C)(3)                  | 3                                                      | KOH                              | Yes                                          |    |
| (17) FLAGET MEMORIAL HOSPITAL FOUNDATION INC<br><br>4305 NEW SHEPHERDSVILLE RD<br>BARDSTOWN, KY 40004<br>56-2351341         | FUNDRAISING             | KY                                                  | 501(C)(3)                  | 11A                                                    | FH                               | Yes                                          |    |
| (18) FRANCISCAN FOUNDATION<br><br>1717 SOUTH J ST<br>TACOMA, WA 98405<br>91-1145592                                         | FUNDRAISING             | WA                                                  | 501(C)(3)                  | 9                                                      | FHS                              | Yes                                          |    |
| (19) FRANCISCAN HEALTH SYSTEM<br><br>1717 SOUTH J ST<br>TACOMA, WA 98405<br>91-0564491                                      | HEALTHCARE              | WA                                                  | 501(C)(3)                  | 3                                                      | CHI                              | Yes                                          |    |

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

| (a)<br>Name, address, and EIN of related organization                                                                            | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state<br>or foreign country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status<br>(if section 501(c)<br>(3)) | (f)<br>Direct controlling<br>entity | (g)<br>Section 512<br>(b)(13)<br>controlled<br>entity? |    |
|----------------------------------------------------------------------------------------------------------------------------------|-------------------------|--------------------------------------------------------|-------------------------------|---------------------------------------------------------------|-------------------------------------|--------------------------------------------------------|----|
|                                                                                                                                  |                         |                                                        |                               |                                                               |                                     | Yes                                                    | No |
| (41) FRANCISCAN HEALTH VENTURES FKA SJMGROUP<br><br>TACOMA FNC CTR BLDG 1145 BROADWAY<br>TACOMA, WA 98402<br>43-1882377          | PHYSICIANS              | MO                                                     | 501(C)(3)                     | 9                                                             | CHI                                 | Yes                                                    |    |
| (1) FRANCISCAN MEDICAL GROUP<br><br>1313 BROADWAY STE 200<br>TACOMA, WA 98402<br>91-1939739                                      | HEALTHCARE              | WA                                                     | 501(C)(3)                     | 9                                                             | FHS                                 | Yes                                                    |    |
| (2) FRANCISCAN VILLA OF SOUTH MILWAUKEE INC<br><br>3601 S CHICAGO AVE<br>SOUTH MILWAUKEE, WI 53172<br>39-1093829                 | HEALTHCARE              | WI                                                     | 501(C)(3)                     | 9                                                             | CHI                                 | Yes                                                    |    |
| (3) GLOBAL HEALTH INITIATIVES<br><br>198 INVERNESS DRIVE WEST<br>ENGLEWOOD, CO 80112<br>20-1536108                               | MINISTRIES              | CO                                                     | 501(C)(3)                     | 11A                                                           | CHI                                 | Yes                                                    |    |
| (4) GOOD SAMARITAN COLLEGE OF NURSING & HEALTH<br>SCIENCE<br><br>619 OAK ST ACCOUNTING-3 W<br>CINCINNATI, OH 45206<br>31-1778403 | EDUCATION               | OH                                                     | 501(C)(3)                     | 2                                                             | GSH                                 | Yes                                                    |    |
| (5) GOOD SAMARITAN FOUNDATION OF CINCINNATI INC<br><br>619 OAK ST ACCOUNTING-3 W<br>CINCINNATI, OH 45206<br>31-1206047           | FUNDRAISING             | OH                                                     | 501(C)(3)                     | 11A                                                           | GSH                                 | Yes                                                    |    |
| (6) GOOD SAMARITAN HOSPITAL<br><br>PO BOX 1990<br>KEARNEY, NE 68848<br>47-0379755                                                | HEALTHCARE              | NE                                                     | 501(C)(3)                     | 3                                                             | CHI NEBRASKA                        | Yes                                                    |    |
| (7) GOOD SAMARITAN HOSPITAL FOUNDATION<br><br>111 W 31ST ST<br>KEARNEY, NE 68847<br>47-0659443                                   | FUNDRAISING             | NE                                                     | 501(C)(3)                     | 7                                                             | GSH                                 | Yes                                                    |    |
| (8) GOOD SAMARITAN HOSPITAL FOUNDATION - DAYTON<br><br>110 N MAIN ST STE 500<br>DAYTON, OH 45402<br>23-7296923                   | FUNDRAISING             | OH                                                     | 501(C)(3)                     | 7                                                             | SHP                                 | Yes                                                    |    |
| (9) HARRISON MEDICAL CENTER<br><br>2520 CHERRY AVE<br>BREMERTON, WA 98310<br>91-0565546                                          | HEALTHCARE              | WA                                                     | 501(C)(3)                     | 3                                                             | FHS                                 | Yes                                                    |    |
| (10) HARRISON MEDICAL CENTER FOUNDATION<br><br>2520 CHERRY AVE<br>BREMERTON, WA 98310<br>91-1197626                              | FUNDRAISING             | WA                                                     | 501(C)(3)                     | 7                                                             | HMC                                 | Yes                                                    |    |
| (11) HEALTH SET<br><br>2420 W 26TH AVE STE 460D<br>DENVER, CO 80211<br>84-1102943                                                | LOW INC CARE            | CO                                                     | 501(C)(3)                     | 7                                                             | CHIC                                | Yes                                                    |    |
| (12) HEALTHCARE AND WELLNESS FOUNDATION<br><br>2400 ST FRANCIS DR<br>BRECKENRIDGE, MN 56520<br>76-0761782                        | FUNDRAISING             | MN                                                     | 501(C)(3)                     | 11A                                                           | SFMC                                | Yes                                                    |    |
| (13) HIGHLINE MEDICAL CENTER<br><br>16251 SYLVESTER RD SW<br>BURIEN, WA 98166<br>91-0712166                                      | HEALTHCARE              | WA                                                     | 501(C)(3)                     | 3                                                             | FHS                                 | Yes                                                    |    |
| (14) HOUSE OF MERCY<br><br>1111 6TH AVE<br>DES MOINES, IA 50314<br>42-1323808                                                    | SHELTER                 | IA                                                     | 501(C)(3)                     | 7                                                             | CHI-IA CORP                         | Yes                                                    |    |
| (15) JEWISH HOSPITAL AND ST MARY'S HEALTHCARE INC<br><br>539 S 4TH ST<br>LOUISVILLE, KY 40202<br>61-1029768                      | HEALTHCARE              | KY                                                     | 501(C)(3)                     | 3                                                             | KOH                                 | Yes                                                    |    |
| (16) KENTUCKYONE HEALTH MEDICAL GROUP INC<br><br>539 S 4TH ST<br>LOUISVILLE, KY 40202<br>61-1352729                              | HEALTHCARE              | KY                                                     | 501(C)(3)                     | 9                                                             | JHSMH                               | Yes                                                    |    |
| (17) KENTUCKYONE HEALTH INC<br><br>200 ABRAHAM FLEXNER WAY<br>LOUISVILLE, KY 40202<br>61-1029769                                 | HEALTHCARE              | KY                                                     | 501(C)(3)                     | 9                                                             | CHI                                 | Yes                                                    |    |
| (18) LAKEWOOD HEALTH CENTER<br><br>600 MAIN AVE S<br>BAUDETTE, MN 56623<br>41-0758434                                            | HEALTHCARE              | MN                                                     | 501(C)(3)                     | 3                                                             | CHI                                 | Yes                                                    |    |
| (19) LINUS OAKES INC<br><br>2700 STEWART PKWY<br>ROSEBURG, OR 97471<br>93-0821381                                                | SENIOR LIVING           | OR                                                     | 501(C)(3)                     | 9                                                             | MMC                                 | Yes                                                    |    |

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

| (a)<br>Name, address, and EIN of related organization                                                              | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status<br>(if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512 (b)(13) controlled entity? |    |
|--------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------------------------|----------------------------|--------------------------------------------------------|----------------------------------|-----------------------------------------------|----|
|                                                                                                                    |                         |                                                     |                            |                                                        |                                  | Yes                                           | No |
| (61) LISBON AREA HEALTH SERVICES<br><br>905 MAIN ST<br>LISBON, ND 58054<br>82-0558836                              | HEALTHCARE              | ND                                                  | 501(C)(3)                  | 3                                                      | CHI                              | Yes                                           |    |
| (1) LUFKIN VISION ACQUISITIONS<br><br>PO BOX 1447<br>LUFKIN, TX 75901<br>82-0563768                                | PROPERTY MGMT           | TX                                                  | 501(C)(3)                  | 11C                                                    | MHSET                            | Yes                                           |    |
| (2) MEMORIAL HEALTH CARE SYSTEM FOUNDATION INC<br><br>2525 DE SALES AVE<br>CHATTANOOGA, TN 37404<br>62-1839548     | FUNDRAISING             | TN                                                  | 501(C)(3)                  | 7                                                      | MHCS                             | Yes                                           |    |
| (3) MEMORIAL HEALTH CARE SYSTEM INC<br><br>2525 DE SALES AVE<br>CHATTANOOGA, TN 37404<br>62-0532345                | HEALTHCARE              | TN                                                  | 501(C)(3)                  | 3                                                      | CHI                              | Yes                                           |    |
| (4) MEMORIAL HEALTH PARTNERS FOUNDATION INC<br><br>5600 BRAINERD RD STE 500<br>CHATTANOOGA, TN 37411<br>03-0417049 | HEALTHCARE              | TN                                                  | 501(C)(3)                  | 9                                                      | MHCS                             | Yes                                           |    |
| (5) MEMORIAL HEALTH SYSTEM OF EAST TEXAS<br><br>PO BOX 1447<br>LUFKIN, TX 75902<br>75-0755367                      | HEALTHCARE              | TX                                                  | 501(C)(3)                  | 3                                                      | CHI                              | Yes                                           |    |
| (6) MEMORIAL MEDICAL CENTER - LIVINGSTON<br><br>PO BOX 1447<br>LUFKIN, TX 75902<br>76-0436439                      | HEALTHCARE              | TX                                                  | 501(C)(3)                  | 3                                                      | MHSET                            | Yes                                           |    |
| (7) MEMORIAL MEDICAL CENTER - SAN AUGUSTINE<br><br>PO BOX 1447<br>LUFKIN, TX 75902<br>75-2663904                   | HEALTHCARE              | TX                                                  | 501(C)(3)                  | 3                                                      | MHSET                            | Yes                                           |    |
| (8) MEMORIAL MULTISPECIALTY ASSOCIATES<br><br>1201 FRANK AVE<br>LUFKIN, TX 95904<br>75-2721155                     | PHYSICIANS              | TX                                                  | 501(C)(3)                  | 11C                                                    | MHSET                            | Yes                                           |    |
| (9) MEMORIAL SPECIALTY HOSPITAL<br><br>PO BOX 1447<br>LUFKIN, TX 95902<br>75-2492741                               | HEALTHCARE              | TX                                                  | 501(C)(3)                  | 3                                                      | MHSET                            | Yes                                           |    |
| (10) MERCY AUXILIARY OF CENTRAL IOWA<br><br>1111 6TH AVE<br>DES MOINES, IA 50314<br>42-6076069                     | AUXILIARY               | IA                                                  | 501(C)(3)                  | 11A                                                    | MF-DM IA                         | Yes                                           |    |
| (11) MERCY CLINICS INC<br><br>1111 6TH AVE<br>DES MOINES, IA 50314<br>42-1193699                                   | PHYSICIANS              | IA                                                  | 501(C)(3)                  | 9                                                      | CHI-IA CORP                      | Yes                                           |    |
| (12) MERCY COLLEGE OF HEALTH SCIENCES<br><br>1111 6TH AVE<br>DES MOINES, IA 50314<br>42-1511682                    | EDUCATION               | IA                                                  | 501(C)(3)                  | 2                                                      | CHI-IA CORP                      | Yes                                           |    |
| (13) MERCY FOUNDATION OF DES MOINES IA<br><br>1111 6TH AVE<br>DES MOINES, IA 50314<br>23-7358794                   | FUNDRAISING             | IA                                                  | 501(C)(3)                  | 7                                                      | CHI-IA CORP                      | Yes                                           |    |
| (14) MERCY FOUNDATION INC<br><br>2700 STEWART PKWY<br>ROSEBURG, OR 97471<br>93-6088946                             | FUNDRAISING             | OR                                                  | 501(C)(3)                  | 7                                                      | MMC                              | Yes                                           |    |
| (15) MERCY HEALTH CARE FOUNDATION<br><br>PO BOX 368<br>CORNING, IA 50841<br>42-1461064                             | FUNDRAISING             | IA                                                  | 501(C)(3)                  | 11A                                                    | AHMH-CORNING                     | Yes                                           |    |
| (16) MERCY HEALTHCARE FOUNDATION<br><br>570 CHAUTAUQUA BLVD<br>VALLEY CITY, ND 58072<br>45-0435338                 | FUNDRAISING             | ND                                                  | 501(C)(3)                  | 11C                                                    | MHVC                             | Yes                                           |    |
| (17) MERCY HOSPITAL FOUNDATION COUNCIL BLUFFS<br><br>800 MERCY DR<br>COUNCIL BLUFFS, IA 51503<br>42-1178204        | FUNDRAISING             | IA                                                  | 501(C)(3)                  | 11A                                                    | AHBMHS                           | Yes                                           |    |
| (18) MERCY HOSPITAL OF DEVILS LAKE<br><br>1031 7TH ST NE<br>DEVILS LAKE, ND 58301<br>45-0227012                    | HEALTHCARE              | ND                                                  | 501(C)(3)                  | 3                                                      | CHI                              | Yes                                           |    |
| (19) MERCY HOSPITAL OF DEVILS LAKE FOUNDATION<br><br>1031 7TH ST NE<br>DEVILS LAKE, ND 58301<br>35-2367360         | FUNDRAISING             | ND                                                  | 501(C)(3)                  | 7                                                      | MHDL                             | Yes                                           |    |

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

| (a)<br>Name, address, and EIN of related organization                                                                    | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state<br>or foreign<br>country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status<br>(if section 501(c)<br>(3)) | (f)<br>Direct controlling<br>entity | (g)<br>Section 512<br>(b)(13)<br>controlled<br>entity? |    |
|--------------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------------------------------|-------------------------------|---------------------------------------------------------------|-------------------------------------|--------------------------------------------------------|----|
|                                                                                                                          |                         |                                                           |                               |                                                               |                                     | Yes                                                    | No |
| (81) MERCY HOSPITAL OF VALLEY CITY<br><br>570 CHAUTAUQUA BLVD<br>VALLEY CITY, ND 58072<br>45-0226553                     | HEALTHCARE              | ND                                                        | 501(C)(3)                     | 3                                                             | CHI                                 | Yes                                                    |    |
| (1) MERCY MEDICAL CENTER<br><br>1301 15TH AVE WEST<br>WILLISTON, ND 58801<br>45-0231183                                  | HEALTHCARE              | ND                                                        | 501(C)(3)                     | 3                                                             | CHI                                 | Yes                                                    |    |
| (2) MERCY MEDICAL CENTER - CENTERVILLE<br><br>ONE ST JOSEPHS DRIVE<br>CENTERVILLE, IA 52544<br>42-0680308                | HEALTHCARE              | IA                                                        | 501(C)(3)                     | 3                                                             | CHI-IA CORP                         | Yes                                                    |    |
| (3) MERCY MEDICAL CENTER INC<br><br>2700 STEWART PKWY<br>ROSEBURG, OR 97471<br>93-0386868                                | HEALTHCARE              | OR                                                        | 501(C)(3)                     | 3                                                             | CHI                                 | Yes                                                    |    |
| (4) MERCY MEDICAL FOUNDATION<br><br>1301 15TH AVE WEST<br>WILLISTON, ND 58801<br>45-0381803                              | FUNDRAISING             | ND                                                        | 501(C)(3)                     | 11A                                                           | MMC                                 | Yes                                                    |    |
| (5) MERCY PROFESSIONAL PRACTICE ASSOCIATES INC<br><br>1111 6TH AVE<br>DES MOINES, IA 50314<br>42-1470935                 | PHYSICIANS              | IA                                                        | 501(C)(3)                     | 9                                                             | CHI-IA CORP                         | Yes                                                    |    |
| (6) NEBRASKA HEART HOSPITAL<br><br>7500 S 91ST ST<br>LINCOLN, NE 68526<br>39-2031968                                     | HEALTHCARE              | NE                                                        | 501(C)(3)                     | 3                                                             | CHI NEBRASKA                        | Yes                                                    |    |
| (7) OAKES COMMUNITY HOSPITAL<br><br>1200 N 7TH ST<br>OAKES, ND 58474<br>45-0231675                                       | HEALTHCARE              | ND                                                        | 501(C)(3)                     | 3                                                             | CHI                                 | Yes                                                    |    |
| (8) OAKES COMMUNITY HOSPITAL FOUNDATION<br><br>1200 N 7TH ST<br>OAKES, ND 58474<br>71-0966606                            | FUNDRAISING             | ND                                                        | 501(C)(3)                     | 11A                                                           | OCH                                 | Yes                                                    |    |
| (9) PINEYWOODS MEDICAL DEVELOPMENT CORP<br><br>PO BOX 1447<br>LUFKIN, TX 75902<br>75-2493116                             | PROPERTY MGMT           | TX                                                        | 501(C)(3)                     | 11C                                                           | MHSET                               | Yes                                                    |    |
| (10) PUEBLO STEPUP<br><br>1925 E ORMAN AVE STE G52<br>PUEBLO, CO 81004<br>84-1234295                                     | COMMUNITY               | CO                                                        | 501(C)(3)                     | 7                                                             | CHIC                                | Yes                                                    |    |
| (11) REGIONAL HOSPITAL FOR RESPIRATORY AND<br>COMPLEX CARE<br><br>12844 MILITARY RD S<br>TUKWILA, WA 98168<br>91-1170040 | HEALTHCARE              | WA                                                        | 501(C)(3)                     | 3                                                             | FHS                                 | Yes                                                    |    |
| (12) SET OF COLORADO SPRINGS INC<br><br>2864 S CIRCLE DR STE 450<br>COLORADO SPRINGS, CO 80906<br>84-1183335             | LTERM CARE              | CO                                                        | 501(C)(3)                     | 7                                                             | CHIC                                | Yes                                                    |    |
| (13) SAINT CLARE'S COMMUNITY CARE INC<br><br>25 POCONO RD<br>DENVER, NJ 07834<br>22-2876836                              | HEALTHCARE              | NJ                                                        | 501(C)(3)                     | 11B                                                           | SCHS                                | Yes                                                    |    |
| (14) SAINT CLARE'S FOUNDATION INC<br><br>25 POCONO RD<br>DENVER, NJ 07834<br>22-2502997                                  | FUNDRAISING             | NJ                                                        | 501(C)(3)                     | 7                                                             | SCHS                                | Yes                                                    |    |
| (15) SAINT CLARE'S HEALTH SERVICES INC<br><br>25 POCONO RD<br>DENVER, NJ 07834<br>22-3639733                             | MANAGEMENT              | NJ                                                        | 501(C)(3)                     | 11B                                                           | CHI                                 | Yes                                                    |    |
| (16) SAINT CLARE'S HOSPITAL INC<br><br>25 POCONO RD<br>DENVER, NJ 07834<br>22-3319886                                    | HEALTHCARE              | NJ                                                        | 501(C)(3)                     | 3                                                             | SCHS                                | Yes                                                    |    |
| (17) SAINT ELIZABETH FOUNDATION<br><br>555 S 70TH ST<br>LINCOLN, NE 68510<br>47-0625523                                  | FUNDRAISING             | NE                                                        | 501(C)(3)                     | 7                                                             | SERMC                               | Yes                                                    |    |
| (18) SAINT ELIZABETH HEALTH SERVICES<br><br>555 S 70TH ST<br>LINCOLN, NE 68510<br>36-3233120                             | HEALTHCARE              | NE                                                        | 501(C)(3)                     | 3                                                             | SERMC                               | Yes                                                    |    |
| (19) SAINT ELIZABETH REGIONAL MEDICAL CENTER<br><br>555 S 70TH ST<br>LINCOLN, NE 68510<br>47-0379836                     | HEALTHCARE              | NE                                                        | 501(C)(3)                     | 3                                                             | CHI NEBRASKA                        | Yes                                                    |    |



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

| (a)<br>Name, address, and EIN of related organization                                                              | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status<br>(if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled entity? |    |
|--------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------------------------|----------------------------|--------------------------------------------------------|----------------------------------|----------------------------------------------|----|
|                                                                                                                    |                         |                                                     |                            |                                                        |                                  | Yes                                          | No |
| (101) SAINT FRANCIS MEDICAL CENTER<br><br>2620 W FAIDLEY<br>GRAND ISLAND, NE 68803<br>47-0376601                   | HEALTHCARE              | NE                                                  | 501(C)(3)                  | 3                                                      | CHI NEBRASKA                     | Yes                                          |    |
| (1) SAINT FRANCIS MEDICAL CENTER FOUNDATION<br><br>PO BOX 9804<br>GRAND ISLAND, NE 68802<br>47-0630267             | FUNDRAISING             | NE                                                  | 501(C)(3)                  | 7                                                      | SFMC                             | Yes                                          |    |
| (2) SAINT JOSEPH BEREА HOSPITAL FOUNDATION INC<br><br>305 ESTILL ST<br>BEREA, KY 40403<br>26-0152877               | FUNDRAISING             | KY                                                  | 501(C)(3)                  | 7                                                      | SJHS                             | Yes                                          |    |
| (3) SAINT JOSEPH HEALTH SYSTEM INC<br><br>424 LEWIS HARGETT CIRCLE STE 160<br>LEXINGTON, KY 40503<br>61-1334601    | HEALTHCARE              | KY                                                  | 501(C)(3)                  | 3                                                      | KOH                              | Yes                                          |    |
| (4) SAINT JOSEPH HOSPITAL FOUNDATION INC<br><br>ONE SAINT JOSEPH DRIVE<br>LEXINGTON, KY 40504<br>61-1159649        | FUNDRAISING             | KY                                                  | 501(C)(3)                  | 11A                                                    | SJHS                             | Yes                                          |    |
| (5) SAINT JOSEPH LONDON FOUNDATION INC<br><br>1001 SAINT JOSEPH LANE<br>LONDON, KY 40741<br>26-0438748             | FUNDRAISING             | KY                                                  | 501(C)(3)                  | 7                                                      | SJHS                             | Yes                                          |    |
| (6) SAINT JOSEPH MEDICAL FOUNDATION INC<br><br>200 ABRAHAM FLEXNER WAY<br>LOUISVILLE, KY 40202<br>31-1539059       | PHYSICIANS              | KY                                                  | 501(C)(3)                  | 3                                                      | SJHS                             | Yes                                          |    |
| (7) SAINT JOSEPH MOUNT STERLING FOUNDATION INC<br><br>225 FALCON DR<br>MOUNT STERLING, KY 40353<br>27-2884584      | FUNDRAISING             | KY                                                  | 501(C)(3)                  | 7                                                      | SJHS                             | Yes                                          |    |
| (8) SAINT JOSEPH'S HOSPITAL FOUNDATION<br><br>30 WEST 7TH ST<br>DICKINSON, ND 58601<br>36-3418207                  | FUNDRAISING             | ND                                                  | 501(C)(3)                  | 11A                                                    | SJHHC                            | Yes                                          |    |
| (9) SAMARITAN BEHAVIORAL HEALTH INC<br><br>601 S EDWIN C MOSES BLVD<br>DAYTON, OH 45417<br>02-0633634              | HEALTHCARE              | OH                                                  | 501(C)(3)                  | 7                                                      | SHP                              | Yes                                          |    |
| (10) SAMARITAN HEALTH PARTNERS<br><br>110 N MAIN ST STE 500<br>DAYTON, OH 45402<br>31-1107411                      | HEALTHCARE              | OH                                                  | 501(C)(3)                  | 11A                                                    | CHI                              | Yes                                          |    |
| (11) SCHUYLER MEMORIAL HOSPITAL FOUNDATION INC<br><br>104 W 17TH ST<br>SCHUYLER, NE 68661<br>36-3630014            | FUNDRAISING             | NE                                                  | 501(C)(3)                  | 11A                                                    | AHMHS                            | Yes                                          |    |
| (12) SJRMC JOPLIN MISSOURI<br><br>198 INVERNESS DRIVE WEST<br>ENGLEWOOD, CO 80112<br>44-0545809                    | HEALTHCARE              | MO                                                  | 501(C)(3)                  | 3                                                      | CHI                              | Yes                                          |    |
| (13) SL AUGUSTA CORP<br><br>PO BOX 20269<br>HOUSTON, TX 77225<br>76-0226623                                        | TITLE HOLDING           | TX                                                  | 501(C)(2)                  |                                                        | SLPC                             | Yes                                          |    |
| (14) ST ANTHONY HOSPITAL<br><br>1601 SE COURT AVE<br>PENDLETON, OR 97801<br>93-0391614                             | HEALTHCARE              | OR                                                  | 501(C)(3)                  | 3                                                      | CHI                              | Yes                                          |    |
| (15) ST ANTHONY HOSPITAL FOUNDATION<br><br>1601 SE COURT AVE<br>PENDLETON, OR 97801<br>93-0992727                  | FUNDRAISING             | OR                                                  | 501(C)(3)                  | 11A                                                    | SAH                              | Yes                                          |    |
| (16) ST ANTHONY'S HOSPITAL ASSOCIATION<br><br>FOUR HOSPITAL DR<br>MORRILTON, AR 72110<br>71-0245507                | HEALTHCARE              | AR                                                  | 501(C)(3)                  | 3                                                      | SVIMC                            | Yes                                          |    |
| (17) ST CATHERINE HOSPITAL<br><br>401 EAST SPRUCE ST<br>GARDEN CITY, KS 67846<br>48-0543721                        | HEALTHCARE              | KS                                                  | 501(C)(3)                  | 3                                                      | CHI                              | Yes                                          |    |
| (18) ST CATHERINE HOSPITAL DEVELOPMENT FOUNDATION<br><br>401 EAST SPRUCE ST<br>GARDEN CITY, KS 67846<br>20-0598702 | FUNDRAISING             | KS                                                  | 501(C)(3)                  | 11A                                                    | SCH                              | Yes                                          |    |
| (19) ST DOMINIC OF ONTARIO OREGON<br><br>198 INVERNESS DRIVE WEST<br>ENGLEWOOD, CO 80112<br>93-0433692             | HEALTHCARE              | OR                                                  | 501(C)(4)                  |                                                        | CHI                              | Yes                                          |    |

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

| (a)<br>Name, address, and EIN of related organization                                                                              | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled entity? |    |
|------------------------------------------------------------------------------------------------------------------------------------|-------------------------|--------------------------------------------------|----------------------------|-----------------------------------------------------|----------------------------------|----------------------------------------------|----|
|                                                                                                                                    |                         |                                                  |                            |                                                     |                                  | Yes                                          | No |
| (121) ST FRANCIS HOME<br><br>2400 ST FRANCIS DR<br>BRECKENRIDGE, MN 56520<br>41-0729978                                            | LTERM CARE              | MN                                               | 501(C)(3)                  | 9                                                   | CHI                              | Yes                                          |    |
| (1) ST FRANCIS LIFE CARE CORPORATION<br><br>19 POCONO RD<br>DENVER, NJ 07834<br>22-2536017                                         | ELDERLY CARE            | NJ                                               | 501(C)(3)                  | 9                                                   | SCHS                             | Yes                                          |    |
| (2) ST FRANCIS MEDICAL CENTER<br><br>2400 ST FRANCIS DR<br>BRECKENRIDGE, MN 56520<br>41-0695598                                    | HEALTHCARE              | MN                                               | 501(C)(3)                  | 3                                                   | CHI                              | Yes                                          |    |
| (3) ST FRANCIS OF BAKER CITY<br><br>198 INVERNESS DRIVE WEST<br>ENGLEWOOD, CO 80112<br>93-0412495                                  | HEALTHCARE              | OR                                               | 501(C)(3)                  | 3                                                   | CHI                              | Yes                                          |    |
| (4) ST JOSEPH COMMUNITY HEALTH<br><br>1516 5TH ST NW<br>ALBUQUERQUE, NM 87102<br>71-0897107                                        | COMMUNITY               | NM                                               | 501(C)(3)                  | 11A                                                 | CHI                              | Yes                                          |    |
| (5) ST JOSEPH HEALTH MINISTRIES<br><br>1929 LINCOLN HWY E STE 150<br>LANCASTER, PA 17602<br>23-2342997                             | HEALTHCARE              | PA                                               | 501(C)(3)                  | 11A                                                 | CHI                              | Yes                                          |    |
| (6) ST JOSEPH MEDICAL CENTER FOUNDATION<br><br>2500 BERNVILLE RD PO BOX 316<br>READING, PA 19603<br>23-2649362                     | FUNDRAISING             | PA                                               | 501(C)(3)                  | 11A                                                 | SJRHN                            | Yes                                          |    |
| (7) ST JOSEPH MEDICAL CENTER INC<br><br>201 INTERNATIONAL CIRCLE STE 212<br>HUNT VALLEY, MD 21030<br>52-0591461                    | HEALTHCARE              | MD                                               | 501(C)(3)                  | 3                                                   | CHI                              | Yes                                          |    |
| (8) ST JOSEPH MEDICAL GROUP<br><br>2500 BERNVILLE RD PO BOX 316<br>READING, PA 19603<br>20-8544021                                 | HEALTHCARE              | PA                                               | 501(C)(3)                  | 9                                                   | BHC                              | Yes                                          |    |
| (9) ST JOSEPH PHYSICIAN ENTERPRISE INC<br><br>201 INTERNATIONAL CIRCLE STE 212<br>HUNT VALLEY, MD 21030<br>52-1311775              | PHYSICIANS              | MD                                               | 501(C)(3)                  | 11A                                                 | SJMC                             | Yes                                          |    |
| (10) ST JOSEPH REGIONAL HEALTH NETWORK<br><br>2500 BERNVILLE RD PO BOX 316<br>READING, PA 19603<br>23-1352211                      | HEALTHCARE              | PA                                               | 501(C)(3)                  | 3                                                   | CHI                              | Yes                                          |    |
| (11) ST JOSEPH'S AREA HEALTH SERVICES<br><br>600 PLEASANT AVE<br>PARK RAPIDS, MN 56470<br>41-0695603                               | HEALTHCARE              | MN                                               | 501(C)(3)                  | 3                                                   | CHI                              | Yes                                          |    |
| (12) ST JOSEPH'S HOSPITAL AND HEALTH CENTER<br><br>30 WEST 7TH ST<br>DICKINSON, ND 58601<br>45-0226429                             | HEALTHCARE              | ND                                               | 501(C)(3)                  | 3                                                   | CHI                              | Yes                                          |    |
| (13) ST LUKE'S COMMUNITY DEVELOPMENT CORPORATION<br><br>6624 FANNIN ST STE 2505<br>HOUSTON, TX 77030<br>26-0274448                 | MANAGEMENT              | TX                                               | 501(C)(3)                  | 11A                                                 | SLHS                             | Yes                                          |    |
| (14) ST LUKE'S COMMUNITY DEVELOPMENT CORPORATION - PMC<br><br>6624 FANNIN ST STE 2505<br>HOUSTON, TX 77030<br>27-3733278           | HEALTHCARE              | TX                                               | 501(C)(3)                  | 3                                                   | SLCDC                            | Yes                                          |    |
| (15) ST LUKE'S COMMUNITY DEVELOPMENT CORPORATION - SUGAR LAND<br><br>6624 FANNIN ST STE 2505<br>HOUSTON, TX 77030<br>26-1947374    | HEALTHCARE              | TX                                               | 501(C)(3)                  | 3                                                   | SLHS                             | Yes                                          |    |
| (16) ST LUKE'S COMMUNITY DEVELOPMENT CORPORATION - THE WOODLANDS<br><br>6624 FANNIN ST STE 2505<br>HOUSTON, TX 77030<br>26-0335902 | HEALTHCARE              | TX                                               | 501(C)(3)                  | 3                                                   | SLCDC                            | Yes                                          |    |
| (17) ST LUKE'S COMMUNITY HEALTH SERVICES<br><br>6624 FANNIN ST STE 1100<br>HOUSTON, TX 77030<br>76-0536234                         | HEALTHCARE              | TX                                               | 501(C)(3)                  | 3                                                   | SLHS                             | Yes                                          |    |
| (18) ST LUKE'S FOUNDATION<br><br>1213 HERMANN DRIVE STE 855<br>HOUSTON, TX 77004<br>45-3811485                                     | FUNDRAISING             | TX                                               | 501(C)(3)                  | 7                                                   | SLHS                             | Yes                                          |    |
| (19) ST LUKE'S HEALTH SYSTEM CORPORATION<br><br>6624 FANNIN ST STE 1100<br>HOUSTON, TX 77030<br>76-0536232                         | MANAGEMENT              | TX                                               | 501(C)(3)                  | 11A                                                 | CHI                              | Yes                                          |    |



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

| (a)<br>Name, address, and EIN of related organization                                                                  | (b)<br>Primary activity                 | (c)<br>Legal domicile<br>(state<br>or foreign<br>country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status<br>(if section 501(c)<br>(3)) | (f)<br>Direct controlling<br>entity | (g)<br>Section 512<br>(b)(13)<br>controlled<br>entity? |    |
|------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-----------------------------------------------------------|-------------------------------|---------------------------------------------------------------|-------------------------------------|--------------------------------------------------------|----|
|                                                                                                                        |                                         |                                                           |                               |                                                               |                                     | Yes                                                    | No |
| (141) ST LUKE'S HEALTH SYSTEM FOUNDATION<br><br>6624 FANNIN ST STE 1100<br>HOUSTON, TX 77030<br>76-0127715             | INVESTMENT MGMT                         | TX                                                        | 501(C)(3)                     | 11A                                                           | SLHS                                | Yes                                                    |    |
| (1) ST LUKE'S HOSPITAL AT THE VINTAGE<br><br>6624 FANNIN ST STE 2505<br>HOUSTON, TX 77030<br>26-3734606                | HEALTHCARE                              | TX                                                        | 501(C)(3)                     | 3                                                             | SLHS                                | Yes                                                    |    |
| (2) ST LUKE'S MEDICAL GROUP<br><br>6624 FANNIN ST<br>HOUSTON, TX 77030<br>76-0458535                                   | PHYSICIANS                              | TX                                                        | 501(C)(3)                     | 3                                                             | SLHS                                | Yes                                                    |    |
| (3) ST LUKE'S MEDICAL TOWER CORPORATION<br><br>6624 FANNIN ST STE 1100<br>HOUSTON, TX 77030<br>76-0531713              | PROPERTY MGMT                           | TX                                                        | 501(C)(3)                     | 11A                                                           | CHI-SLH                             | Yes                                                    |    |
| (4) ST LUKE'S PROPERTIES CORPORATION<br><br>6624 FANNIN ST STE 1100<br>HOUSTON, TX 77030<br>76-0531716                 | PROPERTY MGMT                           | TX                                                        | 501(C)(3)                     | 11A                                                           | SLHS                                | Yes                                                    |    |
| (5) ST LUKE'S SUGAR LAND PROPERTIES CORPORATION<br><br>6624 FANNIN ST STE 2505<br>HOUSTON, TX 77030<br>45-4120549      | PROPERTY MGMT                           | TX                                                        | 501(C)(3)                     | 11A                                                           | SLCDC-SL                            | Yes                                                    |    |
| (6) ST MARY'S COMMUNITY HOSPITAL<br><br>1314 3RD AVE<br>NEBRASKA CITY, NE 68410<br>47-0443636                          | HEALTHCARE                              | NE                                                        | 501(C)(3)                     | 3                                                             | CHI NEBRASKA                        | Yes                                                    |    |
| (7) ST MARY'S HOSPITAL FOUNDATION<br><br>1314 3RD AVE<br>NEBRASKA CITY, NE 68410<br>47-0707604                         | FUNDRAISING                             | NE                                                        | 501(C)(3)                     | 7                                                             | SMCH                                | Yes                                                    |    |
| (8) ST VINCENT FOUNDATION<br><br>TWO ST VINCENT CIRCLE<br>LITTLE ROCK, AR 72205<br>51-0169537                          | FUNDRAISING                             | AR                                                        | 501(C)(3)                     | 11A                                                           | SVIMC                               | Yes                                                    |    |
| (9) ST VINCENT INFIRMARY MEDICAL CENTER<br><br>TWO ST VINCENT CIRCLE<br>LITTLE ROCK, AR 72205<br>71-0236917            | HEALTHCARE                              | AR                                                        | 501(C)(3)                     | 3                                                             | CHI                                 | Yes                                                    |    |
| (10) ST VINCENT MEDICAL GROUP<br><br>TWO ST VINCENT CIRCLE<br>LITTLE ROCK, AR 72205<br>71-0830696                      | HEALTHCARE                              | AR                                                        | 501(C)(3)                     | 9                                                             | SVIMC                               | Yes                                                    |    |
| (11) THE PHYSICIAN NETWORK<br><br>2000 Q ST STE 500<br>LINCOLN, NE 68503<br>47-0780857                                 | PHYSICIANS                              | NE                                                        | 501(C)(3)                     | 11A                                                           | CHI NEBRASKA                        | Yes                                                    |    |
| (12) TOTAL HEALTHCARE<br><br>188 INVERNESS DRIVE WEST STE 500<br>ENGLEWOOD, CO 80112<br>84-0927232                     | HEALTHCARE                              | CO                                                        | 501(C)(3)                     | 3                                                             | CHIC                                | Yes                                                    |    |
| (13) UNITY FAMILY HEALTHCARE<br><br>815 SE 2ND ST<br>LITTLE FALLS, MN 56345<br>41-0721642                              | HEALTHCARE                              | MN                                                        | 501(C)(3)                     | 3                                                             | CHI                                 | Yes                                                    |    |
| (14) VILLA NAZARETH INC<br><br>801 PAGE DR<br>FARGO, ND 58103<br>45-0226714                                            | LTERM CARE                              | ND                                                        | 501(C)(3)                     | 9                                                             | CHI                                 | Yes                                                    |    |
| (15) VISITING NURSE ASSOCIATION OF ST CLARE'S INC<br><br>191 WOODPORT RD<br>SPARTA, NJ 07871<br>22-1768334             | HOME HEALTH                             | NJ                                                        | 501(C)(3)                     | 9                                                             | SCHS                                | Yes                                                    |    |
| (16) WOODLANDS DOCTOR GROUP<br><br>17200 ST LUKES WAY STE 170<br>THE WOODLANDS, TX 77384<br>27-4499340                 | PHYSICIANS                              | TX                                                        | 501(C)(3)                     | 9                                                             | SLCHS                               | Yes                                                    |    |
| (17) TRIHEALTH INC<br><br>619 OAK STREET ACCOUNTING-3 WEST<br>CINCINNATI, OH 45206<br>31-1438846                       | SUPPORT AFFILIATED<br>HOSPITALS         | OH                                                        | 501(C)(3)                     | 11B                                                           | N/A                                 | Yes                                                    |    |
| (18) TRIHEALTH HOSPITAL INC<br><br>619 OAK STREET ACCOUNTING-3 WEST<br>CINCINNATI, OH 45206<br>46-1393755              | INPATIENT AND<br>OUTPATIENT<br>SERVICES | OH                                                        | 501(C)(3)                     | 3                                                             | TRIHEALTH INC                       | Yes                                                    |    |
| (19) GOOD SAMARITAN HOSPITAL FREE CLINIC<br><br>619 OAK STREET ACCOUNTING-3 WEST<br>CINCINNATI, OH 45206<br>27-3893817 | FREE CLINIC                             | OH                                                        | 501(C)(3)                     | 7                                                             | TRIHEALTH INC                       | Yes                                                    |    |

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

| (a)<br>Name, address, and EIN of related organization                                                                         | (b)<br>Primary activity                 | (c)<br>Legal domicile<br>(state<br>or foreign<br>country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status<br>(if section 501(c)<br>(3)) | (f)<br>Direct controlling<br>entity | (g)<br>Section 512<br>(b)(13)<br>controlled<br>entity? |    |
|-------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-----------------------------------------------------------|-------------------------------|---------------------------------------------------------------|-------------------------------------|--------------------------------------------------------|----|
|                                                                                                                               |                                         |                                                           |                               |                                                               |                                     | Yes                                                    | No |
| (161) TRIHEALTH PHYSICIAN ENTERPRISE CORP<br><br>619 OAK STREET ACCOUNTING-3 WEST<br>CINCINNATI, OH 45206<br>31-1383365       | PHYSICIAN<br>PRACTICES                  | OH                                                        | 501(C)(3)                     | 9                                                             | TRIHEALTH INC                       | Yes                                                    |    |
| (1) TRIHEALTH PHYSICIAN INSTITUTE<br><br>619 OAK STREET ACCOUNTING-3 WEST<br>CINCINNATI, OH 45206<br>31-1074519               | PHYSICIAN<br>PRACTICES                  | OH                                                        | 501(C)(3)                     | 9                                                             | TRIHEALTH INC                       | Yes                                                    |    |
| (2) BETHESDA HOSPITAL INC<br><br>619 OAK STREET ACCOUNTING-3 WEST<br>CINCINNATI, OH 45206<br>31-0537122                       | INPATIENT AND<br>OUTPATIENT<br>SERVICES | OH                                                        | 501(C)(3)                     | 3                                                             | TRIHEALTH INC                       | Yes                                                    |    |
| (3) BETHESDA HEALTHCARE INC<br><br>619 OAK STREET ACCOUNTING-3 WEST<br>CINCINNATI, OH 45206<br>31-1027660                     | HEALTHCARE<br>SERVICES                  | OH                                                        | 501(C)(3)                     | 11B                                                           | TRIHEALTH INC                       | Yes                                                    |    |
| (4) BETHESDA PROPERTIES INC<br><br>619 OAK STREET ACCOUNTING-3 WEST<br>CINCINNATI, OH 45206<br>31-1352694                     | PROPERTY MGMT                           | OH                                                        | 501(C)(3)                     |                                                               | BETHESDA HOSPITAL INC               | Yes                                                    |    |
| (5) BETHESDA FAMILY PRACTICE CENTER<br><br>619 OAK STREET ACCOUNTING-3 WEST<br>CINCINNATI, OH 45206<br>31-1242442             | HEALTHCARE<br>SERVICES                  | OH                                                        | 501(C)(3)                     | 11C                                                           | BETHESDA HOSPITAL INC               | Yes                                                    |    |
| (6) HOSPICE OF CINCINNATI INC<br><br>619 OAK STREET ACCOUNTING-3 WEST<br>CINCINNATI, OH 45206<br>31-0917155                   | HOSPICE SERVICES                        | OH                                                        | 501(C)(3)                     | 9                                                             | BETHESDA HOSPITAL INC               | Yes                                                    |    |
| (7) FERNSIDE INC A CENTER FOR GRIEVING CHILDREN<br><br>619 OAK STREET ACCOUNTING-3 WEST<br>CINCINNATI, OH 45206<br>31-1179234 | COUNSELING TO<br>GRIEVING CHILDREN      | OH                                                        | 501(C)(3)                     | 7                                                             | HOSPICE OF<br>CINCINNATI INC        | Yes                                                    |    |
| (8) FUND OF THE DEPT OF OBGYN OF GOOD SAM HOSPITAL<br><br>375 DIXMYTH AVE<br>CINCINNATI, OH 45220<br>31-6056217               | SUPPORT AFFILIATED<br>HOSPITAL          | OH                                                        | 501(C)(3)                     | 11A                                                           | N/A                                 | Yes                                                    |    |







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

| (a)<br>Name, address, and EIN of related organization                                                                                    | (b)<br>Primary activity | (c)<br>Legal Domicile (State or Foreign Country) | (d)<br>Direct Controlling Entity | (e)<br>Type of entity (C corp, S corp, or trust) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Percentage ownership | (i)<br>Section 512(b)(13) controlled entity? |    |
|------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|--------------------------------------------------|----------------------------------|--------------------------------------------------|------------------------------|------------------------------------|-----------------------------|----------------------------------------------|----|
|                                                                                                                                          |                         |                                                  |                                  |                                                  |                              |                                    |                             | Yes                                          | No |
| ALEGENT HEALTHCARE<br>JOSEPH MANAGED CARE SERVICES INC<br>12809 WEST DODGE RD<br>OMAHA, NE 68154<br>47-0802396                           | MANAGED CARE            | NE                                               | N/A                              | C                                                |                              |                                    |                             |                                              | No |
| ALL SAINTS INSURANCE COMPANY<br>SPC LTD<br>PO BOX 10073 APO<br>GEORGETOWN, GRAND CAYMAN CJ                                               | INSURANCE               | CJ                                               | N/A                              | C                                                |                              |                                    |                             |                                              | No |
| ALTERNATIVE INSURANCE<br>MANAGEMENT SERVICE<br>3900 OLYMPIC BLVD STE 400<br>ERLANGER, KY 41018<br>84-1112049                             | MANAGEMENT SERVICES     | CO                                               | N/A                              | C                                                |                              |                                    |                             |                                              | No |
| AMERICAN NURSING CARE INC<br>1700 EDISON DR<br>MILFORD, OH 45150<br>31-1085414                                                           | HOME HEALTH             | OH                                               | N/A                              | C                                                |                              |                                    |                             |                                              | No |
| AMERIMED INC<br>1700 EDISON DR<br>MILFORD, OH 45150<br>31-1158699                                                                        | HOME HEALTH             | OH                                               | N/A                              | C                                                |                              |                                    |                             |                                              | No |
| BC HOLDING COMPANY INC<br>1850 BLUEGRASS AVE<br>LOUISVILLE, KY 40215<br>31-1542851                                                       | FITNESS CLUB            | KY                                               | N/A                              | C                                                |                              |                                    |                             |                                              | No |
| CADUCEUS MEDICAL ASSOCIATES<br>INC<br>2525 DE SALES AVE<br>CHATTANOOGA, TN 37404<br>62-1570736                                           | HEALTHCARE              | TN                                               | N/A                              | C                                                |                              |                                    |                             |                                              | No |
| CAPTIVE MANAGEMENT INITIATIVES<br>LTD<br>PO BOX 10073 APO<br>GEORGETOWN, GRAND CAYMAN CJ<br>98-0663022                                   | CAPTIVE MANAGEMENT      | CJ                                               | N/A                              | C                                                |                              |                                    |                             |                                              | No |
| CARMONA-DESOTO BUILDING<br>HORIZONTAL PROPERTY REGIME INC<br>300 WERNER ST<br>HOT SPRINGS, AR 71913<br>71-0771076                        | HEALTHCARE              | AR                                               | N/A                              | C                                                |                              |                                    |                             |                                              | No |
| CATHOLIC HEALTH INITIATIVES<br>CENTER FOR TRANSLATIONAL<br>RESEARCH<br>198 INVERNESS DRIVE WEST<br>ENGLEWOOD, CO 80112<br>27-2269511     | RESEARCH                | CO                                               | N/A                              | T                                                |                              |                                    |                             |                                              | No |
| CGH REALTY COMPANY INC<br>2500 BERNVILLE RD<br>READING, PA 19603<br>23-2326801                                                           | REAL ESTATE             | PA                                               | N/A                              | C                                                |                              |                                    |                             |                                              | No |
| CHI ST LUKE'S HEALTH BAYLOR<br>COLLEGE OF MEDICINE MEDICAL CTR<br>CONDO ASSOC<br>6624 FANNIN STE 2505<br>HOUSTON, TX 77030<br>45-5079545 | CONDO ASSOC             | TX                                               | N/A                              | C                                                |                              |                                    |                             |                                              | No |
| CLEARRIVER HEALTH<br>198 INVERNESS DRIVE WEST<br>ENGLEWOOD, CO 80112<br>46-4495960                                                       | INSURANCE               | TN                                               | N/A                              | C                                                |                              |                                    |                             |                                              | No |
| COMCARE SERVICES INC<br>5570 DTC PARKWAY<br>ENGLEWOOD, CO 80111<br>84-0904813                                                            | INACTIVE                | CO                                               | N/A                              | C                                                |                              |                                    |                             |                                              | No |
| CONSOLIDATED HEALTH SERVICES<br>1700 EDISON DR<br>MILFORD, OH 45150<br>31-1378212                                                        | HOME HEALTH             | OH                                               | N/A                              | C                                                |                              |                                    |                             |                                              | No |

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

| (a)<br>Name, address, and EIN of related organization                                               | (b)<br>Primary activity | (c)<br>Legal Domicile (State or Foreign Country) | (d)<br>Direct Controlling Entity | (e)<br>Type of entity (C corp, S corp, or trust) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Percentage ownership | (i)<br>Section 512(b)(13) controlled entity? |    |
|-----------------------------------------------------------------------------------------------------|-------------------------|--------------------------------------------------|----------------------------------|--------------------------------------------------|------------------------------|------------------------------------|-----------------------------|----------------------------------------------|----|
|                                                                                                     |                         |                                                  |                                  |                                                  |                              |                                    |                             | Yes                                          | No |
| DES MOINES MEDICAL CENTER INC<br>1111 6TH AVE<br>DES MOINES, IA 50314<br>42-0837382                 | REAL ESTATE             | IA                                               | N/A                              | C                                                |                              |                                    |                             |                                              | No |
| EAST TEXAS CLINICAL SERVICES INC<br>2801 VIA FORTUNA 500<br>AUSTIN, TX 78746<br>45-4736213          | HEALTHCARE              | TX                                               | N/A                              | C                                                |                              |                                    |                             |                                              | No |
| FIRST INITIATIVES INSURANCE LTD<br>PO BOX 10073 APO<br>GEORGETOWN, GRAND CAYMAN<br>CJ<br>98-0203038 | INSURANCE               | CJ                                               | N/A                              | C                                                |                              |                                    |                             |                                              | No |
| FRANCISCAN SERVICES INC<br>198 INVERNESS DRIVE WEST<br>ENGLEWOOD, CO 80112<br>23-2487967            | HEALTHCARE              | CO                                               | N/A                              | C                                                |                              |                                    |                             |                                              | No |
| GOOD SAMARITAN OUTREACH SERVICES<br>PO BOX 1990<br>KEARNEY, NE 68848<br>47-0659440                  | MEDICAL CLINIC          | NE                                               | N/A                              | C                                                |                              |                                    |                             |                                              | No |
| HEALTH SYSTEMS ENTERPRISES INC<br>PO BOX 1990<br>KEARNEY, NE 68848<br>47-0664558                    | MGMT                    | NE                                               | N/A                              | C                                                |                              |                                    |                             |                                              | No |
| HEALTHCARE MGMT SERVICES ORGANIZATION INC<br>1717 SOUTH J ST<br>TACOMA, WA 98405<br>91-1865474      | HEALTH ORG              | WA                                               | N/A                              | C                                                |                              |                                    |                             |                                              | No |
| HEARTLANDPLAINS HEALTH<br>198 INVERNESS DRIVE WEST<br>ENGLEWOOD, CO 80112<br>46-4368223             | INSURANCE               | NE                                               | N/A                              | C                                                |                              |                                    |                             |                                              | No |
| HIGHLINE MEDICAL GROUP<br>15811 AMBAUM BLVD SW STE 170<br>BURIEN, WA 98166<br>91-1586438            | MEDICAL SERVICES        | WA                                               | N/A                              | C                                                |                              |                                    |                             |                                              | No |
| MEDQUEST<br>1602 WEST 11TH ST<br>WILLISTON, ND 58801<br>45-0392137                                  | SALE OF DME             | ND                                               | N/A                              | C                                                |                              |                                    |                             |                                              | No |
| MERCY PARK APARTMENTS LTD<br>1111 6TH AVE<br>DES MOINES, IA 50314<br>42-1202422                     | HOUSING                 | IA                                               | N/A                              | C                                                |                              |                                    |                             |                                              | No |
| MERCY SERVICES CORP<br>2700 STEWART PARKWAY<br>ROSEBURG, OR 97471<br>93-0824308                     | RETAIL SALES            | OR                                               | N/A                              | C                                                |                              |                                    |                             |                                              | No |
| MHI CLINICAL SERVICES<br>1201 W FRANK AVE<br>LUFKIN, TX 75904<br>46-1967952                         | HEALTHCARE              | TX                                               | N/A                              | C                                                |                              |                                    |                             |                                              | No |
| MOUNTAIN MANAGEMENT SERVICES INC<br>6028 SHALLOWFORD RD<br>CHATTANOOGA, TN 37421<br>62-1570739      | MGMT SVC ORG            | TN                                               | N/A                              | C                                                |                              |                                    |                             |                                              | No |
| NAZARETH ASSURANCE COMPANY<br>PO BOX 10073 APO<br>GEORGETOWN, GRAND CAYMAN<br>CJ<br>03-0304831      | INSURANCE               | CJ                                               | N/A                              | C                                                |                              |                                    |                             |                                              | No |

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

| (a)<br>Name, address, and EIN of related organization                                                                                     | (b)<br>Primary activity | (c)<br>Legal Domicile (State or Foreign Country) | (d)<br>Direct Controlling Entity | (e)<br>Type of entity (C corp, S corp, or trust) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Percentage ownership | (i)<br>Section 512(b)(13) controlled entity? |    |
|-------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|--------------------------------------------------|----------------------------------|--------------------------------------------------|------------------------------|------------------------------------|-----------------------------|----------------------------------------------|----|
|                                                                                                                                           |                         |                                                  |                                  |                                                  |                              |                                    |                             | Yes                                          | No |
| PATIENT TRANSPORT SERVICES INC<br>1700 EDISON DR<br>MILFORD, OH 45150<br>31-1100798                                                       | HOME HEALTH             | OH                                               | N/A                              | C                                                |                              |                                    |                             |                                              | No |
| PHYSICIANHEALTH SYSTEM NETWORK<br>1149 MARKET ST<br>TACOMA, WA 98402<br>91-1746721                                                        | HEALTH ORG              | WA                                               | N/A                              | C                                                |                              |                                    |                             |                                              | No |
| PROMINENCE HEALTH PLAN SERVICES INC (FKA COLLABHEALTH PLAN SERVICES INC)<br>198 INVERNESS DRIVE WEST<br>ENGLEWOOD, CO 80112<br>46-1224037 | ADMIN SERVICES          | CO                                               | N/A                              | C                                                |                              |                                    |                             |                                              | No |
| PROMINENCE HEALTH INC (FKA COLLABHEALTH MANAGED SOLUTIONS INC)<br>198 INVERNESS DRIVE WEST<br>ENGLEWOOD, CO 80112<br>46-1222808           | HOLDING CO              | CO                                               | N/A                              | C                                                |                              |                                    |                             |                                              | No |
| QCA HEALTH PLAN INC<br>12615 CHENAL PARKWAY STE 300<br>LITTLE ROCK, AR 72211<br>71-0794605                                                | INSURANCE               | AR                                               | N/A                              | C                                                |                              |                                    |                             |                                              | No |
| QUALCHOICE HOLDINGS INC<br>12615 CHENAL PARKWAY STE 300<br>LITTLE ROCK, AR 72211<br>27-4075520                                            | HOLDING CO              | AR                                               | N/A                              | C                                                |                              |                                    |                             |                                              | No |
| QUALCHOICE LIFE AND HEALTH INSURANCE COMPANY INC<br>12615 CHENAL PARKWAY STE 300<br>LITTLE ROCK, AR 72211<br>71-0386640                   | INSURANCE               | AR                                               | N/A                              | C                                                |                              |                                    |                             |                                              | No |
| RIVERLINK HEALTH<br>198 INVERNESS DRIVE WEST<br>ENGLEWOOD, CO 80112<br>46-4380824                                                         | INSURANCE               | OH                                               | N/A                              | C                                                |                              |                                    |                             |                                              | No |
| RIVERLINK HEALTH OF KENTUCKY INC<br>198 INVERNESS DRIVE WEST<br>ENGLEWOOD, CO 80112<br>46-4828332                                         | INSURANCE               | KY                                               | N/A                              | C                                                |                              |                                    |                             |                                              | No |
| SAINT CLARE'S PRIMARY CARE INC<br>66 FORD RD<br>DENVER, NJ 07834<br>22-2441202                                                            | BILLING SERVICES        | NJ                                               | N/A                              | C                                                |                              |                                    |                             |                                              | No |
| SAMARITAN FAMILY CARE INC<br>40 W FOURTH ST STE 1700<br>DAYTON, OH 45402<br>31-1299450                                                    | HEALTHCARE              | OH                                               | N/A                              | C                                                |                              |                                    |                             |                                              | No |
| SJH SERVICES CORPORATION<br>198 INVERNESS DRIVE WEST<br>ENGLEWOOD, CO 80112<br>23-2307408                                                 | HEALTHCARE              | CO                                               | N/A                              | C                                                |                              |                                    |                             |                                              | No |
| SJL PHYSICIAN MANAGEMENT SERVICES INC<br>424 LEWIS HARGETT CR STE 160<br>LEXINGTON, KY 40503<br>27-0164198                                | MGMT                    | KY                                               | N/A                              | C                                                |                              |                                    |                             |                                              | No |
| SLMT PARKING INC<br>6624 FANNIN STE 800<br>HOUSTON, TX 77030<br>76-0637140                                                                | PARKING                 | TX                                               | N/A                              | C                                                |                              |                                    |                             |                                              | No |
| SOUNDPATH HEALTH INC<br>32129 WEYERHAEUSER WAY S STE 201<br>FEDERAL WAY, WA 98001<br>42-1720801                                           | INSURANCE               | WA                                               | N/A                              | C                                                |                              |                                    |                             |                                              | No |



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

| (a)<br>Name, address, and EIN of related organization                                                                               | (b)<br>Primary activity | (c)<br>Legal Domicile (State or Foreign Country) | (d)<br>Direct Controlling Entity | (e)<br>Type of entity (C corp, S corp, or trust) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Percentage ownership | (i)<br>Section 512(b)(13) controlled entity? |    |
|-------------------------------------------------------------------------------------------------------------------------------------|-------------------------|--------------------------------------------------|----------------------------------|--------------------------------------------------|------------------------------|------------------------------------|-----------------------------|----------------------------------------------|----|
|                                                                                                                                     |                         |                                                  |                                  |                                                  |                              |                                    |                             | Yes                                          | No |
| ST ANTHONY DEVELOPMENT COMPANY<br>1415 SOUTHGATE<br>PENDLETON, OR 97801<br>93-1216943                                               | ATHLETIC CLUB           | OR                                               | N/A                              | C                                                |                              |                                    |                             |                                              | No |
| ST JOSEPH DEVELOPMENT COMPANY INC<br>1717 SOUTH J ST<br>TACOMA, WA 98405<br>91-1480569                                              | RENTAL                  | WA                                               | N/A                              | C                                                |                              |                                    |                             |                                              | No |
| ST JOSEPH OFFICE PARK ASSOCIATION<br>1401 HARRODSBURG RD BLDG B70<br>LEXINGTON, KY 40504<br>61-1079899                              | MGMT                    | KY                                               | N/A                              | C                                                |                              |                                    |                             |                                              | No |
| ST LUKE'S 6620 MAIN CONDOMINIUM ASSOCIATION<br>6624 FANNIN STE 2505<br>HOUSTON, TX 77030<br>30-0355517                              | CONDO ASSOC             | TX                                               | N/A                              | C                                                |                              |                                    |                             |                                              | No |
| ST LUKE'S ANESTHESIOLOGY ASSOCIATES<br>6624 FANNIN STE 1100<br>HOUSTON, TX 77030<br>46-1517163                                      | MEDICAL CLINIC          | TX                                               | N/A                              | C                                                |                              |                                    |                             |                                              | No |
| ST LUKE'S EPISCOPAL HOSPITAL PHYSICIAN HOSPITAL ORGANIZATION INC<br>6720 BERTNER MC4-262<br>HOUSTON, TX 77030<br>76-0377932         | PHO                     | TX                                               | N/A                              | C                                                |                              |                                    |                             |                                              | No |
| ST LUKE'S HEALTH SYSTEM HOLDINGS INC (FKA SLEHS HOLDINGS INC)<br>6624 FANNIN STE 800<br>HOUSTON, TX 77030<br>76-0637138             | HOLDING CO              | TX                                               | N/A                              | C                                                |                              |                                    |                             |                                              | No |
| ST LUKE'S MEDICAL ARTS CENTER I CONDOMINIUM ASSOCIATION<br>6624 FANNIN STE 2505<br>HOUSTON, TX 77030<br>30-0355518                  | CONDO ASSOC             | TX                                               | N/A                              | C                                                |                              |                                    |                             |                                              | No |
| ST LUKE'S MEDICAL TOWER CONDOMINIUM ASSOCIATION<br>6624 FANNIN STE 2505<br>HOUSTON, TX 77030<br>76-0298751                          | CONDO ASSOC             | TX                                               | N/A                              | C                                                |                              |                                    |                             |                                              | No |
| ST VINCENT COMMUNITY HEALTH SERVICES INC<br>TWO ST VINCENT CIRCLE<br>LITTLE ROCK, AR 72205<br>71-0710785                            | HEALTHCARE              | AR                                               | N/A                              | C                                                |                              |                                    |                             |                                              | No |
| STABLEVIEW HEALTH INC<br>198 INVERNESS DRIVE WEST<br>ENGLEWOOD, CO 80112<br>46-4373713                                              | INSURANCE               | KY                                               | N/A                              | C                                                |                              |                                    |                             |                                              | No |
| SUGAR LAND DOCTOR GROUP<br>1317 LAKE POINTE PARKWAY<br>SUGAR LAND, TX 77478<br>45-4270163                                           | MEDICAL CLINIC          | TX                                               | N/A                              | C                                                |                              |                                    |                             |                                              | No |
| TEXAS HEART INSTITUTE AT ST LUKE'S EPISCOPAL HOSPITAL COOLEY CONDO ASSOC<br>6624 FANNIN STE 2505<br>HOUSTON, TX 77030<br>90-0064009 | CONDO ASSOC             | TX                                               | N/A                              | C                                                |                              |                                    |                             |                                              | No |
| TOWSON MANAGEMENT INC<br>7601 OSLER DR<br>TOWSON, MD 21204<br>52-1710750                                                            | MGMT SERVICES           | MD                                               | N/A                              | C                                                |                              |                                    |                             |                                              | No |
| TRIHEALTH PHYSICIAN SOLUTIONS INC<br>619 OAK STREET-ACCOUNTING 3 WEST<br>CINCINNATI, OH 45206<br>31-1444353                         | CLAIMS ADMINISTRATION   | OH                                               | N/A                              | C                                                |                              |                                    |                             |                                              | No |

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

| (a)<br>Name, address, and EIN of related organization                                                         | (b)<br>Primary activity | (c)<br>Legal Domicile (State or Foreign Country) | (d)<br>Direct Controlling Entity | (e)<br>Type of entity (C corp, S corp, or trust) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Percentage ownership | (i)<br>Section 512(b)(13) controlled entity? |    |
|---------------------------------------------------------------------------------------------------------------|-------------------------|--------------------------------------------------|----------------------------------|--------------------------------------------------|------------------------------|------------------------------------|-----------------------------|----------------------------------------------|----|
|                                                                                                               |                         |                                                  |                                  |                                                  |                              |                                    |                             | Yes                                          | No |
| TRIHEALTH PHYSICIANS OF INDIANA INC<br>619 OAK STREET-ACCOUNTING 3 WEST<br>CINCINNATI, OH 45206<br>46-1125130 | PHYSICIAN PRACTICES     | OH                                               | N/A                              | C                                                |                              |                                    |                             |                                              | No |
| TRIHEALTH CIPHO INC<br>619 OAK STREET-ACCOUNTING 3 WEST<br>CINCINNATI, OH 45206<br>46-3294306                 | PHO                     | OH                                               | N/A                              | C                                                |                              |                                    |                             |                                              | No |

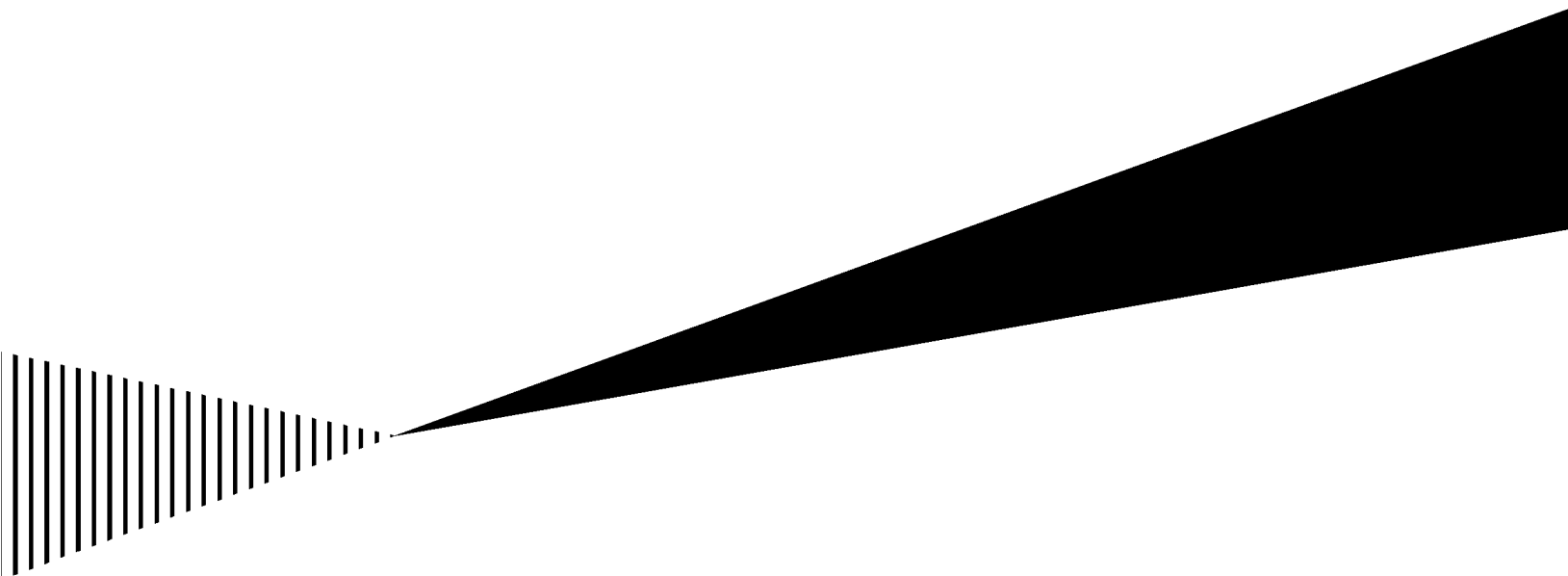
Form 990, Schedule R, Part V - Transactions With Related Organizations

| (a)<br>Name of other organization                  | (b)<br>Transaction<br>type(a-s) | (c)<br>Amount Involved | (d)<br>Method of determining<br>amount involved |
|----------------------------------------------------|---------------------------------|------------------------|-------------------------------------------------|
| BETHESDA HOSPITAL INC                              | A                               | 11,440                 | FMV                                             |
| BETHESDA HEALTHCARE INC                            | A                               | 2,280                  | FMV                                             |
| TRIHEALTH PHYSICIAN ENTERPRISE CORP                | A                               | 1,733,497              | FMV                                             |
| TRIHEALTH PHYSICIAN INSTITUTE                      | A                               | 962,578                | FMV                                             |
| TRIHEALTH INC                                      | A                               | 1,322                  | FMV                                             |
| GOOD SAMARITAN HOSPITAL FOUNDATION OF CINCINNATI   | B                               | 1,146,346              | CASH                                            |
| TRIHEALTH INC                                      | B                               | 118,397,639            | CASH                                            |
| GOOD SAMARITAN HOSPITAL FOUNDATION OF CINCINNATI   | C                               | 665,475                | CASH                                            |
| BETHESDA PROPERTIES INC                            | K                               | 79,838                 | FMV                                             |
| BETHESDA HEALTHCARE INC                            | K                               | 3,337                  | FMV                                             |
| TRIHEALTH PHYSICIAN ENTERPRISE CORP                | M                               | 52,000                 | FMV                                             |
| AMERICAN NURSING CARE INC                          | M                               | 1,269,001              | FMV                                             |
| PATIENT TRANSPORT SERVICES INC                     | M                               | 1,077,336              | FMV                                             |
| GOOD SAMARITAN HOSPITAL FOUNDATION OF CINCINNATI   | O                               | 574,453                | FMV                                             |
| GOOD SAMARITAN COLLEGE OF NURSING & HEALTH SCIENCE | O                               | 5,737,780              | FMV                                             |
| TRIHEALTH INC                                      | P                               | 86,926,004             | COST                                            |
| TRIHEALTH INC                                      | P                               | 182,500,229            | COST                                            |
| COMMUNITY LIMITED CARE DIALYSIS CENTER             | R                               | 3,192,461              | CASH                                            |
| GOOD SAMARITAN HOSPITAL FOUNDATION OF CINCINNATI   | R                               | 2,019,483              | CASH                                            |

COMBINED FINANCIAL STATEMENTS  
AND SUPPLEMENTARY INFORMATION

TriHealth  
Years Ended June 30, 2014 and 2013  
With Report of Independent Auditors

Ernst & Young LLP



**Building a better  
working world**

# TriHealth

## Combined Financial Statements and Supplementary Information

Years Ended June 30, 2014 and 2013

### Contents

|                                                                        |    |
|------------------------------------------------------------------------|----|
| Report of Independent Auditors                                         | 1  |
| Combined Financial Statements                                          |    |
| Combined Balance Sheets                                                | 3  |
| Combined Statements of Operations and Changes in Net Assets            | 5  |
| Combined Statements of Cash Flows                                      | 7  |
| Notes to Combined Financial Statements                                 | 8  |
| Supplementary Information                                              |    |
| Report of Independent Auditors on Supplementary Information            | 59 |
| TriHealth                                                              |    |
| Combining Balance Sheet – 2014                                         | 60 |
| Combining Statement of Operations and Changes in Net Assets – 2014     | 62 |
| Combining Balance Sheet – 2013                                         | 63 |
| Combining Statement of Operations and Changes in Net Assets – 2013     | 65 |
| Bethesda Hospital, Inc. and Subsidiaries                               |    |
| Consolidating Balance Sheet – 2014                                     | 66 |
| Consolidating Statement of Operations and Changes in Net Assets – 2014 | 68 |
| Consolidating Balance Sheet – 2013                                     | 69 |
| Consolidating Statement of Operations and Changes in Net Assets – 2013 | 71 |
| The Good Samaritan Hospital of Cincinnati, Ohio                        |    |
| Consolidating Balance Sheet – 2014                                     | 72 |
| Consolidating Statement of Operations and Changes in Net Assets – 2014 | 74 |
| Consolidating Balance Sheet – 2013                                     | 75 |
| Consolidating Statement of Operations and Changes in Net Assets – 2013 | 77 |
| TriHealth, Inc. and Subsidiaries                                       |    |
| Consolidating Balance Sheet – 2014                                     | 78 |
| Consolidating Statement of Operations and Changes in Net Assets – 2014 | 80 |
| Consolidating Balance Sheet – 2013                                     | 81 |
| Consolidating Statement of Operations and Changes in Net Assets – 2013 | 83 |



Ernst & Young LLP  
1900 Scripps Center  
312 Walnut Street  
Cincinnati, OH 45202

Tel +1 513 612 1400  
Fax. +1 513 612 1730  
ey.com

## Report of Independent Auditors

The Board of Trustees  
TriHealth

We have audited the accompanying combined financial statements of TriHealth, which comprise the combined balance sheets as of June 30, 2014 and 2013, the related combined statements of operations and changes in net assets, and cash flows for the years then ended, and the related notes to combined financial statements

### **Management's Responsibility for the Combined Financial Statements**

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

### **Auditor's Responsibility**

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

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

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

## Opinion

In our opinion, the combined financial statements referred to above present fairly, in all material respects, the combined financial position of TriHealth at June 30, 2014 and 2013, and the combined results of their operations and changes in net assets, and their cash flows for the years then ended, in conformity with U S generally accepted accounting principles

*Ernst + Young LLP*

September 25, 2014

# TriHealth

## Combined Balance Sheets (Dollar Amounts in Thousands)

|                                                                                             | June 30             |                     |
|---------------------------------------------------------------------------------------------|---------------------|---------------------|
|                                                                                             | 2014                | 2013                |
| <b>Assets</b>                                                                               |                     |                     |
| Current assets                                                                              |                     |                     |
| Cash and cash equivalents                                                                   | \$ 33,461           | \$ 8,882            |
| Net patient accounts receivable, less allowance of<br>\$51,594 in 2014 and \$59,538 in 2013 | 139,071             | 113,352             |
| Other accounts receivable                                                                   | 7,716               | 11,309              |
| Current portion of assets limited as to use                                                 | 58,320              | 31,489              |
| Inventories                                                                                 | 7,376               | 6,920               |
| Prepaid and other current assets                                                            | 2,854               | 2,212               |
| Due from related organizations, net                                                         | 131                 | 748                 |
| Total current assets                                                                        | 248,929             | 174,912             |
| Assets limited as to use and investments                                                    |                     |                     |
| Assets limited as to use                                                                    |                     |                     |
| Internally designated for capital and other funds                                           | 650,898             | 627,393             |
| Restricted by donors                                                                        | 8,776               | 8,666               |
| Trustee-held funds under professional liability<br>funding arrangement                      | 22,416              | 22,856              |
| Investments                                                                                 | 17,160              | 28,665              |
| Total assets limited as to use and investments                                              | 699,250             | 687,580             |
| Property and equipment, net                                                                 | 595,913             | 607,569             |
| Investments in unconsolidated organizations                                                 | 18,430              | 13,162              |
| Goodwill and identifiable intangible assets, net                                            | 156,028             | 136,102             |
| Due from related organizations, net                                                         | 32,510              | 29,359              |
| Other long-term assets                                                                      | 48,980              | 52,724              |
| Total assets                                                                                | <u>\$ 1,800,040</u> | <u>\$ 1,701,408</u> |



|                                                                        | <b>June 30</b>          |                         |
|------------------------------------------------------------------------|-------------------------|-------------------------|
|                                                                        | <b>2014</b>             | <b>2013</b>             |
| <b>Liabilities and net assets</b>                                      |                         |                         |
| Current liabilities                                                    |                         |                         |
| Compensation and benefits                                              | \$ 105,868              | \$ 95,442               |
| Third-party liabilities                                                | 13,640                  | 13,151                  |
| Accounts payable and accrued expenses                                  | 53,120                  | 49,866                  |
| Current portion of long-term debt                                      | 25,777                  | 24,456                  |
| Total current liabilities                                              | 198,405                 | 182,915                 |
| Accrued professional liability                                         | 43,847                  | 46,149                  |
| Pension obligation, net                                                | 27,576                  | 69,868                  |
| Long-term compensation and benefits and<br>other long-term liabilities | 58,715                  | 62,270                  |
| Capital lease obligations                                              | 61,273                  | 64,140                  |
| Long-term debt                                                         | 263,929                 | 289,767                 |
| Total liabilities                                                      | 653,745                 | 715,109                 |
| Net assets                                                             |                         |                         |
| Unrestricted                                                           | 1,105,906               | 954,291                 |
| Temporarily restricted                                                 | 40,389                  | 32,008                  |
| Total net assets                                                       | 1,146,295               | 986,299                 |
| <br>Total liabilities and net assets                                   | <br><u>\$ 1,800,040</u> | <br><u>\$ 1,701,408</u> |

*See accompanying notes.*

# TriHealth

## Combined Statements of Operations and Changes in Net Assets (Dollar Amounts in Thousands)

|                                                                       | <b>Year Ended June 30</b> |                  |
|-----------------------------------------------------------------------|---------------------------|------------------|
|                                                                       | <b>2014</b>               | <b>2013</b>      |
| <b>Revenue</b>                                                        |                           |                  |
| Patient service revenue (net of contractual provisions and discounts) | \$ 1,430,854              | \$ 1,333,802     |
| Provision for bad debt                                                | (73,023)                  | (80,458)         |
| Net patient service revenue less provision for bad debt               | <u>1,357,831</u>          | <u>1,253,344</u> |
| Nonpatient revenue                                                    |                           |                  |
| Income from unconsolidated organizations                              | 6,735                     | 4,557            |
| Other revenue, net                                                    | 98,755                    | 101,306          |
| Total revenue                                                         | <u>1,463,321</u>          | <u>1,359,207</u> |
| <b>Expenses</b>                                                       |                           |                  |
| Salaries and wages                                                    | 695,280                   | 623,547          |
| Employee benefits                                                     | 153,314                   | 139,873          |
| Medical professional fees                                             | 9,522                     | 9,068            |
| Purchased services                                                    | 83,620                    | 79,037           |
| Supplies                                                              | 252,498                   | 249,082          |
| Utilities                                                             | 19,288                    | 18,242           |
| Insurance                                                             | 9,131                     | 8,994            |
| Rental, leases, and maintenance                                       | 46,531                    | 46,172           |
| Depreciation and amortization                                         | 75,332                    | 66,041           |
| Interest                                                              | 17,710                    | 17,522           |
| Services provided by affiliates                                       | 6,203                     | 5,716            |
| Other, net                                                            | 47,642                    | 50,788           |
| Total operating expenses                                              | <u>1,416,071</u>          | <u>1,314,082</u> |
| Income from operations                                                | 47,250                    | 45,125           |
| Nonoperating income                                                   |                           |                  |
| Investment income                                                     | 91,609                    | 70,299           |
| Total nonoperating income                                             | <u>91,609</u>             | <u>70,299</u>    |
| Excess of revenue over expenses                                       | <u>138,859</u>            | <u>115,424</u>   |

# TriHealth

## Combined Statements of Operations and Changes in Net Assets (continued) (Dollar Amounts in Thousands)

|                                                               | Year Ended June 30  |                   |
|---------------------------------------------------------------|---------------------|-------------------|
|                                                               | 2014                | 2013              |
| Excess of revenue over expenses                               | \$ 138,859          | \$ 115,424        |
| Other changes in net assets                                   |                     |                   |
| Change in plan assets and benefit obligation of pension plans | 26,646              | 41,874            |
| Transfer to Bethesda Inc                                      | (10,000)            | (10,000)          |
| Transfer to CHI capital resource pool                         | (3,030)             | (8,188)           |
| Temporarily restricted contributions and investment income    | 8,531               | 2,153             |
| Other changes in net assets, net                              | (1,010)             | 1,820             |
| Increase in net assets                                        | 159,996             | 143,083           |
| Net assets at beginning of year                               | 986,299             | 843,216           |
| Net assets at end of year                                     | <u>\$ 1,146,295</u> | <u>\$ 986,299</u> |

*See accompanying notes.*

# TriHealth

## Combined Statements of Cash Flows (Dollar Amounts in Thousands)

|                                                                                                          | Year Ended June 30 |            |
|----------------------------------------------------------------------------------------------------------|--------------------|------------|
|                                                                                                          | 2014               | 2013       |
| <b>Operating activities</b>                                                                              |                    |            |
| Increase in net assets                                                                                   | \$ 159,996         | \$ 143,083 |
| Adjustments to reconcile increase in net assets to net cash provided by operating activities             |                    |            |
| Provision for bad debt                                                                                   | 73,023             | 80,458     |
| Depreciation and amortization                                                                            | 75,332             | 66,041     |
| Income from unconsolidated organizations                                                                 | (6,735)            | (4,557)    |
| Change in plan assets and benefit obligation of pension plans                                            | (26,646)           | (41,874)   |
| Transfer to CHI capital resource pool                                                                    | 3,030              | 8,188      |
| Transfer to Bethesda, Inc                                                                                | 10,000             | 10,000     |
| Temporarily restricted contributions and investment income                                               | (8,531)            | (2,153)    |
| Net changes in other assets and liabilities                                                              |                    |            |
| Net patient and other accounts receivable                                                                | (95,149)           | (108,408)  |
| Other current assets                                                                                     | (1,098)            | 770        |
| Current liabilities                                                                                      | 12,548             | (5,883)    |
| Change in due to/from related organizations                                                              | (2,534)            | (1,036)    |
| Other changes, net                                                                                       | (24,068)           | (18,511)   |
| Net cash provided by operating activities, before net change in assets limited as to use and investments | 169,168            | 126,118    |
| Net change in assets limited as to use and investments                                                   | (38,501)           | 74,772     |
| Net cash provided by operating activities                                                                | 130,667            | 200,890    |
| <b>Investing activities</b>                                                                              |                    |            |
| Additions to property and equipment                                                                      | (59,175)           | (63,714)   |
| Change in investments in unconsolidated organizations                                                    | 1,467              | 4,358      |
| Decrease in restricted cash                                                                              | —                  | 1,901      |
| Acquisitions                                                                                             | (16,651)           | (104,000)  |
| Net cash used in investing activities                                                                    | (74,359)           | (161,455)  |
| <b>Financing activities</b>                                                                              |                    |            |
| Repayment of long-term debt                                                                              | (24,517)           | (23,394)   |
| Payment of capital lease obligation                                                                      | (2,713)            | (1,784)    |
| Temporarily restricted contributions and investment income                                               | 8,531              | 2,153      |
| Transfer to Bethesda, Inc                                                                                | (10,000)           | (10,000)   |
| Transfer to CHI capital resource pool                                                                    | (3,030)            | (8,188)    |
| Proceeds from draws on line of credit                                                                    | 41,600             | 238,120    |
| Repayments on line of credit                                                                             | (41,600)           | (238,120)  |
| Net cash used in financing activities                                                                    | (31,729)           | (41,213)   |
| Increase (decrease) in cash and cash equivalents                                                         | 24,579             | (1,778)    |
| Cash and cash equivalents at beginning of year                                                           | 8,882              | 10,660     |
| Cash and cash equivalents at end of year                                                                 | \$ 33,461          | \$ 8,882   |

See accompanying notes

# TriHealth

## Notes to Combined Financial Statements *(Dollar Amounts in Thousands)*

June 30, 2014

### **A. Description of Organization**

#### **Organization**

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

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

#### **TriHealth**

##### *Bethesda*

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

# TriHealth

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

### A. Description of Organization (continued)

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

#### *Good Samaritan*

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

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

CHI, established in 1996, is a tax-exempt Colorado corporation, and has been granted an exemption from federal income tax under Section 501(c)(3) of the IRC. CHI sponsors market-based organizations and other facilities operating in 18 states, and includes 92 hospitals, including 4 academic medical centers, and 24 critical access facilities, community health service organizations, accredited nursing colleges, home health agencies, and other facilities that span the inpatient and outpatient continuum of care. CHI also has an offshore captive insurance company, First Initiatives Insurance, Ltd. (FIIL).

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

# TriHealth

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

### **A. Description of Organization (continued)**

#### *TriHealth, Inc.*

TriHealth, Inc owns several physician corporations, TriHealth Hospital, Inc , and other health care-related entities TriHealth, Inc is comprised of primarily Ohio-based nonprofit corporations recognized by the IRS as exempt from federal income taxation under Section 501(a) of the IRC as charitable organizations described in Section 501(c)(3) of the IRC TriHealth Hospital, Inc has not yet been recognized as a Section 501(c)(3) organization by the IRS

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

### **B. Summary of Significant Accounting Policies**

#### **Principles of Combination**

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

#### **Acquisitions**

During 2014, TriHealth acquired certain assets of an endoscopy center, and a surgery center, for \$16,651 of cash paid at the time of closing These acquisitions were accounted for using the purchase method of accounting The purchase price was allocated to the assets acquired based on their determined fair value There were no liabilities assumed with either transaction

# TriHealth

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

### B. Summary of Significant Accounting Policies (continued)

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

|                                |                  |
|--------------------------------|------------------|
| Property and equipment, net    | \$ 291           |
| Identifiable intangible assets | 900              |
| Goodwill                       | 17,660           |
| Assets acquired                | <u>18,851</u>    |
| Preexisting interest           | <u>(2,200)</u>   |
| Cash paid                      | <u>\$ 16,651</u> |

Identifiable intangible assets consist of noncompete agreements, to be amortized using the straight-line method over the estimated life of five years

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

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

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

|                                |                   |
|--------------------------------|-------------------|
| Inventories                    | \$ 837            |
| Property and equipment, net    | 5,184             |
| Identifiable intangible assets | 5,000             |
| Goodwill                       | 92,979            |
| Cash paid                      | <u>\$ 104,000</u> |

Identifiable intangible assets consist of noncompete agreements Amortization of the intangible assets is calculated using the straight-line method over the estimated life of eight years



## TriHealth

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

#### **B. Summary of Significant Accounting Policies (continued)**

The financial position of Evendale (subsequently recognized as TriHealth Hospital, Inc ) is included in the combined TriHealth financial statements as of June 30, 2014 and 2013, and the results of its operations and its cash flows are included for the period from January 1, 2013 to June 30, 2013, and the year ended June 30, 2014. For the period from January 1, 2013 through June 30, 2013, the operations of Evendale contributed \$12,539 in operating revenue and \$(1,422) of excess of expenses over revenue to the TriHealth combined results of operations. For the year ended June 30, 2014, the operations of Evendale contributed \$37,751 in operating revenue and \$3,381 of excess of revenue over expenses to the TriHealth combined results of operations.

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

#### **Fair Value Measurements**

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

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

## TriHealth

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

#### **B. Summary of Significant Accounting Policies (continued)**

The three levels are defined as follows

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

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

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

#### **Cash and Cash Equivalents**

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

## TriHealth

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

#### **B. Summary of Significant Accounting Policies (continued)**

##### **Net Patient Accounts Receivable and Net Patient Service Revenue**

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

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

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

Overall, the total write-offs of uncollectible accounts and allowances on self-pay patient accounts receivable has not significantly changed since June 30, 2013. TriHealth has not experienced significant changes in write-off trends, and has not changed its charity care policy since June 30, 2013. The overall allowance percentage for uncollectible accounts went from 52% at June 30, 2013 to 37% June 30, 2014, as a result of changes in payor mix due to the Affordable Care Act.

# TriHealth

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

### B. Summary of Significant Accounting Policies (continued)

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

|                      | 2014        | 2013        |
|----------------------|-------------|-------------|
| Medicare             | 18%         | 19%         |
| Medicaid             | 4           | 3           |
| Managed Mcre/Mcaid   | 26          | 22          |
| Self-pay             | 20          | 23          |
| Commercial and other | 32          | 33          |
|                      | <b>100%</b> | <b>100%</b> |

TriHealth has agreements with third-party payors that provide for payments at amounts different from its established rates. The basis for payment under these agreements includes prospectively determined rates, cost reimbursement, negotiated discounts from established rates, and per diem payments. Patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors and others for services rendered, including estimated retroactive adjustments due to future audits, 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 the years are no longer subject to such audits, reviews, and investigations. TriHealth recognizes a significant amount of patient service revenue at the time the services are rendered even though it does not assess the patient's ability to pay.

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

### Inventories

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

## TriHealth

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

#### **B. Summary of Significant Accounting Policies (continued)**

##### **Assets Limited as to Use and Investments**

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

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

##### *Good Samaritan*

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

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

##### *Bethesda*

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

# TriHealth

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

### **B. Summary of Significant Accounting Policies (continued)**

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

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

### **Property and Equipment**

Property and equipment are stated at historical cost or, if donated or impaired, at fair market value at the date of receipt or determination. Depreciation is provided over the estimated useful life of each class of depreciable assets, which range from 2 to 40 years, and is computed using the straight-line method. For property and equipment under capital lease, amortization is determined over the shorter period of the lease term or the estimated useful life of the property and equipment, and is included in depreciation and amortization expense. Interest cost, if any, incurred during the period of construction of major capital projects is capitalized as a component of the cost of acquiring those assets. Depreciation expense was \$72,007 and \$63,833 for the years ended June 30, 2014 and 2013, respectively, and is included in depreciation and amortization expense.

The cost and related accumulated depreciation of property and equipment that is sold or retired are removed from the respective accounts, and the resulting gain or loss is recorded in other revenue, net. Select property and equipment of \$1,467 and \$1,822, respectively, as of June 30, 2014 and 2013, purchased prior to year end, is excluded from the additions to property and equipment, net in the combined statements of cash flows, as cash payment was not made as of the end of the year.

### **Investments in Unconsolidated Organizations**

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

# TriHealth

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

### B. Summary of Significant Accounting Policies (continued)

#### Goodwill and Intangible Assets, Net

Goodwill and intangible assets have been primarily generated from the acquisition of certain health care-related businesses, including physician practices. Amortization of intangible assets is calculated on a straight-line basis over the estimated life of the specific intangible asset and ranges from a period of three to eight years. Amortization expense was \$3,325 and \$2,208 for the years ended June 30, 2014 and 2013, respectively. Amortization expense is expected to be approximately \$3,000 for each of the next five fiscal years.

The following is a progression of goodwill through June 30, 2014

|                                                |                          |
|------------------------------------------------|--------------------------|
| Balance as of June 30, 2012 <i>(Unaudited)</i> | \$ 28,381                |
| Goodwill acquired                              | 95,985                   |
| Balance as of June 30, 2013                    | 124,366                  |
| Goodwill acquired                              | 17,660                   |
| Balance as of June 30, 2014                    | <u><u>\$ 142,026</u></u> |

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

|                                | Carrying<br>Amount       | Accumulated<br>Amortization | Net                      |
|--------------------------------|--------------------------|-----------------------------|--------------------------|
| <b>2014</b>                    |                          |                             |                          |
| Identifiable intangible assets | \$ 21,311                | \$ 7,309                    | \$ 14,002                |
| Goodwill                       | 147,609                  | 5,583                       | 142,026                  |
| Total                          | <u><u>\$ 168,920</u></u> | <u><u>\$ 12,892</u></u>     | <u><u>\$ 156,028</u></u> |
| <b>2013</b>                    |                          |                             |                          |
| Identifiable intangible assets | \$ 15,718                | \$ 3,982                    | \$ 11,736                |
| Goodwill                       | 129,949                  | 5,583                       | 124,366                  |
| Total                          | <u><u>\$ 145,667</u></u> | <u><u>\$ 9,565</u></u>      | <u><u>\$ 136,102</u></u> |

TriHealth annually performs an evaluation of goodwill for impairment considering qualitative and quantitative factors. There was no impairment loss recognized in 2014 or 2013.

# TriHealth

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

### **B. Summary of Significant Accounting Policies (continued)**

#### **Net Assets**

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

#### **Charity Care**

As an integral part of its mission, TriHealth accepts and treats all patients without regard to the ability to pay. Services to patients are classified as charity care in accordance with established criteria. Charity care represents services rendered for which partial or no payment is expected and, as such, is not included in net patient service revenue in the combined statement of operations and changes in net assets. The estimated direct and indirect costs of charity care, quantified as the cost of free or discounted health services provided to persons who cannot afford to pay, was \$25,079 and \$37,900 for the years ended June 30, 2014 and 2013, respectively. Charity care costs are estimated based on multiplying the ratio of costs to gross charges for all payments not attributable to other community benefits programs by the revenue recognized and written off for health services provided to persons who cannot afford to pay. The Ohio Hospital Care Assurance Program (HCAP) provides some reimbursement to TriHealth for services provided to qualified persons who cannot afford to pay. The amount of net HCAP reimbursements was \$5,019 and \$5,150 for the years ended June 30, 2014 and 2013.



# TriHealth

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

### **B. Summary of Significant Accounting Policies (continued)**

#### **Other Revenue, Net**

The American Recovery and Reinvestment Act of 2009 established incentive payments under the Medicare and Medicaid programs for certain professionals and hospitals that meaningfully use certified electronic health record technology. Payments under the program are calculated based upon estimated discharges, charity care, and other input data, and are predicated upon TriHealth's attainment of program and attestation criteria and are subject to regulatory audit. TriHealth has opted to follow a grant accounting method, which provides for ratable recognition over the respective attestation period. As a result, TriHealth estimated and recognized revenue of \$7,111 and \$18,677 for the years ended June 30, 2014 and 2013, respectively. This amount is included in other revenue, net in the accompanying combined statement of operations and changes in net assets. The amount recognized is subject to change, with such changes impacting operations in the period in which they occur.

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

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

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

#### **Federal Income Taxes**

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

# TriHealth

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

### **B. Summary of Significant Accounting Policies (continued)**

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

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

TriHealth completed an analysis of uncertain tax positions in accordance with applicable accounting guidance at June 30, 2014 and 2013, and determined that no amounts were required to be recognized in the combined financial statements at June 30, 2014 and 2013.

### **Litigation**

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

### **Use of Estimates**

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

# TriHealth

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

### **B. Summary of Significant Accounting Policies (continued)**

#### **Healthcare Regulatory Environment**

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

#### **Reclassifications**

Certain reclassifications were made to the 2013 combined financial statement presentation to conform to the 2014 presentation.

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

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

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

# TriHealth

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

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

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

|                                                                            | 2014             | 2013             |
|----------------------------------------------------------------------------|------------------|------------------|
| Cost of community benefit provided to the poor                             |                  |                  |
| Cost of charity care provided                                              | \$ 25,079        | \$ 37,900        |
| Unpaid cost of public programs, Medicaid, and other indigent care programs | 37,180           | 24,721           |
| Nonbilled services for the poor                                            | 1,154            | 1,181            |
| Cash and in-kind donations for the poor                                    | 100              | 82               |
| Other benefit provided to the poor                                         | 221              | 333              |
|                                                                            | <b>63,734</b>    | <b>64,217</b>    |
| Cost of community benefit provided to the broader community                |                  |                  |
| Nonbilled services for the community                                       | 476              | 1,068            |
| Education and research provided for the community                          | 27,552           | 26,028           |
| Cash and in-kind donations for the poor                                    | 81               | 93               |
| Other benefit provided to the community                                    | 7,041            | 7,705            |
|                                                                            | <b>35,150</b>    | <b>34,894</b>    |
| Total cost of community benefit                                            | <b>\$ 98,884</b> | <b>\$ 99,111</b> |

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

# TriHealth

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

### D. Net Patient Service Revenue

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

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

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

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

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

|                      | 2014                |             | 2013                |             |
|----------------------|---------------------|-------------|---------------------|-------------|
| Medicare             | \$ 243,245          | 17%         | \$ 246,011          | 18%         |
| Medicaid             | 42,926              | 3           | 23,562              | 2           |
| Managed care         | 271,862             | 19          | 246,560             | 19          |
| Self-pay             | 85,851              | 6           | 85,717              | 6           |
| Commercial and other | 786,970             | 55          | 731,952             | 55          |
|                      | <b>\$ 1,430,854</b> | <b>100%</b> | <b>\$ 1,333,802</b> | <b>100%</b> |

# TriHealth

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

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

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

Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretations. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term. TriHealth recognized an increase in net patient service revenue for the years ended June 30, 2014 and 2013, by \$7,578 and \$9,120, respectively, due to favorable changes in estimates related to prior years' cost report settlements and other third-party payor activity.

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

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

|                              | 2014              | 2013              |
|------------------------------|-------------------|-------------------|
| CHI Program                  | \$ 367,373        | \$ 341,866        |
| Bethesda Master Trust        | 360,773           | 336,532           |
| Other                        |                   |                   |
| Cash and cash equivalents    | 37,988            | 11,421            |
| Marketable equity securities |                   |                   |
| Domestic                     | 6,214             | —                 |
| Foreign                      | 1,324             | —                 |
| Marketable debt securities   |                   |                   |
| U S government               | 9,022             | 1,580             |
| U S government agency        | 2,972             | 28,006            |
| Corporate                    | 5,365             | 8,546             |
| Total other                  | 62,885            | 49,553            |
|                              | <u>\$ 791,031</u> | <u>\$ 727,951</u> |

# TriHealth

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

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

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

|                              | 2014        | 2013        |
|------------------------------|-------------|-------------|
| Cash and cash equivalents    | 1%          | 1%          |
| Marketable debt securities   | 32          | 32          |
| Marketable equity securities | 44          | 43          |
| Alternative investments      | 23          | 24          |
|                              | <b>100%</b> | <b>100%</b> |

Good Samaritan's relative allocation, based on the carrying value of the underlying assets of the entire CHI Program, was approximately 5.8% and 6.3% at June 30, 2014 and 2013, respectively.

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

|                              | 2014        | 2013        |
|------------------------------|-------------|-------------|
| Cash and cash equivalents    | 4%          | 2%          |
| Marketable equity securities | 14          | 30          |
| Mutual funds                 | 34          | 26          |
| Alternative investments      | 48          | 42          |
|                              | <b>100%</b> | <b>100%</b> |

Bethesda's relative allocation, based on the carrying value of the underlying assets of the entire Trust, was approximately 61% and 63% at June 30, 2014 and 2013, respectively.

# TriHealth

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

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

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

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

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

|                                                | <b>2014</b>      | <b>2013</b>      |
|------------------------------------------------|------------------|------------------|
| Dividend and interest income (net of expenses) | \$ 9,857         | \$ 10,501        |
| Net realized gains on investments              | 50,694           | 40,558           |
| Net change in unrealized gains on investments  | 31,058           | 19,240           |
|                                                | <u>\$ 91,609</u> | <u>\$ 70,299</u> |



# TriHealth

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

### F. Fair Value Measurements

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

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

|                                                | 2014      |          |         |           | 2013      |           |         |           |
|------------------------------------------------|-----------|----------|---------|-----------|-----------|-----------|---------|-----------|
|                                                | Level 1   | Level 2  | Level 3 | Total     | Level 1   | Level 2   | Level 3 | Total     |
| <b>Assets</b>                                  |           |          |         |           |           |           |         |           |
| Cash and cash equivalents                      | \$ 33,461 | \$ —     | \$ —    | \$ 33,461 | \$ 8,882  | \$ —      | \$ —    | \$ 8,882  |
| Assets limited as to use and investments       |           |          |         |           |           |           |         |           |
| Cash equivalents                               | 4,527     | —        | —       | 4,527     | 2,539     | —         | —       | 2,539     |
| Marketable equity securities                   |           |          |         |           |           |           |         |           |
| Domestic                                       | 6,214     | —        | —       | 6,214     | —         | —         | —       | —         |
| Foreign                                        | 1,324     | —        | —       | 1,324     | —         | —         | —       | —         |
| Marketable debt securities                     |           |          |         |           |           |           |         |           |
| U.S. government                                | 9,022     | —        | —       | 9,022     | 1,580     | —         | —       | 1,580     |
| U.S. government agency                         | —         | 2,972    | —       | 2,972     | —         | 28,006    | —       | 28,006    |
| Corporate                                      | —         | 5,365    | —       | 5,365     | —         | 8,546     | —       | 8,546     |
| Total assets limited as to use and investments | 21,087    | 8,337    | —       | 29,424    | 4,119     | 36,552    | —       | 40,671    |
| Total assets at fair value                     | \$ 54,548 | \$ 8,337 | \$ —    | \$ 62,885 | \$ 13,001 | \$ 36,552 | \$ —    | \$ 49,553 |

# TriHealth

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

### F. Fair Value Measurements (continued)

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

|                                          | 2014                                         |                                                            |                   | 2013                                         |                                                            |                   |
|------------------------------------------|----------------------------------------------|------------------------------------------------------------|-------------------|----------------------------------------------|------------------------------------------------------------|-------------------|
|                                          | Financial<br>Instruments<br>at Fair<br>Value | Financial<br>Instruments<br>at Other<br>Than Fair<br>Value | Total             | Financial<br>Instruments<br>at Fair<br>Value | Financial<br>Instruments<br>at Other<br>Than Fair<br>Value | Total             |
| <b>Assets</b>                            |                                              |                                                            |                   |                                              |                                                            |                   |
| Cash and cash equivalents                | \$ 33,461                                    | \$ —                                                       | \$ 33,461         | \$ 8,882                                     | \$ —                                                       | \$ 8,882          |
| Assets limited as to use and investments | 29,424                                       | 728,146                                                    | 757,570           | 40,671                                       | 678,398                                                    | 719,069           |
| Total assets                             | <u>\$ 62,885</u>                             | <u>\$ 728,146</u>                                          | <u>\$ 791,031</u> | <u>\$ 49,553</u>                             | <u>\$ 678,398</u>                                          | <u>\$ 727,951</u> |

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

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

# TriHealth

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

### F. Fair Value Measurements (continued)

Following is the summary of the inputs and valuation techniques as of June 30, 2014 and 2013, used for valuing Level 2 securities in the portfolio

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

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

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

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

# TriHealth

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

### F. Fair Value Measurements (continued)

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

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

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

| Nonfinancial Assets<br>and Liabilities | Input                        | Valuation<br>Technique |
|----------------------------------------|------------------------------|------------------------|
| Inventories                            | Estimate of replacement cost | Cost                   |
| Property and equipment, net            | Estimate of replacement cost | Cost                   |
| Identifiable intangible assets         | Discounted cash flows        | Income                 |
| Goodwill                               | Discounted cash flows        | Income                 |

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

# TriHealth

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

### G. Property and Equipment

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

|                               | <b>2014</b>       | <b>2013</b> |
|-------------------------------|-------------------|-------------|
| Land and improvements         | \$ 34,070         | \$ 34,018   |
| Buildings and improvements    | 786,893           | 773,455     |
| Equipment                     | 589,186           | 533,544     |
|                               | <b>1,410,149</b>  | 1,341,017   |
| Less accumulated depreciation | 834,217           | 765,234     |
|                               | <b>575,932</b>    | 575,783     |
| Construction in progress      | 19,981            | 31,786      |
|                               | <b>\$ 595,913</b> | \$ 607,569  |

TriHealth had unamortized computer software costs of \$38,983 and \$42,075 recorded at June 30, 2014 and 2013, respectively. TriHealth recognized expense related to computer software costs of \$6,667 and \$6,456 for the years ended June 30, 2014 and 2013, respectively, which is included in depreciation and amortization in the consolidated statements of operations.

Accounting guidance for asset retirement obligations requires the recognition of a liability for the fair value of asset retirement obligations in instances where there is a legal liability and the amount can be reasonably estimated. Management has recorded asset retirement obligations of \$5,255 and \$5,302 at June 30, 2014 and 2013, respectively.

TriHealth entered into a transaction with a developer to construct a medical office building on land which is owned by TriHealth (specifically, Good Samaritan). TriHealth leases the building from the developer. Under applicable accounting guidance, TriHealth has determined that it maintains certain risk of ownership on this transaction, and as a result, has recorded property and equipment, net and a related liability, which is included in long-term compensation and benefits and other long-term liabilities of \$8,295 and \$8,570 at June 30, 2014 and 2013, respectively, net of current portion \$275 and \$214 at June 30, 2014 and 2013, respectively, included in accounts payable and accrued expenses.

TriHealth evaluates whether events and circumstances have occurred that indicate the remaining useful life of property and equipment may not be recoverable. Management determined there were no impairment issues in 2014.

## TriHealth

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

#### H. Leases

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

The capital lease obligations are \$61,273 and \$64,140, excluding short-term portions of \$2,811 and \$2,658, which are recorded in accounts payable and accrued expenses, at June 30, 2014 and 2013, respectively. Assets under capital lease are included in property and equipment on the combined balance sheets of \$65,905 and \$65,905, less accumulated depreciation of \$7,014 and \$3,125 as of June 30, 2014 and 2013, respectively.

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

|                                         |                         |
|-----------------------------------------|-------------------------|
| 2015                                    | \$ 6,352                |
| 2016                                    | 6,416                   |
| 2017                                    | 6,482                   |
| 2018                                    | 6,586                   |
| 2019                                    | 6,692                   |
| Thereafter                              | 82,621                  |
| Total minimum payments                  | <u>115,149</u>          |
| Less amounts representing interest      | <u>51,065</u>           |
| Present value of minimum lease payments | 64,084                  |
| Less current portion                    | <u>2,811</u>            |
|                                         | <u><u>\$ 61,273</u></u> |

Total rental expense under all operating leases, for the years ended June 30, 2014 and 2013, was \$22,641 and \$20,887, respectively.

## TriHealth

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

#### **I. Long-Term Debt**

Good Samaritan and Bethesda participate in a unified CHI credit governed agreement under a Capital Obligation Document (COD). Under the COD, CHI is the sole obligor on all debt. Bondholder security resides both in the unsecured promise by CHI to pay its obligations, and in its control of direct affiliates. Good Samaritan, as a direct affiliate, and Bethesda as a designated affiliate of CHI, are defined as participants under the COD. Debt under the COD is evidenced by promissory notes individually between Good Samaritan and CHI, and Bethesda and CHI, which include monthly installments of interest, and may be repaid in advance without penalty. Good Samaritan and Bethesda are only responsible for debt evidenced under the executed promissory notes as of June 30, 2014 and 2013.

Good Samaritan has agreed to certain covenants with CHI related to corporate existence, maintenance of insurance, and exempt use of bond-financed facilities. Bethesda has agreed to certain financial and nonfinancial covenants. Good Samaritan and Bethesda were in compliance with all covenants at June 30, 2014 and 2013.

Good Samaritan has three separate loan agreements which assisted in financing the construction of a new medical office building on its campus. The loans were obtained through subsidiaries of Uptown Consortium, Inc., an Ohio nonprofit corporation. Two of the loans were from the subsidiary, UNIF, LLC, for \$10,866 and \$3,950, respectively, both with a maturity in 2042 and a fixed interest rate of 1.25 % at June 30, 2014. The final loan was from the subsidiary Uptown Cincinnati Development Fund for \$8,911, with a maturity in 2017, and a fixed interest rate of 4% at June 30, 2014. Good Samaritan is subject to certain nonfinancial restrictive covenants under the loan agreements. Management is of the opinion that Good Samaritan was in compliance with all restrictive covenants at June 30, 2014.

# TriHealth

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

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

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

|                                                                 | <b>2014</b>       | <b>2013</b>       |
|-----------------------------------------------------------------|-------------------|-------------------|
| Good Samaritan                                                  |                   |                   |
| Note payable to CHI, due 2021                                   | \$ 25,451         | \$ 31,902         |
| Note payable to CHI, due 2024                                   | 65,059            | 70,318            |
| Note payable to Uptown Cincinnati Development Fund,<br>due 2017 | 8,911             | 8,911             |
| Note payable to UNIF, LLC, due 2042                             | 10,867            | 10,867            |
| Note payable to UNIF, LLC, due 2042                             | 3,950             | 3,950             |
| Bethesda                                                        |                   |                   |
| Note payable to CHI (Project Fund), due 2017                    | 6,883             | 9,416             |
| Note payable to CHI (2001 Refinance), due 2022                  | 46,191            | 51,174            |
| Note payable to CHI (Phase I), due 2026                         | 6,278             | 6,676             |
| Note payable to CHI (Phase II), due 2029                        | 116,116           | 121,009           |
|                                                                 | <b>289,706</b>    | 314,223           |
| Less current portion of long-term debt                          | 25,777            | 24,456            |
|                                                                 | <b>\$ 263,929</b> | <b>\$ 289,767</b> |

All of the notes payable to CHI are variable-rate debt with an interest rate of 4.75% consistently throughout 2014 and 2013, and at June 30, 2014 and 2013. The variable-rate associated with the notes payable to CHI is based on a blended rate of the underlying fixed and variable-rate external debt held by CHI.



# TriHealth

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

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

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

|                     | <u>Amounts Due</u> |
|---------------------|--------------------|
| Year ending June 30 |                    |
| 2015                | \$ 25,777          |
| 2016                | 27,099             |
| 2017                | 26,988             |
| 2018                | 22,770             |
| 2019                | 19,825             |
| Thereafter          | 167,247            |
|                     | <u>\$ 289,706</u>  |

Interest paid on all long-term debt was \$18,111 and \$16,225 for the years ended June 30, 2014 and 2013

TriHealth maintains a line of credit with Fifth Third Bank, with available credit of \$10,000 renewed annually. TriHealth made various draws on the line of credit during the year, all of which were subsequently repaid. No amounts were outstanding under the line of credit at June 30, 2014 or 2013.

### J. Functional Expenses

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

|                      | <u>2014</u>         | <u>2013</u>         |
|----------------------|---------------------|---------------------|
| Health care services | \$ 1,240,720        | \$ 1,142,680        |
| Support services     | 175,351             | 171,402             |
|                      | <u>\$ 1,416,071</u> | <u>\$ 1,314,082</u> |

## TriHealth

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

#### **K. Retirement Plans**

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

The Plans' were approved to be frozen in the year ended June 30, 2014, effective December 31, 2014, resulting in a net reduction in the projected benefit obligation of \$5,308. The Plans' freeze had an immediate impact on the combined statement of operations and changes in net assets of \$1,011 of expense, included in employee benefit expense.

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

# TriHealth

## Notes to Combined Financial Statements (continued)

(Dollar Amounts in Thousands)

### K. Retirement Plans (continued)

A summary of the changes in the benefit obligation, fair value of plan assets, and funded status of the Plans at June 30, 2014, and for the year then ended, is as follows

|                                                | Good<br>Samaritan | Bethesda    | TriHealth,<br>Inc. | Combined    |
|------------------------------------------------|-------------------|-------------|--------------------|-------------|
| Accumulated benefit obligation                 | \$ 179,556        | \$ 258,989  | \$ 144,390         | \$ 582,935  |
| Change in benefit obligation                   |                   |             |                    |             |
| Benefit obligation at beginning of year        | \$ 178,445        | \$ 251,215  | \$ 127,578         | \$ 557,238  |
| Service cost                                   | 6,381             | 7,329       | 8,008              | 21,718      |
| Interest cost                                  | 7,708             | 10,910      | 5,469              | 24,087      |
| Net transfer between Plans                     | (3,728)           | (3,615)     | 7,343              | —           |
| Actuarial loss                                 | 2,496             | 11,136      | 9,044              | 22,676      |
| Benefits paid                                  | (9,825)           | (14,622)    | (5,806)            | (30,253)    |
| Liability gain due to curtailment              | (267)             | (1,041)     | (4,000)            | (5,308)     |
| Benefit obligation at end of year              | 181,210           | 261,312     | 147,636            | 590,158     |
| Change in plan assets                          |                   |             |                    |             |
| Fair value of plan assets at beginning of year | 165,538           | 221,695     | 100,137            | 487,370     |
| Actual return on plan assets                   | 27,128            | 25,134      | 12,602             | 64,864      |
| TriHealth contributions                        | 11,300            | 16,500      | 12,800             | 40,600      |
| Benefits paid                                  | (9,825)           | (14,622)    | (5,805)            | (30,252)    |
| Net transfer among Plans                       | (3,527)           | (2,931)     | 6,458              | —           |
| Fair value of plan assets at end of year       | 190,614           | 245,776     | 126,192            | 562,582     |
| Funded status and pension asset (liability)    | \$ 9,404          | \$ (15,536) | \$ (21,444)        | \$ (27,576) |

# TriHealth

## Notes to Combined Financial Statements (continued)

(Dollar Amounts in Thousands)

### K. Retirement Plans (continued)

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

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

Included in unrestricted net assets are the following amounts that have not yet been recognized in net periodic pension expense as of June 30, 2014

|                                           | Good<br>Samaritan | Bethesda  | TriHealth,<br>Inc. | Combined   |
|-------------------------------------------|-------------------|-----------|--------------------|------------|
| Net actuarial loss                        | \$ 31,570         | \$ 90,877 | \$ 41,528          | \$ 163,975 |
| Net loss (gain) transferred between Plans | 656               | 1,321     | (1,977)            | —          |
|                                           | \$ 32,226         | \$ 92,198 | \$ 39,551          | \$ 163,975 |

# TriHealth

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

### K. Retirement Plans (continued)

Included in unrestricted net assets are the following amounts that have not yet been recognized in net periodic pension expense as of June 30, 2013

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

Net actuarial loss is amortized as a component of net periodic benefit cost only if the losses exceed 10% of the greater of the projected benefit obligation or the fair value of the plan assets. The net prior service cost and net actuarial loss included in unrestricted net assets that is expected to be recognized in net periodic pension expense during the fiscal year ended June 30, 2015 is \$0 and \$3,416 for the Plans. The following amounts related to plan activity have been recognized as increase (decrease) in unrestricted net assets for the year ended June 30, 2014

|                                                    | Good<br>Samaritan | Bethesda        | TriHealth,<br>Inc. | Combined         |
|----------------------------------------------------|-------------------|-----------------|--------------------|------------------|
| Net actuarial gain (loss)                          | \$ 12,614         | \$ (2,609)      | \$ (3,955)         | \$ 6,050         |
| Net actuarial gain (loss) due to<br>asset transfer | 857               | 2,003           | (2,860)            | —                |
| Net actuarial gain due to curtailment              | 267               | 1,041           | 4,000              | 5,308            |
| Prior service credit due to curtailment            | 295               | 423             | 293                | 1,011            |
| Amortization of prior service credit               | 78                | 121             | 90                 | 289              |
| Amortization of net actuarial gain                 | 3,417             | 7,407           | 3,164              | 13,988           |
| Net (loss) gain transferred<br>between Plans       | (656)             | (1,321)         | 1,977              | —                |
|                                                    | <u>\$ 16,872</u>  | <u>\$ 7,065</u> | <u>\$ 2,709</u>    | <u>\$ 26,646</u> |

# TriHealth

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

### K. Retirement Plans (continued)

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

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

A summary of the components of net periodic pension expense for the Plans, which is included in employee benefits expense in the combined statement of operations and changes in net assets for the year ended June 30, 2014, is as follows

|                                        | <b>Good<br/>Samaritan</b> | <b>Bethesda</b> | <b>TriHealth,<br/>Inc.</b> | <b>Combined</b>  |
|----------------------------------------|---------------------------|-----------------|----------------------------|------------------|
| Service cost                           | \$ 6,381                  | \$ 7,329        | \$ 8,008                   | \$ 21,718        |
| Interest cost                          | 7,708                     | 10,910          | 5,469                      | 24,087           |
| Expected return on plan assets         | (11,959)                  | (16,609)        | (7,513)                    | (36,081)         |
| Amortization of net prior service cost | 78                        | 121             | 90                         | 289              |
| Amortization of net actuarial loss     | 3,417                     | 7,407           | 3,164                      | 13,988           |
| Curtailment expense                    | 295                       | 423             | 293                        | 1,011            |
|                                        | <u>\$ 5,920</u>           | <u>\$ 9,581</u> | <u>\$ 9,511</u>            | <u>\$ 25,012</u> |

# TriHealth

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

### K. Retirement Plans (continued)

A summary of the components of net periodic pension expense for the Plans, which is included in employee benefits expense in the combined statement of operations and changes in net assets for the year ended June 30, 2013, is as follows

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

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

|                               | <b>2014</b>           | <b>2013</b>    |
|-------------------------------|-----------------------|----------------|
| Discount rate                 | <b>3.96%</b>          | 4.54%          |
| Rate of compensation increase | <b>3.00% to 9.00%</b> | 3.50% to 6.50% |

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

|                                | <b>2014</b>           | <b>2013</b>    |
|--------------------------------|-----------------------|----------------|
| Discount rate                  | <b>4.54%</b>          | 4.16%          |
| Expected return on plan assets | <b>7.50%</b>          | 7.50%          |
| Rate of compensation increase  | <b>3.00% to 9.00%</b> | 3.50% to 6.50% |

## TriHealth

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

#### K. Retirement Plans (continued)

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

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

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

|                              | <b>Target</b> | <b>Range</b>   |
|------------------------------|---------------|----------------|
| Marketable debt securities   | 25.0%         | 15.0% to 35.0% |
| Marketable equity securities | 52.5          | 42.5% to 62.5% |
| Alternative investments      | 22.5          | 12.5% to 32.5% |

As of June 30, 2014 and 2013, TriHealth believes that there is not a specific concentration of risk in the underlying CHI Plan Asset Program. TriHealth does recognize that all investments are subject to market risks, and that changes in the market may have a material effect on the plan assets.



# TriHealth

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

### K. Retirement Plans (continued)

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

|                              | 2014          | 2013          |
|------------------------------|---------------|---------------|
| Marketable debt securities   | 33.5%         | 26 0%         |
| Marketable equity securities | 47.0          | 55 0          |
| Alternative investments      | 19.5          | 19 0          |
|                              | <b>100.0%</b> | <b>100 0%</b> |

The Bethesda Retirement Plan and TriHealth, Inc Retirement Plan assets are invested in a portfolio designed to preserve principal and obtain competitive investment returns with long-term investment growth, consistent with actuarial assumptions, while minimizing unnecessary investment risk. Diversification is achieved by allocating assets to various asset classes and investment styles, and retaining multiple investment managers with complementary philosophies, styles, and approaches. The use of leverage is prohibited except as specifically directed in the alternative investment allocation. The target and range asset allocations for Bethesda Retirement Plan and TriHealth, Inc Retirement Plan's plan assets set forth in the respective Bethesda Retirement Plan and TriHealth, Inc Retirement Plan investment policies, based on underlying investment securities, are as follows

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

# TriHealth

## Notes to Combined Financial Statements (continued)

(Dollar Amounts in Thousands)

### K. Retirement Plans (continued)

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

|                   | 2014   | 2013   |
|-------------------|--------|--------|
| Marketable equity | 30.3%  | 36.9%  |
| Marketable debt   | 18.4   | 18.7   |
| Alternatives      | 46.3   | 42.8   |
| Cash              | 5.0    | 1.6    |
|                   | 100.0% | 100.0% |

The following is a summary of all of the Plans' assets as of June 30, 2014, measured at fair value on a recurring basis based on the fair value hierarchy

|                                    | Level 1    | Level 2    | Level 3   | Total      |
|------------------------------------|------------|------------|-----------|------------|
| Good Samaritan                     |            |            |           |            |
| CHI Plan Asset Program             | \$ —       | \$ 194,228 | \$ —      | \$ 194,228 |
| Due to Bethesda and TriHealth, Inc | (3,614)    | —          | —         | (3,614)    |
| Bethesda and TriHealth, Inc        |            |            |           |            |
| Cash and cash equivalents          | 19,118     | —          | —         | 19,118     |
| Marketable equity securities       |            |            |           |            |
| Domestic                           | 34,847     | —          | —         | 34,847     |
| Foreign                            | 6,740      | —          | —         | 6,740      |
| Mutual funds                       |            |            |           |            |
| Equity                             | 26,483     | —          | —         | 26,483     |
| Fixed income                       | 35,165     | —          | —         | 35,165     |
| Multi-Asset                        | 49,847     | —          | —         | 49,847     |
| Alternative investments            |            |            |           |            |
| Hedge funds                        | —          | 40,503     | —         | 40,503     |
| Limited liability companies        | —          | 5,437      | —         | 5,437      |
| Private equity funds               | —          | —          | 25,442    | 25,442     |
| Commingled funds                   | —          | 7,891      | —         | 7,891      |
| Real estate investment trusts      | —          | —          | 13,053    | 13,053     |
| Other limited partnerships         | —          | 93,926     | 9,902     | 103,828    |
| Due from CHI Plan Asset Program    | 3,614      | —          | —         | 3,614      |
| Total plan assets at fair value    | \$ 172,200 | \$ 341,985 | \$ 48,397 | \$ 562,582 |

# TriHealth

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

### K. Retirement Plans (continued)

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

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

The Good Samaritan Hospital Retirement Plan assets are represented by pool units rather than specific securities. The CHI Plan Asset Program is not necessarily readily marketable, and may include short sales on securities and trading in future contracts, options, foreign currency contracts, other derivative instruments, and private equity investments. However, management has determined that the NAV is an appropriate estimate of the fair value of these pooled units at June 30, 2014 and 2013 based on the underlying investment being recorded at fair value within the CHI Plan Asset Program. As TriHealth has the ability to redeem its pooled units with no adjustment at the measurement date, and there are no significant restrictions on liquidating these investments, the investment is categorized as a Level 2 measurement in the fair value hierarchy considerations. The inputs and valuation techniques as of June 30, 2014 and 2013 for valuing the pooled units is primarily NAV, which represent a market valuation approach.

## TriHealth

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

#### K. Retirement Plans (continued)

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

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

Alternative investments are not necessarily readily marketable, and may include short sales on securities and trading in future contracts, options, foreign currency contracts, other derivative instruments, and private equity investments. Management has determined that the NAV is an appropriate estimate of the fair value of these investments, at June 30, 2014 and 2013, based on the fact that the alternative investments are audited and accounted for at fair value by the administrators of the respective alternative investments. TriHealth has the ability to redeem its investment in the respective alternative investment at the NAV with no significant restrictions on the redemption at the combined balance sheet date. TriHealth has categorized the alternative investment as a Level 2 measurement in the fair value hierarchy. If TriHealth does not have the ability to redeem the alternative investment at NAV due to significant restrictions, TriHealth has categorized the alternative investment as a Level 3 measurement.

Following is the summary of inputs and valuation techniques, as of June 30, 2014 and 2013, used for valuing Level 2 securities in plan assets:

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

# TriHealth

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

### K. Retirement Plans (continued)

Following is the summary of the inputs and valuation techniques, as of June 30, 2014 and 2013, used for valuing Level 3 securities in plan assets

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

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

# TriHealth

## Notes to Combined Financial Statements (continued)

(Dollar Amounts in Thousands)

### K. Retirement Plans (continued)

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

|                                            | <b>Hedge<br/>Funds</b> | <b>Private<br/>Equity</b> | <b>Real Estate<br/>Investment<br/>Trusts</b> | <b>Other<br/>Limited<br/>Partnerships</b> |
|--------------------------------------------|------------------------|---------------------------|----------------------------------------------|-------------------------------------------|
| Fair value at June 30, 2012<br>(Unaudited) | \$ 5,113               | \$ 22,967                 | \$ 14,893                                    | \$ 7,544                                  |
| Purchases                                  | —                      | 2,500                     | 695                                          | 3,090                                     |
| Sales/settlements                          | —                      | (3,675)                   | (2,451)                                      | (4,751)                                   |
| Unrealized gains (losses)                  | 861                    | (94)                      | (96)                                         | —                                         |
| Unrealized gains                           | —                      | 2,813                     | 1,457                                        | 1,389                                     |
| Fair value at June 30, 2013                | 5,974                  | 24,511                    | 14,498                                       | 7,272                                     |
| Purchases                                  | —                      | 2,169                     | 315                                          | 3,623                                     |
| Sales/settlements                          | (6,027)                | (5,225)                   | (3,154)                                      | (1,782)                                   |
| Realized gains                             | 368                    | —                         | —                                            | 56                                        |
| Unrealized losses                          | (315)                  | (47)                      | (56)                                         | —                                         |
| Unrealized gains                           | —                      | 4,034                     | 1,450                                        | 733                                       |
| Fair value at June 30, 2014                | \$ —                   | \$ 25,442                 | \$ 13,053                                    | \$ 9,902                                  |

Bethesda and TriHealth, Inc have committed capital yet to be called of \$26,348 and \$18,174 at June 30, 2014 and 2013, respectively, to private equity funds over the next one to three years

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

|                     | <b>Bethesda</b> | <b>Good<br/>Samaritan</b> | <b>TriHealth,<br/>Inc.</b> | <b>Combined</b> |
|---------------------|-----------------|---------------------------|----------------------------|-----------------|
| Year ending June 30 |                 |                           |                            |                 |
| 2015                | \$ 22,815       | \$ 16,423                 | \$ 14,894                  | \$ 54,132       |
| 2016                | 19,774          | 14,034                    | 11,641                     | 45,449          |
| 2017                | 20,114          | 14,575                    | 11,559                     | 46,248          |
| 2018                | 20,004          | 14,807                    | 11,526                     | 46,337          |
| 2019                | 20,045          | 14,277                    | 11,256                     | 45,578          |
| 2020–2024           | 92,127          | 64,611                    | 54,981                     | 211,719         |

# TriHealth

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

### K. Retirement Plans (continued)

TriHealth expects to contribute a total of \$40,700 to the Plans in 2015, \$19,100 for Bethesda Retirement Plan, \$0 for The Good Samaritan Hospital Retirement Plan, and \$21,600 for TriHealth, Inc Retirement Plan

TriHealth employees are also eligible to participate in the TriHealth, Inc 401(k) Plan (the 401(k) Plan) where employees that are paid at least 1,000 hours in the calendar year are eligible for an employer match in the 401(k) Plan equal to 1.8% of their contributions. The 401(k) Plan expense was \$10,134 and \$9,014 for the years ended June 30, 2014 and 2013, respectively, and is included in employee benefits in the combined statements of operations and changes in net assets.

### L. Insurance Programs

#### Professional and General Liability

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

|                | 2014               |                         |                  | 2013               |                         |                  |
|----------------|--------------------|-------------------------|------------------|--------------------|-------------------------|------------------|
|                | Self-<br>Insurance | Commercial<br>Insurance | Combined         | Self-<br>Insurance | Commercial<br>Insurance | Combined         |
| Bethesda       | \$ 12,071          | \$ 5,106                | \$ 17,177        | \$ 15,789          | \$ 5,775                | \$ 21,564        |
| Good Samaritan | —                  | 15,803                  | 15,803           | —                  | 15,688                  | 15,688           |
| TriHealth, Inc | 7,336              | 3,531                   | 10,867           | 5,131              | 3,766                   | 8,897            |
|                | <u>\$ 19,407</u>   | <u>\$ 24,440</u>        | <u>\$ 43,847</u> | <u>\$ 20,920</u>   | <u>\$ 25,229</u>        | <u>\$ 46,149</u> |

# TriHealth

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

### L. Insurance Programs (continued)

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

|                | 2014             | 2013             |
|----------------|------------------|------------------|
| Bethesda       | \$ 5,106         | \$ 5,775         |
| Good Samaritan | 15,803           | 15,688           |
| TriHealth, Inc | 3,531            | 3,766            |
|                | <u>\$ 24,440</u> | <u>\$ 25,229</u> |

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

Accounting Standards Update (ASU) No 2010-24, *Health Care Entities (Topic 954): Presentation of Insurance Claims and Related Insurance Recoveries*, clarifies that a health care entity may not net insurance recoveries against related claim liabilities. Under ASU 2010-24, Good Samaritan recognizes a liability of, and expected recovery for, professional liability, as determined by CHI. The professional liability recognized under ASU 2010-24 is included in accrued professional liability, and the corresponding asset is included in other long-term assets. Good Samaritan believes the asset is fully realizable at June 30, 2014 and 2013.

Amounts paid by Good Samaritan for professional, employment practices, and general liability coverage were \$3,680 and \$3,697 for the years ended June 30, 2014 and 2013, respectively, and are included in insurance expense. Amounts paid by Good Samaritan for workers' compensation coverage were \$1,712 and \$1,751 for the years ended June 30, 2014 and 2013, respectively, and are included in employee benefits expense.



## TriHealth

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

#### **L. Insurance Programs (continued)**

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

The combined financial statements include an actuarially determined accrual for asserted and reported claims and incurred but not reported claims which may result from past services provided to patients, discounted at a rate of 1.25% as of June 30, 2014 and 2013. The actuarially determined accrual for Bethesda's professional liability coverage is an estimate.

The possibility exists that the estimate will change by a material amount in the future. Bethesda recorded a decrease to insurance expense of \$3,739 and \$2,397 in 2014 and 2013, respectively, due to lower claim activities and improved claim resolution.

In accordance with ASU 2010-24, Bethesda recorded a liability and estimated recoveries, at June 30, 2014 and 2013, related to excess liability coverage, which was included in accrued professional liability, and other long-term assets.

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

#### **TriHealth, Inc.**

Physicians within TriHealth, Inc. are insured through a primary layer claims-made commercial policy, with Preferred Profession Insurance Company (PPIC), of professional liability coverage. PPIC commercial insurance coverage is \$1,000 per occurrence and \$3,000 in the annual aggregate. The PPIC commercial insurance policy contains no tail liability coverage. As a result, the combined financial statements include an actuarially determined accrual for incurred but not reported claims (tail liability), which may result from past services provided to patients, discounted at a rate of 1.25% as of June 30, 2014 and 2013. The actuarially determined accrual for its professional liability tail coverage is an estimate. The possibility exists that the estimate will change by a material amount in the future.

## TriHealth

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

#### **L. Insurance Programs (continued)**

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

In accordance with ASU 2010-24, at June 30, 2014 and 2013, TriHealth, Inc recorded a liability and estimated recoveries for professional liability coverage for asserted and reported claims, which was included in accrued professional liability, and other long-term assets

#### **Workers' Compensation**

Under ASU 2010-24, Good Samaritan recognized a liability of, and expected recovery for, workers' compensation of \$4,418 and \$7,106, as determined by CHI at June 30, 2014 and 2013, respectively The workers' compensation liability recognized under ASU 2010-24 is included in long-term compensation and benefits and other long-term liabilities, and the corresponding asset is included in other long-term assets Good Samaritan believes the asset is fully realizable at June 30, 2014 and 2013

Bethesda and TriHealth, Inc is also self-insured for workers' compensation coverage An estimated liability for outstanding and incurred but not reported workers' compensation claims of \$6,597 and \$6,280 has been included in long-term compensation and benefits and other long-term liabilities as of June 30, 2014 and 2013, respectively The discount rate used to compute the workers' compensation liability, as of June 30, 2014 and 2013, was 1.25% Management believes this amount to be adequate for the cost of potential losses Bethesda and TriHealth, Inc also purchase commercial excess insurance to limit their self-insurance exposure related to workers' compensation

#### **Employee Health Insurance**

TriHealth is also self-insured for employee health insurance Employee health benefits are paid through a local claims processor based on plan coverage determined by TriHealth An estimated liability of \$11,203 and \$9,153 for outstanding and incurred but not reported claims has been included in compensation and benefits as of June 30, 2014 and 2013, respectively, and is believed by management to be adequate for the cost of potential losses

# TriHealth

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

### M. Related-Party Transactions

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

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

|                                                        | <b>2014</b>      | <b>2013</b>      |
|--------------------------------------------------------|------------------|------------------|
| Bethesda Foundation, Inc.                              | \$ 16,404        | \$ 12,771        |
| The Good Samaritan Hospital Foundation                 | 17,357           | 16,232           |
| Bethesda, Inc.                                         | <b>(1,120)</b>   | 1,104            |
|                                                        | <b>32,641</b>    | 30,107           |
| Less current portion of due from related organizations | <b>131</b>       | 748              |
|                                                        | <b>\$ 32,510</b> | <b>\$ 29,359</b> |

Bethesda Foundation, Inc. is a wholly owned subsidiary of Bethesda, Inc., which engages in fundraising activities, and invests the resulting assets to support the operations of Bethesda, as well as other related entities. The receivable from Bethesda Foundation Inc. represents amounts held by Bethesda Foundation Inc. on behalf of Bethesda. Bethesda Foundation Inc. also charges an administrative fee to Hospice of Cincinnati Inc. and Subsidiary for fundraising services. The amount recognized as other revenue in the combined statements of operations, and changes in net assets by Bethesda related to these services, was \$614 and \$678 for the years ended June 30, 2014 and 2013, respectively.

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

A \$10,000 capital transfer was made to Bethesda, Inc. to support Bethesda, Inc.'s charitable mission for the years ended June 30, 2014 and 2013. These capital transfers are recorded as direct reductions to unrestricted net assets.

# TriHealth

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

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

Good Samaritan recognized expenses of \$10,929 and \$10,818 in 2014 and 2013, respectively, related to overhead allocations, patient surveys, and clinical engineering from the CHI's National Office. Good Samaritan also made net contributions of \$3,030 and \$8,188 to the CHI capital resource pool during 2014 and 2013, respectively. These fund contributions are recorded as direct reductions to unrestricted net assets.

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

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

|                                  | <u>2014</u>       | <u>2013</u>       |
|----------------------------------|-------------------|-------------------|
| Investments                      | \$ 117,916        | \$ 103,546        |
| Other assets                     | 3,453             | 2,232             |
| Total assets                     | <u>\$ 121,369</u> | <u>\$ 105,778</u> |
| Liabilities                      | \$ 17,104         | \$ 13,395         |
| Net assets                       | 104,265           | 92,383            |
| Total liabilities and net assets | <u>\$ 121,369</u> | <u>\$ 105,778</u> |

Liabilities of the Bethesda Foundation Inc., at June 30, 2014 and 2013, include \$16,404 and \$12,771, respectively, due to TriHealth.

# TriHealth

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

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

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

|                                                            | <b>2014</b>       | <b>2013</b>      |
|------------------------------------------------------------|-------------------|------------------|
| Unrestricted revenue                                       | \$ 15,013         | \$ 12,714        |
| Expenses                                                   |                   |                  |
| Support to related parties                                 | 3,679             | 2,002            |
| Other                                                      | 2,004             | 2,075            |
| Total expenses                                             | <u>5,683</u>      | <u>4,077</u>     |
| Increase in unrestricted net assets before grant transfers | 9,330             | 8,637            |
| Grant transfers                                            | 2,472             | 700              |
| Increase in unrestricted net assets                        | <u>11,802</u>     | <u>9,337</u>     |
| Other changes in net assets, net                           | 80                | 33               |
| Increase in net assets                                     | 11,882            | 9,370            |
| Net assets at beginning of year                            | 92,383            | 83,013           |
| Net assets at end of year                                  | <u>\$ 104,265</u> | <u>\$ 92,383</u> |

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

|                                  | <b>2014</b>      | <b>2013</b>      |
|----------------------------------|------------------|------------------|
| Investments                      | \$ 54,207        | \$ 47,334        |
| Other assets                     | 2,236            | 1,186            |
| Total assets                     | <u>\$ 56,443</u> | <u>\$ 48,520</u> |
| Liabilities                      | \$ 352           | \$ 2,878         |
| Net assets                       | <u>56,091</u>    | <u>45,642</u>    |
| Total liabilities and net assets | <u>\$ 56,443</u> | <u>\$ 48,520</u> |

# TriHealth

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

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

Liabilities of The Good Samaritan Hospital Foundation, at June 30, 2014 and 2013, include \$131 and \$2,641, respectively, due to TriHealth. Net assets of The Good Samaritan Hospital Foundation, at June 30, 2014 and 2013, include funds held for the benefit of Good Samaritan Hospital of \$17,226 and \$13,591, respectively.

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

|                                              | <u>2014</u>      | <u>2013</u>      |
|----------------------------------------------|------------------|------------------|
| Unrestricted revenue                         | \$ 6,794         | \$ 4,756         |
| Expenses                                     |                  |                  |
| Support to related parties                   | 199              | 884              |
| Other                                        | 1,165            | 1,227            |
| Total expenses                               | <u>1,364</u>     | <u>2,111</u>     |
| Excess of unrestricted revenue over expenses | 5,430            | 2,645            |
| Other changes in net assets, net             | 5,019            | 2,953            |
| Increase in net assets                       | <u>10,449</u>    | 5,598            |
| Net assets at beginning of year              | 45,642           | 40,044           |
| Net assets at end of year                    | <u>\$ 56,091</u> | <u>\$ 45,642</u> |

# TriHealth

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

### N. Investments in Unconsolidated Organizations

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

|                                                | <u>2014</u>      | <u>2013</u>      |
|------------------------------------------------|------------------|------------------|
| Premier                                        | \$ 5,173         | \$ —             |
| TriState Laundry                               | 2,409            | 2,554            |
| Vantage Oncology Treatment Centers – Ohio, LLC | 8,483            | 9,023            |
| Other                                          | 2,365            | 1,585            |
|                                                | <u>\$ 18,430</u> | <u>\$ 13,162</u> |

### O. Subsequent Events

TriHealth has evaluated and disclosed subsequent events through September 25, 2014, which is the date the combined financial statements were issued and made available. No recognized or nonrecognized subsequent events were identified for recognition or disclosure in the combined financial statements.

## Supplementary Information





Ernst & Young LLP  
1900 Scripps Center  
312 Walnut Street  
Cincinnati, OH 45202

Tel. +1 513 612 1400  
Fax. +1 513 612 1730  
ey.com

## Report of Independent Auditors on Supplementary Information

The Board of Trustees  
TriHealth

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

*Ernst & Young LLP*

September 25, 2014

# TriHealth

## Combining Balance Sheet (Dollar Amounts in Thousands)

June 30, 2014

|                                                                     | Bethesda<br>Hospital, Inc<br>and<br>Subsidiaries<br>Consolidated | The Good<br>Samaritan<br>Hospital of<br>Cincinnati, Ohio<br>Consolidated | TriHealth, Inc<br>Consolidated | Combining<br>Adjustments ** | Reclassifications/<br>Eliminations | TriHealth<br>Combined |
|---------------------------------------------------------------------|------------------------------------------------------------------|--------------------------------------------------------------------------|--------------------------------|-----------------------------|------------------------------------|-----------------------|
| <b>Assets</b>                                                       |                                                                  |                                                                          |                                |                             |                                    |                       |
| <b>Current assets</b>                                               |                                                                  |                                                                          |                                |                             |                                    |                       |
| Cash and cash equivalents                                           | \$ 102                                                           | \$ 265                                                                   | \$ 33,088                      | \$ 6                        | \$ —                               | \$ 33,461             |
| Net patient accounts receivable, less allowance of \$51,594         | 53,905                                                           | 57,425                                                                   | 25,663                         | 2,078                       | —                                  | 139,071               |
| Other accounts receivable                                           | 2,829                                                            | 2,381                                                                    | 3,103                          | (597)                       | —                                  | 7,716                 |
| Network affiliation receivable                                      | —                                                                | 19,203                                                                   | —                              | —                           | (19,203)                           | —                     |
| Current portion of assets limited as to use                         | 29,160                                                           | 29,160                                                                   | —                              | —                           | —                                  | 58,320                |
| Inventories                                                         | 2,583                                                            | 3,313                                                                    | 1,480                          | —                           | —                                  | 7,376                 |
| Prepaid and other current assets                                    | 1,937                                                            | 168                                                                      | 749                            | —                           | —                                  | 2,854                 |
| Due from (to) related organizations, net                            | —                                                                | 7,605                                                                    | —                              | (14,267)                    | 6,793                              | 131                   |
| <b>Total current assets</b>                                         | <b>90,516</b>                                                    | <b>119,520</b>                                                           | <b>64,083</b>                  | <b>(12,780)</b>             | <b>(12,410)</b>                    | <b>248,929</b>        |
| <b>Assets limited as to use and investments</b>                     |                                                                  |                                                                          |                                |                             |                                    |                       |
| Assets limited as to use                                            |                                                                  |                                                                          |                                |                             |                                    |                       |
| Internally designated for capital and other funds                   | 309,974                                                          | 364,896                                                                  | —                              | (23,972)                    | —                                  | 650,898               |
| Restricted by donors                                                | 3,223                                                            | 35,788                                                                   | —                              | (30,235)                    | —                                  | 8,776                 |
| Trustee-held funds under professional liability funding arrangement | 22,416                                                           | —                                                                        | —                              | —                           | —                                  | 22,416                |
| Investments                                                         | 7,891                                                            | 9,269                                                                    | —                              | —                           | —                                  | 17,160                |
| <b>Total assets limited as to use and investments</b>               | <b>343,504</b>                                                   | <b>409,953</b>                                                           | <b>—</b>                       | <b>(54,207)</b>             | <b>—</b>                           | <b>699,250</b>        |
| Property and equipment, net                                         | 249,506                                                          | 196,632                                                                  | 137,779                        | 11,996                      | —                                  | 595,913               |
| Investments in unconsolidated organizations                         | 116,034                                                          | 112,390                                                                  | 728                            | —                           | (210,722)                          | 18,430                |
| Goodwill and identifiable intangible assets, net                    | 21,689                                                           | —                                                                        | 134,339                        | —                           | —                                  | 156,028               |
| Due from related organizations, net                                 | 27,374                                                           | —                                                                        | 2,225                          | 83                          | 2,828                              | 32,510                |
| Pension asset                                                       | —                                                                | 9,404                                                                    | —                              | —                           | (9,404)                            | —                     |
| Other long-term assets                                              | 5,265                                                            | 21,854                                                                   | 23,493                         | (1,632)                     | —                                  | 48,980                |
| <b>Total assets</b>                                                 | <b>\$ 853,888</b>                                                | <b>\$ 869,753</b>                                                        | <b>\$ 362,647</b>              | <b>\$ (56,540)</b>          | <b>\$ (229,708)</b>                | <b>\$ 1,800,040</b>   |

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

|                                                                     | Bethesda<br>Hospital, Inc<br>and<br>Subsidiaries<br>Consolidated | The Good<br>Samaritan<br>Hospital of<br>Cincinnati, Ohio<br>Consolidated | TriHealth, Inc<br>Consolidated | Combining<br>Adjustments ** | Reclassifications/<br>Eliminations | TriHealth<br>Combined |
|---------------------------------------------------------------------|------------------------------------------------------------------|--------------------------------------------------------------------------|--------------------------------|-----------------------------|------------------------------------|-----------------------|
| <b>Liabilities and net assets</b>                                   |                                                                  |                                                                          |                                |                             |                                    |                       |
| <b>Current liabilities</b>                                          |                                                                  |                                                                          |                                |                             |                                    |                       |
| Compensation and benefits                                           | \$ 25,907                                                        | \$ 22,701                                                                | \$ 55,945                      | \$ 1,315                    | \$ —                               | \$ 105,868            |
| Third-party liabilities                                             | 7,841                                                            | 5,799                                                                    | —                              | —                           | —                                  | 13,640                |
| Accounts payable and accrued expenses                               | 19,901                                                           | 13,939                                                                   | 18,716                         | 564                         | —                                  | 53,120                |
| Network affiliation payable                                         | 19,203                                                           | —                                                                        | —                              | —                           | (19,203)                           | —                     |
| Current portion of due to related organization                      | 7,605                                                            | —                                                                        | —                              | —                           | (7,605)                            | —                     |
| Current portion of long-term debt                                   | 13,449                                                           | 12,328                                                                   | —                              | —                           | —                                  | 25,777                |
| <b>Total current liabilities</b>                                    | <b>93,906</b>                                                    | <b>54,767</b>                                                            | <b>74,661</b>                  | <b>1,879</b>                | <b>(26,808)</b>                    | <b>198,405</b>        |
| Accrued professional liability                                      | 17,177                                                           | 15,803                                                                   | 10,867                         | —                           | —                                  | 43,847                |
| Pension obligation                                                  | 15,536                                                           | —                                                                        | 21,444                         | —                           | (9,404)                            | 27,576                |
| Long-term compensation and benefits and other long-term liabilities | 18,765                                                           | 21,907                                                                   | 18,087                         | (44)                        | —                                  | 58,715                |
| Capital lease obligations                                           | 22,871                                                           | 11,538                                                                   | 26,864                         | —                           | —                                  | 61,273                |
| Long-term debt                                                      | 162,018                                                          | 101,911                                                                  | —                              | —                           | —                                  | 263,929               |
| <b>Total liabilities</b>                                            | <b>330,273</b>                                                   | <b>205,926</b>                                                           | <b>151,923</b>                 | <b>1,835</b>                | <b>(36,212)</b>                    | <b>653,745</b>        |
| <b>Net assets</b>                                                   |                                                                  |                                                                          |                                |                             |                                    |                       |
| Unrestricted                                                        | 506,005                                                          | 628,039                                                                  | 210,724                        | (28,140)                    | (210,722)                          | 1,105,906             |
| Temporarily restricted                                              | 17,610                                                           | 22,779                                                                   | —                              | (17,226)                    | 17,226                             | 40,389                |
| Permanently restricted                                              | —                                                                | 13,009                                                                   | —                              | (13,009)                    | —                                  | —                     |
| <b>Total net assets</b>                                             | <b>523,615</b>                                                   | <b>663,827</b>                                                           | <b>210,724</b>                 | <b>(58,375)</b>             | <b>(193,496)</b>                   | <b>1,146,295</b>      |
| <b>Total liabilities and net assets</b>                             | <b>\$ 853,888</b>                                                | <b>\$ 869,753</b>                                                        | <b>\$ 362,647</b>              | <b>\$ (56,540)</b>          | <b>\$ (229,708)</b>                | <b>\$ 1,800,040</b>   |

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

# TriHealth

## Combining Statement of Operations and Changes in Net Assets (Dollar Amounts in Thousands)

Year Ended June 30, 2014

|                                                                       | Bethesda<br>Hospital, Inc.<br>and<br>Subsidiaries<br>Consolidated | The Good<br>Samaritan<br>Hospital of<br>Cincinnati, Ohio<br>Consolidated | TriHealth, Inc.<br>Consolidated | Combining<br>Adjustments*** | Reclassifications<br>Eliminations | TriHealth<br>Combined |
|-----------------------------------------------------------------------|-------------------------------------------------------------------|--------------------------------------------------------------------------|---------------------------------|-----------------------------|-----------------------------------|-----------------------|
| <b>Revenue</b>                                                        |                                                                   |                                                                          |                                 |                             |                                   |                       |
| Patient service revenue (net of contractual provisions and discounts) | \$ 592,232                                                        | \$ 525,657                                                               | \$ 307,644                      | \$ 5,321                    | \$ —                              | \$ 1,430,854          |
| Provision for bad debt                                                | (35,363)                                                          | (26,697)                                                                 | (10,905)                        | (58)                        | —                                 | (73,023)              |
| Net patient service revenue less provision for bad debts              | 556,869                                                           | 498,960                                                                  | 296,739                         | 5,263                       | —                                 | 1,357,831             |
| Nonpatient (loss) revenue                                             |                                                                   |                                                                          |                                 |                             |                                   |                       |
| (Loss) revenue from unconsolidated organizations                      | (31,480)                                                          | (28,469)                                                                 | 1,991                           | —                           | 64,693                            | 6,735                 |
| Operating (loss) income from network affiliation                      | (8,369)                                                           | 8,369                                                                    | —                               | —                           | —                                 | —                     |
| Other revenue, net                                                    | 23,138                                                            | 21,070                                                                   | 45,212                          | 18,444                      | (9,109)                           | 98,755                |
| Total revenue                                                         | 540,158                                                           | 499,930                                                                  | 343,942                         | 23,707                      | 55,584                            | 1,463,321             |
| <b>Expenses</b>                                                       |                                                                   |                                                                          |                                 |                             |                                   |                       |
| Salaries and wages                                                    | 192,554                                                           | 165,158                                                                  | 325,299                         | 12,269                      | —                                 | 695,280               |
| Employee benefits                                                     | 51,474                                                            | 41,869                                                                   | 57,875                          | 2,660                       | (564)                             | 153,314               |
| Medical professional fees                                             | 5,507                                                             | 17,399                                                                   | 2,172                           | 104                         | —                                 | 9,522                 |
| Purchased services                                                    | 31,307                                                            | 14,137                                                                   | 36,245                          | 1,931                       | —                                 | 83,620                |
| Supplies                                                              | 94,039                                                            | 105,092                                                                  | 52,691                          | 676                         | —                                 | 252,498               |
| Utilities                                                             | 5,167                                                             | 4,523                                                                    | 9,099                           | 499                         | —                                 | 19,288                |
| Insurance                                                             | (2,139)                                                           | 3,971                                                                    | 7,337                           | (38)                        | —                                 | 9,131                 |
| Rental, leases, and maintenance                                       | 10,720                                                            | 4,379                                                                    | 35,879                          | 2,547                       | (6,994)                           | 46,531                |
| Depreciation and amortization                                         | 24,787                                                            | 20,771                                                                   | 29,232                          | 542                         | —                                 | 75,332                |
| Interest                                                              | 8,967                                                             | 6,349                                                                    | 2,114                           | 280                         | —                                 | 17,710                |
| Services provided by affiliates                                       | —                                                                 | 6,199                                                                    | 4                               | —                           | —                                 | 6,203                 |
| Other, net                                                            | 96,389                                                            | 101,305                                                                  | (149,314)                       | 813                         | (1,551)                           | 47,642                |
| Total operating expenses                                              | 518,772                                                           | 475,492                                                                  | 408,633                         | 22,283                      | (9,109)                           | 1,416,071             |
| Income (loss) from operations                                         | 21,386                                                            | 24,438                                                                   | (64,691)                        | 1,424                       | 64,693                            | 47,250                |
| Nonoperating (loss) income                                            |                                                                   |                                                                          |                                 |                             |                                   |                       |
| Nonoperating (loss) income from network affiliation                   | (10,834)                                                          | 10,834                                                                   | —                               | —                           | —                                 | —                     |
| Investment income (loss)                                              | 43,970                                                            | 54,097                                                                   | —                               | (6,458)                     | —                                 | 91,609                |
| Total nonoperating income (loss)                                      | 33,136                                                            | 64,931                                                                   | —                               | (6,458)                     | —                                 | 91,609                |
| Excess of revenue over expenses (expenses over revenue)               | 54,522                                                            | 89,369                                                                   | (64,691)                        | (5,034)                     | 64,693                            | 138,859               |
| <b>Other changes in net assets</b>                                    |                                                                   |                                                                          |                                 |                             |                                   |                       |
| Change in plan assets and benefit obligation of pension plans         | 7,065                                                             | 16,872                                                                   | 2,709                           | —                           | —                                 | 26,646                |
| Change in funded status of TriHealth, Inc. pension plan               | 1,354                                                             | 1,354                                                                    | —                               | —                           | (2,708)                           | —                     |
| Transfer to Bethesda, Inc.                                            | (10,000)                                                          | —                                                                        | —                               | —                           | —                                 | (10,000)              |
| Transfer to CHI capital resource pool                                 | —                                                                 | (3,030)                                                                  | —                               | —                           | —                                 | (3,030)               |
| Temporarily restricted contributions and investment income            | 4,853                                                             | 3,679                                                                    | —                               | (3,635)                     | 3,634                             | 8,531                 |
| Contributed capital                                                   | —                                                                 | —                                                                        | 237,313                         | —                           | (237,313)                         | —                     |
| Other changes in net assets, net                                      | (17)                                                              | 393                                                                      | —                               | (1,386)                     | —                                 | (1,010)               |
| Increase in net assets                                                | \$7,773                                                           | 108,637                                                                  | 175,331                         | (10,055)                    | (171,694)                         | 159,996               |
| Net assets at beginning of year                                       | 465,838                                                           | 555,190                                                                  | 35,393                          | (48,320)                    | (21,802)                          | 986,299               |
| Net assets at end of year                                             | \$ 523,615                                                        | \$ 663,827                                                               | \$ 210,724                      | \$ (58,375)                 | \$ (193,496)                      | \$ 1,146,295          |

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

# TriHealth

## Combining Balance Sheet (Dollar Amounts in Thousands)

June 30, 2013

|                                                                     | Bethesda<br>Hospital, Inc<br>and<br>Subsidiaries<br>Consolidated | The Good<br>Samaritan<br>Hospital of<br>Cincinnati, Ohio<br>Consolidated | TriHealth, Inc<br>Consolidated | Combining<br>Adjustments ** | Reclassifications/<br>Eliminations | TriHealth<br>Combined |
|---------------------------------------------------------------------|------------------------------------------------------------------|--------------------------------------------------------------------------|--------------------------------|-----------------------------|------------------------------------|-----------------------|
| <b>Assets</b>                                                       |                                                                  |                                                                          |                                |                             |                                    |                       |
| <b>Current assets</b>                                               |                                                                  |                                                                          |                                |                             |                                    |                       |
| Cash and cash equivalents                                           | \$ 4,708                                                         | \$ 19,536                                                                | \$ (15,373)                    | \$ 11                       | \$ –                               | \$ 8,882              |
| Net patient accounts receivable, less allowance of \$59,538         | 43,500                                                           | 47,079                                                                   | 21,197                         | 1,576                       | –                                  | 113,352               |
| Other accounts receivable                                           | 4,100                                                            | 3,299                                                                    | 4,194                          | (284)                       | –                                  | 11,309                |
| Network affiliation receivable                                      | 4,103                                                            | –                                                                        | –                              | –                           | (4,103)                            | –                     |
| Current portion of assets limited as to use                         | 15,431                                                           | 16,058                                                                   | –                              | –                           | –                                  | 31,489                |
| Inventories                                                         | 2,200                                                            | 3,420                                                                    | 1,300                          | –                           | –                                  | 6,920                 |
| Prepaid and other current assets                                    | 1,929                                                            | 211                                                                      | 60                             | 12                          | –                                  | 2,212                 |
| Due from (to) related organizations, net                            | 42,805                                                           | 54,874                                                                   | (97,679)                       | (14,163)                    | 14,911                             | 748                   |
| <b>Total current assets</b>                                         | <b>118,776</b>                                                   | <b>144,477</b>                                                           | <b>(86,301)</b>                | <b>(12,848)</b>             | <b>10,808</b>                      | <b>174,912</b>        |
| <b>Assets limited as to use and investments</b>                     |                                                                  |                                                                          |                                |                             |                                    |                       |
| Assets limited as to use                                            |                                                                  |                                                                          |                                |                             |                                    |                       |
| Internally designated for capital and other funds                   | 299,001                                                          | 349,363                                                                  | –                              | (20,971)                    | –                                  | 627,393               |
| Restricted by donors                                                | 3,157                                                            | 31,872                                                                   | –                              | (26,363)                    | –                                  | 8,666                 |
| Trustee-held funds under professional liability funding arrangement | 22,856                                                           | –                                                                        | –                              | –                           | –                                  | 22,856                |
| Investments                                                         | 12,862                                                           | 15,803                                                                   | –                              | –                           | –                                  | 28,665                |
| <b>Total assets limited as to use and investments</b>               | <b>337,876</b>                                                   | <b>397,038</b>                                                           | <b>–</b>                       | <b>(47,334)</b>             | <b>–</b>                           | <b>687,580</b>        |
| Property and equipment, net                                         | 261,468                                                          | 200,829                                                                  | 132,938                        | 12,334                      | –                                  | 607,569               |
| Investments in unconsolidated organizations                         | 23,748                                                           | 24,078                                                                   | 729                            | –                           | (35,393)                           | 13,162                |
| Goodwill and identifiable intangible assets, net                    | 21,994                                                           | –                                                                        | 114,108                        | –                           | –                                  | 136,102               |
| Due from related organizations, net                                 | 28,083                                                           | –                                                                        | 435                            | 2,161                       | (1,320)                            | 29,359                |
| Other long-term assets                                              | 5,935                                                            | 23,695                                                                   | 23,995                         | (901)                       | –                                  | 52,724                |
| <b>Total assets</b>                                                 | <b>\$ 797,880</b>                                                | <b>\$ 790,117</b>                                                        | <b>\$ 185,904</b>              | <b>\$ (46,588)</b>          | <b>\$ (25,905)</b>                 | <b>\$ 1,701,408</b>   |

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

|                                                                     | Bethesda<br>Hospital, Inc<br>and<br>Subsidiaries<br>Consolidated | The Good<br>Samaritan<br>Hospital of<br>Cincinnati, Ohio<br>Consolidated | TriHealth, Inc<br>Consolidated | Combining<br>Adjustments ** | Reclassifications/<br>Eliminations | TriHealth<br>Combined |
|---------------------------------------------------------------------|------------------------------------------------------------------|--------------------------------------------------------------------------|--------------------------------|-----------------------------|------------------------------------|-----------------------|
| <b>Liabilities and net assets</b>                                   |                                                                  |                                                                          |                                |                             |                                    |                       |
| <b>Current liabilities</b>                                          |                                                                  |                                                                          |                                |                             |                                    |                       |
| Compensation and benefits                                           | \$ 24.470                                                        | \$ 20.643                                                                | \$ 48.984                      | \$ 1.345                    | \$ –                               | \$ 95.442             |
| Third-party liabilities                                             | 6.019                                                            | 7.132                                                                    | –                              | –                           | –                                  | 13.151                |
| Accounts payable and accrued expenses                               | 18.975                                                           | 12.025                                                                   | 18.491                         | 375                         | –                                  | 49.866                |
| Network affiliation payable                                         | –                                                                | 4.103                                                                    | –                              | –                           | (4.103)                            | –                     |
| Current portion of long-term debt                                   | 12.746                                                           | 11.710                                                                   | –                              | –                           | –                                  | 24.456                |
| <b>Total current liabilities</b>                                    | <b>62.210</b>                                                    | <b>55.613</b>                                                            | <b>67.475</b>                  | <b>1.720</b>                | <b>(4.103)</b>                     | <b>182.915</b>        |
| Accrued professional liability                                      | 21.564                                                           | 15.688                                                                   | 8.897                          | –                           | –                                  | 46.149                |
| Pension obligation                                                  | 29.520                                                           | 12.907                                                                   | 27.441                         | –                           | –                                  | 69.868                |
| Long-term compensation and benefits and other long-term liabilities | 18.900                                                           | 24.342                                                                   | 19.016                         | 12                          | –                                  | 62.270                |
| Capital lease obligations                                           | 24.320                                                           | 12.138                                                                   | 27.682                         | –                           | –                                  | 64.140                |
| Long-term debt                                                      | 175.528                                                          | 114.239                                                                  | –                              | –                           | –                                  | 289.767               |
| <b>Total liabilities</b>                                            | <b>332.042</b>                                                   | <b>234.927</b>                                                           | <b>150.511</b>                 | <b>1.732</b>                | <b>(4.103)</b>                     | <b>715.109</b>        |
| <b>Net assets</b>                                                   |                                                                  |                                                                          |                                |                             |                                    |                       |
| Unrestricted                                                        | 452.930                                                          | 523.319                                                                  | 35.393                         | (21.958)                    | (35.393)                           | 954.291               |
| Temporarily restricted                                              | 12.908                                                           | 19.100                                                                   | –                              | (13.591)                    | 13.591                             | 32.008                |
| Permanently restricted                                              | –                                                                | 12.771                                                                   | –                              | (12.771)                    | –                                  | –                     |
| <b>Total net assets</b>                                             | <b>465.838</b>                                                   | <b>555.190</b>                                                           | <b>35.393</b>                  | <b>(48.320)</b>             | <b>(21.802)</b>                    | <b>986.299</b>        |
| <b>Total liabilities and net assets</b>                             | <b>\$ 797.880</b>                                                | <b>\$ 790.117</b>                                                        | <b>\$ 185.904</b>              | <b>\$ (46.588)</b>          | <b>\$ (25.905)</b>                 | <b>\$ 1,701.408</b>   |

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

# TriHealth

## Combining Statement of Operations and Changes in Net Assets (Dollar Amounts in Thousands)

Year Ended June 30, 2013

|                                                                       | Bethesda<br>Hospital, Inc.<br>and<br>Subsidiaries<br>Consolidated | The Good<br>Samaritan<br>Hospital of<br>Cincinnati, Ohio<br>Consolidated | TriHealth, Inc.<br>Consolidated | Combining<br>Adjustments*** | Reclassifications<br>Eliminations | TriHealth<br>Combined |
|-----------------------------------------------------------------------|-------------------------------------------------------------------|--------------------------------------------------------------------------|---------------------------------|-----------------------------|-----------------------------------|-----------------------|
| <b>Revenue</b>                                                        |                                                                   |                                                                          |                                 |                             |                                   |                       |
| Patient service revenue (net of contractual provisions and discounts) | \$ 575,221                                                        | \$ 518,308                                                               | \$ 235,240                      | \$ 5,033                    | \$ —                              | \$ 1,333,802          |
| Provision for bad debt                                                | (41,120)                                                          | (33,164)                                                                 | (6,133)                         | (41)                        | —                                 | (80,458)              |
| Net patient service revenue less provision for bad debts              | 534,101                                                           | 485,144                                                                  | 229,107                         | 4,992                       | —                                 | 1,253,344             |
| Nonpatient (loss) revenue                                             |                                                                   |                                                                          |                                 |                             |                                   |                       |
| (Loss) revenue from unconsolidated organizations                      | (27,402)                                                          | (25,923)                                                                 | 54                              | —                           | 57,828                            | 4,557                 |
| Operating income (loss) from network affiliation                      | 3,097                                                             | (3,097)                                                                  | —                               | —                           | —                                 | —                     |
| Other revenue, net                                                    | 24,942                                                            | 27,672                                                                   | 38,329                          | 18,395                      | (8,032)                           | 101,306               |
| Total revenue                                                         | 534,738                                                           | 483,796                                                                  | 267,490                         | 23,387                      | 49,796                            | 1,359,207             |
| <b>Expenses</b>                                                       |                                                                   |                                                                          |                                 |                             |                                   |                       |
| Salaries and wages                                                    | 182,605                                                           | 155,367                                                                  | 273,524                         | 12,051                      | —                                 | 623,547               |
| Employee benefits                                                     | 51,233                                                            | 37,237                                                                   | 49,351                          | 2,600                       | (548)                             | 139,873               |
| Medical professional fees                                             | 5,904                                                             | 2,804                                                                    | 300                             | 60                          | —                                 | 9,068                 |
| Purchased services                                                    | 31,171                                                            | 14,336                                                                   | 31,530                          | 2,000                       | —                                 | 79,037                |
| Supplies                                                              | 99,443                                                            | 108,933                                                                  | 40,142                          | 564                         | —                                 | 249,082               |
| Utilities                                                             | 4,932                                                             | 4,516                                                                    | 8,293                           | 501                         | —                                 | 18,242                |
| Insurance                                                             | (466)                                                             | 4,545                                                                    | 4,954                           | (39)                        | —                                 | 8,994                 |
| Rental, leases, and maintenance                                       | 10,555                                                            | 5,099                                                                    | 33,713                          | 906                         | (4,101)                           | 46,172                |
| Depreciation and amortization                                         | 23,806                                                            | 19,203                                                                   | 22,546                          | 486                         | —                                 | 66,041                |
| Interest                                                              | 9,622                                                             | 6,494                                                                    | 1,097                           | 309                         | —                                 | 17,522                |
| Services provided by affiliates                                       | —                                                                 | 5,716                                                                    | —                               | —                           | —                                 | 5,716                 |
| Other, net                                                            | 94,658                                                            | 97,997                                                                   | (140,140)                       | 1,656                       | (3,383)                           | 50,788                |
| Total operating expenses                                              | 513,463                                                           | 462,247                                                                  | 325,310                         | 21,094                      | (8,032)                           | 1,314,082             |
| Income (loss) from operations                                         | 21,275                                                            | 21,549                                                                   | (57,820)                        | 2,293                       | 57,828                            | 45,125                |
| Nonoperating income (loss)                                            |                                                                   |                                                                          |                                 |                             |                                   |                       |
| Nonoperating income (loss) from network affiliation                   | 1,006                                                             | (1,006)                                                                  | —                               | —                           | —                                 | —                     |
| Investment income (loss)                                              | 35,355                                                            | 39,540                                                                   | (8)                             | (4,588)                     | —                                 | 70,299                |
| Total nonoperating income (loss)                                      | 36,361                                                            | 38,534                                                                   | (8)                             | (4,588)                     | —                                 | 70,299                |
| Excess of revenue over expenses (expenses over revenue)               | 57,636                                                            | 60,083                                                                   | (57,828)                        | (2,295)                     | 57,828                            | 115,424               |
| <b>Other changes in net assets</b>                                    |                                                                   |                                                                          |                                 |                             |                                   |                       |
| Change in plan assets and benefit obligation of pension plans         | 22,041                                                            | 12,509                                                                   | 7,324                           | —                           | —                                 | 41,874                |
| Change in funded status of TriHealth, Inc. pension plan               | 3,662                                                             | 3,662                                                                    | —                               | —                           | (7,324)                           | —                     |
| Transfer to Bethesda, Inc.                                            | (10,000)                                                          | —                                                                        | —                               | —                           | —                                 | (10,000)              |
| Transfer to CHI capital resource pool                                 | —                                                                 | (8,188)                                                                  | —                               | —                           | —                                 | (8,188)               |
| Temporarily restricted contributions and investment income            | 697                                                               | 1,456                                                                    | —                               | (1,584)                     | 1,584                             | 2,153                 |
| Contributed capital                                                   | —                                                                 | —                                                                        | 88,719                          | —                           | (88,719)                          | —                     |
| Other changes in net assets, net                                      | (448)                                                             | 768                                                                      | (2,822)                         | (1,440)                     | 5,762                             | 1,820                 |
| Increase (decrease) in net assets                                     | 73,588                                                            | 70,290                                                                   | 35,393                          | (5,319)                     | (30,869)                          | 143,083               |
| Net assets at beginning of year                                       | 392,250                                                           | 484,900                                                                  | —                               | (43,001)                    | 9,067                             | 843,216               |
| Net assets at end of year                                             | \$ 465,838                                                        | \$ 555,190                                                               | \$ 35,393                       | \$ (48,320)                 | \$ (21,802)                       | \$ 986,299            |

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

# Bethesda Hospital, Inc. and Subsidiaries

## Consolidating Balance Sheet (Dollar Amounts in Thousands)

June 30, 2014

|                                                                     | Bethesda<br>Properties,<br>Inc. | Senior<br>Services,<br>a Division of<br>Bethesda<br>Hospital, Inc. | Hospice of<br>Cincinnati,<br>Inc. and<br>Subsidiary | Bethesda<br>Hospital,<br>Inc. | Reclassifications/<br>Eliminations | Bethesda<br>Hospital, Inc.<br>and<br>Subsidiaries<br>Consolidated |
|---------------------------------------------------------------------|---------------------------------|--------------------------------------------------------------------|-----------------------------------------------------|-------------------------------|------------------------------------|-------------------------------------------------------------------|
| <b>Assets</b>                                                       |                                 |                                                                    |                                                     |                               |                                    |                                                                   |
| Current assets                                                      |                                 |                                                                    |                                                     |                               |                                    |                                                                   |
| Cash and cash equivalents                                           | \$ —                            | \$ (467)                                                           | \$ 534                                              | \$ 35                         | \$ —                               | \$ 102                                                            |
| Net patient accounts receivable, less allowance of \$24,343         | —                               | 4                                                                  | 5,575                                               | 48,326                        | —                                  | 53,905                                                            |
| Other accounts receivable                                           | 5                               | —                                                                  | —                                                   | 2,824                         | —                                  | 2,829                                                             |
| Current portion of assets limited as to use                         | —                               | —                                                                  | —                                                   | 29,160                        | —                                  | 29,160                                                            |
| Inventories                                                         | —                               | —                                                                  | —                                                   | 2,583                         | —                                  | 2,583                                                             |
| Prepaid and other current assets                                    | —                               | —                                                                  | 30                                                  | 1,907                         | —                                  | 1,937                                                             |
| Due from (to) related organizations, net                            | 6,179                           | 55,174                                                             | 3,547                                               | (64,900)                      | —                                  | —                                                                 |
| Total current assets                                                | 6,184                           | 54,711                                                             | 9,686                                               | 19,935                        | —                                  | 90,516                                                            |
| Assets limited as to use and investments                            |                                 |                                                                    |                                                     |                               |                                    |                                                                   |
| Assets limited as to use                                            |                                 |                                                                    |                                                     |                               |                                    |                                                                   |
| Internally designated for capital and other funds                   | —                               | —                                                                  | 16,001                                              | 293,973                       | —                                  | 309,974                                                           |
| Restricted by donors                                                | —                               | —                                                                  | —                                                   | 3,223                         | —                                  | 3,223                                                             |
| Trustee-held funds under professional liability funding arrangement | —                               | —                                                                  | —                                                   | 22,416                        | —                                  | 22,416                                                            |
| Investments                                                         | —                               | —                                                                  | —                                                   | 7,891                         | —                                  | 7,891                                                             |
| Total assets limited as to use and investments                      | —                               | —                                                                  | 16,001                                              | 327,503                       | —                                  | 343,504                                                           |
| Property and equipment, net                                         | 20,551                          | 18                                                                 | 8,707                                               | 220,230                       | —                                  | 249,506                                                           |
| Investments in unconsolidated organizations                         | —                               | —                                                                  | —                                                   | 120,932                       | (4,898)                            | 116,034                                                           |
| Goodwill and identifiable intangible assets                         | —                               | —                                                                  | —                                                   | 21,689                        | —                                  | 21,689                                                            |
| Due from related organizations, net                                 | —                               | —                                                                  | 4,860                                               | 22,514                        | —                                  | 27,374                                                            |
| Other long-term assets                                              | —                               | —                                                                  | —                                                   | 5,265                         | —                                  | 5,265                                                             |
| Total assets                                                        | \$ 26,735                       | \$ 54,729                                                          | \$ 39,254                                           | \$ 738,068                    | \$ (4,898)                         | \$ 853,888                                                        |



|                                                                     | Bethesda<br>Properties,<br>Inc. | Senior<br>Services,<br>a Division of<br>Bethesda<br>Hospital, Inc. | Hospice of<br>Cincinnati,<br>Inc. and<br>Subsidiary | Bethesda<br>Hospital,<br>Inc. | Reclassifications/<br>Eliminations | Bethesda<br>Hospital, Inc.<br>and<br>Subsidiaries<br>Consolidated |
|---------------------------------------------------------------------|---------------------------------|--------------------------------------------------------------------|-----------------------------------------------------|-------------------------------|------------------------------------|-------------------------------------------------------------------|
| <b>Liabilities and net assets</b>                                   |                                 |                                                                    |                                                     |                               |                                    |                                                                   |
| Current liabilities                                                 |                                 |                                                                    |                                                     |                               |                                    |                                                                   |
| Compensation and benefits                                           | \$ 1                            | \$ 67                                                              | \$ 1,750                                            | \$ 24,089                     | \$ —                               | \$ 25,907                                                         |
| Third-party liabilities                                             | —                               | —                                                                  | —                                                   | 7,841                         | —                                  | 7,841                                                             |
| Accounts payable and accrued expenses                               | 950                             | 4,097                                                              | 1,113                                               | 13,741                        | —                                  | 19,901                                                            |
| Network affiliation payable                                         | —                               | —                                                                  | —                                                   | 19,203                        | —                                  | 19,203                                                            |
| Current portion of due to related organization                      | —                               | —                                                                  | —                                                   | 7,605                         | —                                  | 7,605                                                             |
| Current portion of long-term debt                                   | —                               | —                                                                  | —                                                   | 13,449                        | —                                  | 13,449                                                            |
| Total current liabilities                                           | 951                             | 4,164                                                              | 2,863                                               | 85,928                        | —                                  | 93,906                                                            |
| Accrued professional liability                                      | —                               | —                                                                  | —                                                   | 17,177                        | —                                  | 17,177                                                            |
| Pension obligation                                                  | —                               | —                                                                  | —                                                   | 15,536                        | —                                  | 15,536                                                            |
| Long-term compensation and benefits and other long-term liabilities | 1,951                           | 1,451                                                              | 333                                                 | 15,030                        | —                                  | 18,765                                                            |
| Capital lease obligation                                            | —                               | —                                                                  | —                                                   | 22,871                        | —                                  | 22,871                                                            |
| Long-term debt                                                      | —                               | —                                                                  | —                                                   | 162,018                       | —                                  | 162,018                                                           |
| Total liabilities                                                   | 2,902                           | 5,615                                                              | 3,196                                               | 318,560                       | —                                  | 330,273                                                           |
| Net assets                                                          |                                 |                                                                    |                                                     |                               |                                    |                                                                   |
| Unrestricted                                                        | 23,833                          | 49,114                                                             | 31,198                                              | 406,758                       | (4,898)                            | 506,005                                                           |
| Temporarily restricted                                              | —                               | —                                                                  | 4,860                                               | 12,750                        | —                                  | 17,610                                                            |
| Total net assets                                                    | 23,833                          | 49,114                                                             | 36,058                                              | 419,508                       | (4,898)                            | 523,615                                                           |
| Total liabilities and net assets                                    | \$ 26,735                       | \$ 54,729                                                          | \$ 39,254                                           | \$ 738,068                    | \$ (4,898)                         | \$ 853,888                                                        |

# Bethesda Hospital, Inc. and Subsidiaries

## Consolidating Statement of Operations and Changes in Net Assets (Dollar Amounts in Thousands)

Year Ended June 30, 2014

|                                                                       | Bethesda<br>Properties<br>Inc | Senior<br>Services<br>a Division of<br>Bethesda<br>Hospital Inc | Hospice of<br>Cincinnati<br>Inc and<br>Subsidiary | Bethesda<br>Hospital<br>Inc | Reclassifications<br>Eliminations | Bethesda<br>Hospital Inc<br>and<br>Subsidiaries<br>Consolidated |
|-----------------------------------------------------------------------|-------------------------------|-----------------------------------------------------------------|---------------------------------------------------|-----------------------------|-----------------------------------|-----------------------------------------------------------------|
| <b>Revenue</b>                                                        |                               |                                                                 |                                                   |                             |                                   |                                                                 |
| Patient service revenue (net of contractual provisions and discounts) | \$ -                          | \$ 28,038                                                       | \$ 39,998                                         | \$ 535,150                  | \$ (10,954)                       | \$ 592,232                                                      |
| Provision for bad debt                                                | -                             | (11)                                                            | (95)                                              | (35,257)                    | -                                 | (35,363)                                                        |
| Net patient service revenue less provision for bad debts              | -                             | 28,027                                                          | 39,903                                            | 499,893                     | (10,954)                          | 556,869                                                         |
| Nonpatient (loss) revenue                                             |                               |                                                                 |                                                   |                             |                                   |                                                                 |
| Loss from unconsolidated organizations                                | -                             | -                                                               | -                                                 | (31,480)                    | -                                 | (31,480)                                                        |
| Operating loss from network affiliation                               | -                             | -                                                               | -                                                 | (8,369)                     | -                                 | (8,369)                                                         |
| Other revenue net                                                     | 5,871                         | 1,278                                                           | 8,127                                             | 16,056                      | (8,194)                           | 23,138                                                          |
| Total revenue                                                         | 5,871                         | 29,305                                                          | 48,030                                            | 476,100                     | (19,148)                          | 540,158                                                         |
| <b>Expenses</b>                                                       |                               |                                                                 |                                                   |                             |                                   |                                                                 |
| Salaries and wages                                                    | 356                           | 7,958                                                           | 27,276                                            | 163,142                     | (6,178)                           | 192,554                                                         |
| Employee benefits                                                     | 83                            | 2,251                                                           | 7,377                                             | 43,457                      | (1,694)                           | 51,473                                                          |
| Medical professional fees                                             | -                             | 2,204                                                           | 342                                               | 3,143                       | (182)                             | 5,507                                                           |
| Purchased services                                                    | 292                           | 9,942                                                           | 2,640                                             | 19,852                      | (1,419)                           | 31,307                                                          |
| Supplies                                                              | 458                           | 3,944                                                           | 3,790                                             | 88,928                      | (3,081)                           | 94,039                                                          |
| Utilities                                                             | 633                           | 160                                                             | 700                                               | 3,674                       | -                                 | 5,167                                                           |
| Insurance                                                             | -                             | 11                                                              | -                                                 | (2,140)                     | (10)                              | (2,139)                                                         |
| Rental leases and maintenance                                         | 1                             | 695                                                             | 2,713                                             | 9,438                       | (2,127)                           | 10,720                                                          |
| Depreciation and amortization                                         | 1,287                         | 230                                                             | 826                                               | 22,444                      | -                                 | 24,787                                                          |
| Interest                                                              | 115                           | -                                                               | -                                                 | 8,852                       | -                                 | 8,967                                                           |
| Other net                                                             | 242                           | 1,234                                                           | 1,552                                             | 97,818                      | (4,457)                           | 96,389                                                          |
| Total operating expenses                                              | 3,467                         | 28,629                                                          | 47,216                                            | 458,608                     | (19,148)                          | 518,772                                                         |
| Income from operations                                                | 2,404                         | 676                                                             | 814                                               | 17,492                      | -                                 | 21,386                                                          |
| Nonoperating (loss) income                                            |                               |                                                                 |                                                   |                             |                                   |                                                                 |
| Nonoperating loss from network affiliation                            | -                             | -                                                               | -                                                 | (10,834)                    | -                                 | (10,834)                                                        |
| Investment income                                                     | -                             | -                                                               | 1,720                                             | 42,250                      | -                                 | 43,970                                                          |
| Total nonoperating income                                             | -                             | -                                                               | 1,720                                             | 31,416                      | -                                 | 33,136                                                          |
| Excess of revenue over expenses                                       | 2,404                         | 676                                                             | 2,534                                             | 48,908                      | -                                 | 54,522                                                          |
| Other changes in net assets                                           |                               |                                                                 |                                                   |                             |                                   |                                                                 |
| Change in plan assets and benefit obligation of pension plan          | -                             | -                                                               | -                                                 | 7,065                       | -                                 | 7,065                                                           |
| Change in funded status of TriHealth Inc pension plan                 | -                             | -                                                               | -                                                 | 1,354                       | -                                 | 1,354                                                           |
| Transfer to Bethesda Inc                                              | -                             | -                                                               | -                                                 | (10,000)                    | -                                 | (10,000)                                                        |
| Temporary restricted contributions and investment income              | -                             | -                                                               | 3,153                                             | 1,700                       | -                                 | 4,853                                                           |
| Other changes in net assets net                                       | -                             | -                                                               | -                                                 | (17)                        | -                                 | (17)                                                            |
| Increase in net assets                                                | 2,404                         | 676                                                             | 5,687                                             | 49,010                      | -                                 | 57,777                                                          |
| Net assets at beginning of year                                       | 21,429                        | 48,438                                                          | 30,371                                            | 370,498                     | (4,898)                           | 465,838                                                         |
| Net assets at end of year                                             | \$ 23,833                     | \$ 49,114                                                       | \$ 36,058                                         | \$ 419,508                  | \$ (4,898)                        | \$ 523,615                                                      |

# Bethesda Hospital, Inc. and Subsidiaries

## Consolidating Balance Sheet (Dollar Amounts in Thousands)

June 30, 2013

|                                                                     | Bethesda<br>Properties,<br>Inc. | Senior<br>Services,<br>a Division of<br>Bethesda<br>Hospital, Inc. | Hospice of<br>Cincinnati,<br>Inc. and<br>Subsidiary | Bethesda<br>Hospital,<br>Inc. | Reclassifications/<br>Eliminations | Bethesda<br>Hospital, Inc.<br>and<br>Subsidiaries<br>Consolidated |
|---------------------------------------------------------------------|---------------------------------|--------------------------------------------------------------------|-----------------------------------------------------|-------------------------------|------------------------------------|-------------------------------------------------------------------|
| <b>Assets</b>                                                       |                                 |                                                                    |                                                     |                               |                                    |                                                                   |
| Current assets                                                      |                                 |                                                                    |                                                     |                               |                                    |                                                                   |
| Cash and cash equivalents                                           | \$ —                            | \$ (616)                                                           | \$ 74                                               | \$ 5,250                      | \$ —                               | \$ 4,708                                                          |
| Net patient accounts receivable, less allowance of \$27,233         | —                               | 369                                                                | 4,555                                               | 38,576                        | —                                  | 43,500                                                            |
| Other accounts receivable                                           | 2                               | —                                                                  | —                                                   | 4,098                         | —                                  | 4,100                                                             |
| Network affiliation receivable                                      | —                               | —                                                                  | —                                                   | 4,103                         | —                                  | 4,103                                                             |
| Current portion of assets limited as to use                         | —                               | —                                                                  | —                                                   | 15,431                        | —                                  | 15,431                                                            |
| Inventories                                                         | —                               | —                                                                  | —                                                   | 2,200                         | —                                  | 2,200                                                             |
| Prepaid and other current assets                                    | —                               | —                                                                  | 20                                                  | 1,909                         | —                                  | 1,929                                                             |
| Due from (to) related organizations, net                            | 3,848                           | 56,169                                                             | 7,964                                               | (25,176)                      | —                                  | 42,805                                                            |
| Total current assets                                                | 3,850                           | 55,922                                                             | 12,613                                              | 46,391                        | —                                  | 118,776                                                           |
| Assets limited as to use and investments                            |                                 |                                                                    |                                                     |                               |                                    |                                                                   |
| Assets limited as to use                                            |                                 |                                                                    |                                                     |                               |                                    |                                                                   |
| Internally designated for capital and other funds                   | —                               | —                                                                  | 10,173                                              | 288,828                       | —                                  | 299,001                                                           |
| Restricted by donors                                                | —                               | —                                                                  | —                                                   | 3,157                         | —                                  | 3,157                                                             |
| Trustee-held funds under professional liability funding arrangement | —                               | —                                                                  | —                                                   | 22,856                        | —                                  | 22,856                                                            |
| Investments                                                         | —                               | —                                                                  | —                                                   | 12,862                        | —                                  | 12,862                                                            |
| Total assets limited as to use and investments                      | —                               | —                                                                  | 10,173                                              | 327,703                       | —                                  | 337,876                                                           |
| Property and equipment, net                                         | 20,415                          | 23                                                                 | 8,782                                               | 232,248                       | —                                  | 261,468                                                           |
| Investments in unconsolidated organizations                         | —                               | —                                                                  | —                                                   | 28,646                        | (4,898)                            | 23,748                                                            |
| Goodwill and identifiable intangible assets                         | —                               | —                                                                  | —                                                   | 21,994                        | —                                  | 21,994                                                            |
| Due from related organizations, net                                 | —                               | —                                                                  | 1,708                                               | 26,375                        | —                                  | 28,083                                                            |
| Other long-term assets                                              | —                               | —                                                                  | 682                                                 | 5,935                         | (682)                              | 5,935                                                             |
| Total assets                                                        | \$ 24,265                       | \$ 55,945                                                          | \$ 33,958                                           | \$ 689,292                    | \$ (5,580)                         | \$ 797,880                                                        |

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

# Bethesda Hospital, Inc. and Subsidiaries

## Consolidating Statement of Operations and Changes in Net Assets (Dollar Amounts in Thousands)

Year Ended June 30, 2013

|                                                                       | Bethesda<br>Properties<br>Inc | Senior<br>Services<br>a Division of<br>Bethesda<br>Hospital Inc | Hospice of<br>Cincinnati<br>Inc and<br>Subsidiary | Bethesda<br>Hospital<br>Inc | Reclassifications<br>Eliminations | Bethesda<br>Hospital Inc<br>and<br>Subsidiaries<br>Consolidated |
|-----------------------------------------------------------------------|-------------------------------|-----------------------------------------------------------------|---------------------------------------------------|-----------------------------|-----------------------------------|-----------------------------------------------------------------|
| <b>Revenue</b>                                                        |                               |                                                                 |                                                   |                             |                                   |                                                                 |
| Patient service revenue (net of contractual provisions and discounts) | \$ -                          | \$ 33,324                                                       | \$ 41,064                                         | \$ 510,731                  | \$ (9,898)                        | \$ 575,221                                                      |
| Provision for bad debt                                                | -                             | (243)                                                           | (17)                                              | (40,860)                    | -                                 | (41,120)                                                        |
| Net patient service revenue less provision for bad debts              | -                             | 33,081                                                          | 41,047                                            | 469,871                     | (9,898)                           | 534,101                                                         |
| Nonpatient (loss) revenue                                             |                               |                                                                 |                                                   |                             |                                   |                                                                 |
| Loss from unconsolidated organizations                                | -                             | -                                                               | -                                                 | (27,512)                    | 110                               | (27,402)                                                        |
| Operating revenue from network affiliation                            | -                             | -                                                               | -                                                 | 3,097                       | -                                 | 3,097                                                           |
| Other revenue net                                                     | \$ 38                         | 1,528                                                           | 7730                                              | 18,217                      | (8,271)                           | 24,942                                                          |
| Total revenue                                                         | \$ 38                         | 34,609                                                          | 48,877                                            | 463,673                     | (18,059)                          | 534,738                                                         |
| <b>Expenses</b>                                                       |                               |                                                                 |                                                   |                             |                                   |                                                                 |
| Salaries and wages                                                    | 358                           | 8778                                                            | 27,445                                            | 152,109                     | (6,085)                           | 182,605                                                         |
| Employee benefits                                                     | 106                           | 2,186                                                           | 6,960                                             | 43,645                      | (1,664)                           | 51,233                                                          |
| Medical professional fees                                             | -                             | 2721                                                            | 351                                               | 3,013                       | (181)                             | 5,904                                                           |
| Purchased services                                                    | 283                           | 10786                                                           | 2784                                              | 18,803                      | (1,485)                           | 31,171                                                          |
| Supplies                                                              | 431                           | 4,332                                                           | 4,032                                             | 93,701                      | (3,053)                           | 99,443                                                          |
| Utilities                                                             | 608                           | 172                                                             | 671                                               | 3,481                       | -                                 | 4,932                                                           |
| Insurance                                                             | -                             | -                                                               | 3                                                 | (459)                       | (10)                              | (466)                                                           |
| Rental leases and maintenance                                         | 5                             | 715                                                             | 2,802                                             | 9,104                       | (2,071)                           | 10,555                                                          |
| Depreciation and amortization                                         | 1,425                         | 149                                                             | 885                                               | 21,347                      | -                                 | 23,806                                                          |
| Interest                                                              | 127                           | -                                                               | -                                                 | 9,495                       | -                                 | 9,622                                                           |
| Other net                                                             | 83                            | 1,679                                                           | 1,442                                             | 95,075                      | (3,621)                           | 94,658                                                          |
| Total operating expenses                                              | 3,426                         | 31,518                                                          | 47,375                                            | 449,314                     | (18,170)                          | 513,463                                                         |
| Income from operations                                                | 2,312                         | 3,091                                                           | 1,402                                             | 14,359                      | 111                               | 21,275                                                          |
| Nonoperating income                                                   |                               |                                                                 |                                                   |                             |                                   |                                                                 |
| Nonoperating income from network affiliation                          | -                             | -                                                               | -                                                 | 1,006                       | -                                 | 1,006                                                           |
| Investment income                                                     | -                             | -                                                               | 1,026                                             | 34,329                      | -                                 | 35,355                                                          |
| Total nonoperating income                                             | -                             | -                                                               | 1,026                                             | 35,335                      | -                                 | 36,361                                                          |
| Excess of revenue over expenses                                       | 2,312                         | 3,091                                                           | 2,428                                             | 49,694                      | 111                               | 57,636                                                          |
| Other changes in net assets                                           |                               |                                                                 |                                                   |                             |                                   |                                                                 |
| Change in plan assets and benefit obligation of pension plan          | -                             | -                                                               | -                                                 | 22,041                      | -                                 | 22,041                                                          |
| Change in funded status of TriHealth Inc pension plan                 | -                             | -                                                               | -                                                 | 3,662                       | -                                 | 3,662                                                           |
| Transfer to Bethesda Inc                                              | -                             | -                                                               | -                                                 | (10,000)                    | -                                 | (10,000)                                                        |
| Temporary restricted contributions and investment income              | -                             | -                                                               | 63                                                | 634                         | -                                 | 697                                                             |
| Other changes in net assets net                                       | (834)                         | -                                                               | 833                                               | (511)                       | 64                                | (448)                                                           |
| Increase in net assets                                                | 1,478                         | 3,091                                                           | 3,324                                             | 65,520                      | 175                               | 73,588                                                          |
| Net assets at beginning of year                                       | 19,951                        | 45,347                                                          | 27,047                                            | 304,978                     | (5,073)                           | 392,250                                                         |
| Net assets at end of year                                             | \$ 21,429                     | \$ 48,438                                                       | \$ 30,371                                         | \$ 370,498                  | \$ (4,898)                        | \$ 465,838                                                      |

# The Good Samaritan Hospital of Cincinnati, Ohio

## Consolidating Balance Sheet (In Thousands)

June 30, 2014

|                                                            | The Good Samaritan Hospital of Cincinnati, Ohio | The Good Samaritan Hospital College of Nursing* | The Good Samaritan Hospital Medical Office Building* | Community Limited Care Dialysis Center | The Good Samaritan Hospital Foundation | The Good Samaritan Hospital Special Funds* | Reclasses/ Eliminations | The Good Samaritan Hospital of Cincinnati, Ohio Consolidated |
|------------------------------------------------------------|-------------------------------------------------|-------------------------------------------------|------------------------------------------------------|----------------------------------------|----------------------------------------|--------------------------------------------|-------------------------|--------------------------------------------------------------|
| <b>Assets</b>                                              |                                                 |                                                 |                                                      |                                        |                                        |                                            |                         |                                                              |
| Current assets                                             |                                                 |                                                 |                                                      |                                        |                                        |                                            |                         |                                                              |
| Cash and cash equivalents                                  | \$ 264                                          | \$ 1                                            | \$ —                                                 | \$ —                                   | \$ —                                   | \$ —                                       | \$ —                    | \$ 265                                                       |
| Net patient accounts receivable less allowance of \$19.135 | 57,425                                          | —                                               | —                                                    | —                                      | —                                      | —                                          | —                       | 57,425                                                       |
| Other accounts receivable                                  | 1,777                                           | —                                               | —                                                    | —                                      | 604                                    | —                                          | —                       | 2,381                                                        |
| Network affiliation receivable                             | 19,203                                          | —                                               | —                                                    | —                                      | —                                      | —                                          | —                       | 19,203                                                       |
| Current portion of assets limited as to use                | 29,160                                          | —                                               | —                                                    | —                                      | —                                      | —                                          | —                       | 29,160                                                       |
| Inventories                                                | 3,313                                           | —                                               | —                                                    | —                                      | —                                      | —                                          | —                       | 3,313                                                        |
| Prepaid and other current assets                           | —                                               | 168                                             | —                                                    | —                                      | —                                      | —                                          | —                       | 168                                                          |
| Due from (to) related organizations net                    | 11,030                                          | (24,188)                                        | —                                                    | 23,605                                 | (131)                                  | (2,711)                                    | —                       | 7,605                                                        |
| Total current assets                                       | 122,172                                         | (24,019)                                        | —                                                    | 23,605                                 | 473                                    | (2,711)                                    | —                       | 119,520                                                      |
| Assets limited as to use and investments                   |                                                 |                                                 |                                                      |                                        |                                        |                                            |                         |                                                              |
| Assets limited as to use                                   |                                                 |                                                 |                                                      |                                        |                                        |                                            |                         |                                                              |
| Internally designated for capital and other funds          | 338,213                                         | —                                               | —                                                    | —                                      | 23,972                                 | 2,711                                      | —                       | 364,896                                                      |
| Restricted by donors                                       | —                                               | —                                               | —                                                    | —                                      | 30,235                                 | 5,553                                      | —                       | 35,788                                                       |
| Investments                                                | 9,269                                           | —                                               | —                                                    | —                                      | —                                      | —                                          | —                       | 9,269                                                        |
| Total assets limited as to use and investments             | 347,482                                         | —                                               | —                                                    | —                                      | 54,207                                 | 8,264                                      | —                       | 409,953                                                      |
| Property and equipment net                                 | 169,240                                         | 219                                             | 24,906                                               | 2,267                                  | —                                      | —                                          | —                       | 196,632                                                      |
| Investments in unconsolidated organizations                | 147,537                                         | —                                               | —                                                    | 1,637                                  | —                                      | —                                          | (36,784)                | 112,390                                                      |
| Pension asset                                              | 9,404                                           | —                                               | —                                                    | —                                      | —                                      | —                                          | —                       | 9,404                                                        |
| Other long-term assets                                     | 20,222                                          | —                                               | —                                                    | —                                      | 1,632                                  | —                                          | —                       | 21,854                                                       |
| Total assets                                               | \$ 816,057                                      | \$ (23,800)                                     | \$ 24,906                                            | \$ 27,509                              | \$ 56,312                              | \$ 5,553                                   | \$ (36,784)             | \$ 869,753                                                   |

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

|                                                                     | The Good<br>Samaritan<br>Hospital of<br>Cincinnati,<br>Ohio | The Good<br>Samaritan<br>Hospital<br>College of<br>Nursing* | The Good<br>Samaritan<br>Hospital<br>Medical<br>Office Building* | Community<br>Limited Care<br>Dialysis<br>Center | The Good<br>Samaritan<br>Hospital<br>Foundation | The Good<br>Samaritan<br>Hospital<br>Special Funds* | Reclasses/<br>Eliminations | The Good<br>Samaritan<br>Hospital of<br>Cincinnati, Ohio<br>Consolidated |
|---------------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------|------------------------------------------------------------------|-------------------------------------------------|-------------------------------------------------|-----------------------------------------------------|----------------------------|--------------------------------------------------------------------------|
| <b>Liabilities and net assets (deficit)</b>                         |                                                             |                                                             |                                                                  |                                                 |                                                 |                                                     |                            |                                                                          |
| Current liabilities                                                 |                                                             |                                                             |                                                                  |                                                 |                                                 |                                                     |                            |                                                                          |
| Compensation and benefits                                           | \$ 22,655                                                   | \$ 41                                                       | \$ —                                                             | \$ —                                            | \$ 5                                            | \$ —                                                | \$ —                       | \$ 22,701                                                                |
| Third-party liabilities                                             | 5,799                                                       | —                                                           | —                                                                | —                                               | —                                               | —                                                   | —                          | 5,799                                                                    |
| Accounts payable and accrued expenses                               | 13,282                                                      | 10                                                          | —                                                                | 431                                             | 216                                             | —                                                   | —                          | 13,939                                                                   |
| Current portion of long-term debt                                   | 12,328                                                      | —                                                           | —                                                                | —                                               | —                                               | —                                                   | —                          | 12,328                                                                   |
| Total current liabilities                                           | 54,064                                                      | 51                                                          | —                                                                | 431                                             | 221                                             | —                                                   | —                          | 54,767                                                                   |
| Accrued professional liability                                      | 15,803                                                      | —                                                           | —                                                                | —                                               | —                                               | —                                                   | —                          | 15,803                                                                   |
| Long-term compensation and benefits and other long-term liabilities | 21,901                                                      | 6                                                           | —                                                                | —                                               | —                                               | —                                                   | —                          | 21,907                                                                   |
| Capital lease obligations                                           | 11,538                                                      | —                                                           | —                                                                | —                                               | —                                               | —                                                   | —                          | 11,538                                                                   |
| Long-term debt                                                      | 78,183                                                      | —                                                           | 23,728                                                           | —                                               | —                                               | —                                                   | —                          | 101,911                                                                  |
| Total liabilities                                                   | 181,489                                                     | 57                                                          | 23,728                                                           | 431                                             | 221                                             | —                                                   | —                          | 205,926                                                                  |
| Net assets (deficit)                                                |                                                             |                                                             |                                                                  |                                                 |                                                 |                                                     |                            |                                                                          |
| Unrestricted                                                        | 634,568                                                     | (23,857)                                                    | 1,178                                                            | 27,078                                          | 25,856                                          | —                                                   | (36,784)                   | 628,039                                                                  |
| Temporarily restricted                                              | —                                                           | —                                                           | —                                                                | —                                               | 17,226                                          | 5,553                                               | —                          | 22,779                                                                   |
| Permanently restricted                                              | —                                                           | —                                                           | —                                                                | —                                               | 13,009                                          | —                                                   | —                          | 13,009                                                                   |
| Total net assets (deficit)                                          | 634,568                                                     | (23,857)                                                    | 1,178                                                            | 27,078                                          | 56,091                                          | 5,553                                               | (36,784)                   | 663,827                                                                  |
| Total liabilities and net assets (deficit)                          | \$ 816,057                                                  | \$ (23,800)                                                 | \$ 24,906                                                        | \$ 27,509                                       | \$ 56,312                                       | \$ 5,553                                            | \$ (36,784)                | \$ 869,753                                                               |

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

The Good Samaritan Hospital of Cincinnati, Ohio

Consolidating Statement of Operations and Changes in Net Assets

(Dollar Amounts in Thousands)

Year Ended June 30, 2014

|                                                                       | The Good Samaritan Hospital of Cincinnati, Ohio | The Good Samaritan Hospital College of Nursing* | The Good Samaritan Hospital Medical Office Building* | Community Limited Care Dialysis Center | The Good Samaritan Hospital Foundation | The Good Samaritan Hospital Special Funds* | Reclasses Eliminations | The Good Samaritan Hospital of Cincinnati, Ohio Consolidated |
|-----------------------------------------------------------------------|-------------------------------------------------|-------------------------------------------------|------------------------------------------------------|----------------------------------------|----------------------------------------|--------------------------------------------|------------------------|--------------------------------------------------------------|
| <b>Revenue</b>                                                        |                                                 |                                                 |                                                      |                                        |                                        |                                            |                        |                                                              |
| Patient service revenue (net of contractual provisions and discounts) | \$ 538,470                                      | \$ —                                            | \$ 5870                                              | \$ —                                   | \$ —                                   | \$ —                                       | \$ (18,683)            | \$ 525,657                                                   |
| Provision for bad debt                                                | (26,697)                                        | —                                               | —                                                    | —                                      | —                                      | —                                          | —                      | (26,697)                                                     |
| Net patient service revenue less provision for bad debts              | 511,773                                         | —                                               | 5,870                                                | —                                      | —                                      | —                                          | (18,683)               | 498,960                                                      |
| Non-patient (loss) revenue                                            |                                                 |                                                 |                                                      |                                        |                                        |                                            |                        |                                                              |
| (Loss) income from unconsolidated organizations                       | (28,087)                                        | —                                               | —                                                    | 3,235                                  | —                                      | —                                          | (3,617)                | (28,469)                                                     |
| Operating income from network affiliation                             | 8,369                                           | —                                               | —                                                    | —                                      | —                                      | —                                          | —                      | 8,369                                                        |
| Other revenue, net                                                    | 15,413                                          | 4,296                                           | 1,596                                                | 501                                    | 336                                    | —                                          | (1,072)                | 21,070                                                       |
| Total revenue                                                         | 507,468                                         | 4,296                                           | 7,466                                                | 3,736                                  | 336                                    | —                                          | (23,372)               | 499,930                                                      |
| <b>Expenses</b>                                                       |                                                 |                                                 |                                                      |                                        |                                        |                                            |                        |                                                              |
| Salaries and wages                                                    | 167,916                                         | 4,695                                           | 157                                                  | —                                      | 460                                    | —                                          | (8,070)                | 165,158                                                      |
| Employee benefits                                                     | 42,605                                          | 1,043                                           | 43                                                   | —                                      | 114                                    | —                                          | (1,936)                | 41,869                                                       |
| Medical professional fees                                             | 1,876                                           | —                                               | —                                                    | —                                      | —                                      | —                                          | (137)                  | 1,739                                                        |
| Purchased services                                                    | 14,735                                          | 95                                              | 56                                                   | —                                      | 178                                    | —                                          | (927)                  | 14,137                                                       |
| Supplies                                                              | 107,747                                         | 126                                             | 2,541                                                | —                                      | 6                                      | —                                          | (5,328)                | 105,092                                                      |
| Utilities                                                             | 4,298                                           | 3                                               | 222                                                  | —                                      | 2                                      | —                                          | (2)                    | 4,523                                                        |
| Insurance                                                             | 3,981                                           | —                                               | —                                                    | —                                      | —                                      | —                                          | (10)                   | 3,971                                                        |
| Rental, leases, and maintenance                                       | 5,642                                           | 47                                              | —                                                    | 13                                     | 2                                      | —                                          | (1,325)                | 4,379                                                        |
| Depreciation and amortization                                         | 19,237                                          | 68                                              | 1,384                                                | 82                                     | —                                      | —                                          | —                      | 20,771                                                       |
| Interest                                                              | 5,795                                           | —                                               | 546                                                  | 8                                      | —                                      | —                                          | —                      | 6,349                                                        |
| Services provided by affiliates                                       | 6,199                                           | —                                               | —                                                    | —                                      | —                                      | —                                          | —                      | 6,199                                                        |
| Other, net                                                            | 101,471                                         | 538                                             | 698                                                  | 16                                     | 602                                    | —                                          | (2,020)                | 101,305                                                      |
| Total operating expenses                                              | 481,502                                         | 6,615                                           | 5,647                                                | 119                                    | 1,364                                  | —                                          | (19,755)               | 475,492                                                      |
| Income (loss) from operations                                         | 25,966                                          | (2,319)                                         | 1,819                                                | 3,617                                  | (1,028)                                | —                                          | (3,617)                | 24,438                                                       |
| Nonoperating income                                                   |                                                 |                                                 |                                                      |                                        |                                        |                                            |                        |                                                              |
| Nonoperating income from network affiliation                          | 10,834                                          | —                                               | —                                                    | —                                      | —                                      | —                                          | —                      | 10,834                                                       |
| Investment income                                                     | 47,639                                          | —                                               | —                                                    | —                                      | 6,458                                  | —                                          | —                      | 54,097                                                       |
| Total nonoperating income                                             | 58,473                                          | —                                               | —                                                    | —                                      | 6,458                                  | —                                          | —                      | 64,931                                                       |
| Excess of revenue over expenses (expenses over revenue)               | 84,439                                          | (2,319)                                         | 1,819                                                | 3,617                                  | 5,430                                  | —                                          | (3,617)                | 89,369                                                       |
| Other changes in net assets                                           |                                                 |                                                 |                                                      |                                        |                                        |                                            |                        |                                                              |
| Change in plan assets and benefit obligation of pension plan          | 16,872                                          | —                                               | —                                                    | —                                      | —                                      | —                                          | —                      | 16,872                                                       |
| Change in funded status of TriHealth, Inc. pension plan               | 1,354                                           | —                                               | —                                                    | —                                      | —                                      | —                                          | —                      | 1,354                                                        |
| Transfer to CHI capital resource pool                                 | (3,030)                                         | —                                               | —                                                    | —                                      | —                                      | —                                          | —                      | (3,030)                                                      |
| Temporarily restricted contributions and investment income            | —                                               | —                                               | —                                                    | —                                      | 3,635                                  | 44                                         | —                      | 3,679                                                        |
| Other changes in net assets, net                                      | 4,031                                           | —                                               | (3,862)                                              | —                                      | 1,384                                  | —                                          | (1,160)                | 393                                                          |
| Increase (decrease) in net assets                                     | 103,666                                         | (2,319)                                         | (2,043)                                              | 3,617                                  | 10,449                                 | 44                                         | (4,777)                | 108,637                                                      |
| Net assets (deficit) at beginning of year                             | 530,902                                         | (21,538)                                        | 3,221                                                | 23,461                                 | 45,642                                 | 5,509                                      | (32,007)               | 555,190                                                      |
| Net assets (deficit) at end of year                                   | \$ 634,568                                      | \$ (23,857)                                     | \$ 1,178                                             | \$ 27,078                              | \$ 56,091                              | \$ 5,553                                   | \$ (36,784)            | \$ 663,827                                                   |

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



# The Good Samaritan Hospital of Cincinnati, Ohio

## Consolidating Balance Sheet (Dollar Amounts in Thousands)

June 30, 2013

|                                                            | The Good Samaritan Hospital of Cincinnati, Ohio | The Good Samaritan Hospital College of Nursing* | The Good Samaritan Hospital Medical Office Building* | Community Limited Care Dialysis Center | The Good Samaritan Hospital Foundation | The Good Samaritan Hospital Special Funds* | Reclasses/ Eliminations | The Good Samaritan Hospital of Cincinnati, Ohio Consolidated |
|------------------------------------------------------------|-------------------------------------------------|-------------------------------------------------|------------------------------------------------------|----------------------------------------|----------------------------------------|--------------------------------------------|-------------------------|--------------------------------------------------------------|
| <b>Assets</b>                                              |                                                 |                                                 |                                                      |                                        |                                        |                                            |                         |                                                              |
| Current assets                                             |                                                 |                                                 |                                                      |                                        |                                        |                                            |                         |                                                              |
| Cash and cash equivalents                                  | \$ 19,535                                       | \$ 1                                            | \$ —                                                 | \$ —                                   | \$ —                                   | \$ —                                       | \$ —                    | \$ 19,536                                                    |
| Net patient accounts receivable less allowance of \$25,416 | 47,079                                          | —                                               | —                                                    | —                                      | —                                      | —                                          | —                       | 47,079                                                       |
| Other accounts receivable                                  | 3,014                                           | —                                               | —                                                    | —                                      | 285                                    | —                                          | —                       | 3,299                                                        |
| Current portion of assets limited as to use                | 16,058                                          | —                                               | —                                                    | —                                      | —                                      | —                                          | —                       | 16,058                                                       |
| Inventories                                                | 3,420                                           | —                                               | —                                                    | —                                      | —                                      | —                                          | —                       | 3,420                                                        |
| Prepaid and other current assets                           | 99                                              | 112                                             | —                                                    | —                                      | —                                      | —                                          | —                       | 211                                                          |
| Due from (to) related organizations net                    | 61,082                                          | (21,889)                                        | —                                                    | 20,906                                 | (2,641)                                | (2,584)                                    | —                       | 54,874                                                       |
| Total current assets                                       | 150,287                                         | (21,776)                                        | —                                                    | 20,906                                 | (2,356)                                | (2,584)                                    | —                       | 144,477                                                      |
| Assets limited as to use and investments                   |                                                 |                                                 |                                                      |                                        |                                        |                                            |                         |                                                              |
| Assets limited as to use                                   |                                                 |                                                 |                                                      |                                        |                                        |                                            |                         |                                                              |
| Internally designated for capital and other funds          | 325,808                                         | —                                               | —                                                    | —                                      | 20,971                                 | 2,584                                      | —                       | 349,363                                                      |
| Restricted by donors                                       | —                                               | —                                               | —                                                    | —                                      | 26,363                                 | 5,509                                      | —                       | 31,872                                                       |
| Investments                                                | 15,803                                          | —                                               | —                                                    | —                                      | —                                      | —                                          | —                       | 15,803                                                       |
| Total assets limited as to use and investments             | 341,611                                         | —                                               | —                                                    | —                                      | 47,334                                 | 8,093                                      | —                       | 397,038                                                      |
| Property and equipment net                                 | 171,283                                         | 248                                             | 26,949                                               | 2,349                                  | —                                      | —                                          | —                       | 200,829                                                      |
| Investments in unconsolidated organizations                | 55,448                                          | —                                               | —                                                    | 637                                    | —                                      | —                                          | (32,007)                | 24,078                                                       |
| Other long-term assets                                     | 22,794                                          | —                                               | —                                                    | —                                      | 901                                    | —                                          | —                       | 23,695                                                       |
| Total assets                                               | \$ 741,423                                      | \$ (21,528)                                     | \$ 26,949                                            | \$ 23,892                              | \$ 45,879                              | \$ 5,509                                   | \$ (32,007)             | \$ 790,117                                                   |

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

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

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

# The Good Samaritan Hospital of Cincinnati, Ohio

## Consolidating Statement of Operations and Changes in Net Assets (Dollar Amounts in Thousands)

Year Ended June 30, 2013

|                                                                       | The Good Samaritan Hospital of Cincinnati, Ohio | The Good Samaritan Hospital College of Nursing* | The Good Samaritan Hospital Medical Office Building* | Community Limited Care Dialysis Center | The Good Samaritan Hospital Foundation | The Good Samaritan Hospital Special Funds* | Reclassifications/ Eliminations | The Good Samaritan Hospital of Cincinnati, Ohio Consolidated |
|-----------------------------------------------------------------------|-------------------------------------------------|-------------------------------------------------|------------------------------------------------------|----------------------------------------|----------------------------------------|--------------------------------------------|---------------------------------|--------------------------------------------------------------|
| <b>Revenue</b>                                                        |                                                 |                                                 |                                                      |                                        |                                        |                                            |                                 |                                                              |
| Patient service revenue (net of contractual provisions and discounts) | \$ 532,585                                      | \$ —                                            | \$ 3,073                                             | \$ —                                   | \$ —                                   | \$ —                                       | \$ (18,250)                     | \$ 518,308                                                   |
| Provision for bad debt                                                | (33,164)                                        | —                                               | —                                                    | —                                      | —                                      | —                                          | —                               | (33,164)                                                     |
| Net patient service revenue less provision for bad debts              | 499,421                                         | —                                               | 3,073                                                | —                                      | —                                      | —                                          | (18,250)                        | 485,144                                                      |
| Non-patient (loss) revenue                                            |                                                 |                                                 |                                                      |                                        |                                        |                                            |                                 |                                                              |
| (Loss) income from unconsolidated organizations                       | (25,543)                                        | —                                               | —                                                    | 1,854                                  | —                                      | —                                          | (2,234)                         | (25,923)                                                     |
| Operating loss from network affiliation                               | (3,097)                                         | —                                               | —                                                    | —                                      | —                                      | —                                          | —                               | (3,097)                                                      |
| Other revenue, net                                                    | 22,663                                          | 3,762                                           | 1,344                                                | 490                                    | 168                                    | —                                          | (755)                           | 27,672                                                       |
| Total revenue                                                         | 493,444                                         | 3,762                                           | 5,317                                                | 2,344                                  | 168                                    | —                                          | (21,239)                        | 483,796                                                      |
| <b>Expenses</b>                                                       |                                                 |                                                 |                                                      |                                        |                                        |                                            |                                 |                                                              |
| Salaries and wages                                                    | 157,707                                         | 4,615                                           | 132                                                  | —                                      | 436                                    | —                                          | (7,613)                         | 155,367                                                      |
| Employee benefits                                                     | 38,053                                          | 855                                             | 32                                                   | —                                      | 118                                    | —                                          | (1,821)                         | 37,237                                                       |
| Medical professional fees                                             | 2,932                                           | —                                               | —                                                    | —                                      | —                                      | —                                          | (128)                           | 2,804                                                        |
| Purchased services                                                    | 15,079                                          | 110                                             | 12                                                   | —                                      | 209                                    | —                                          | (1,074)                         | 14,336                                                       |
| Supplies                                                              | 110,950                                         | 85                                              | 2,880                                                | —                                      | 5                                      | —                                          | (4,987)                         | 108,933                                                      |
| Utilities                                                             | 4,396                                           | 3                                               | 115                                                  | —                                      | 2                                      | —                                          | —                               | 4,516                                                        |
| Insurance                                                             | 4,555                                           | —                                               | —                                                    | —                                      | —                                      | —                                          | (10)                            | 4,545                                                        |
| Rental, leases, and maintenance                                       | 6,011                                           | 79                                              | —                                                    | 13                                     | 4                                      | —                                          | (1,008)                         | 5,099                                                        |
| Depreciation and amortization                                         | 17,893                                          | 161                                             | 1,067                                                | 82                                     | —                                      | —                                          | —                               | 19,203                                                       |
| Interest                                                              | 6,045                                           | —                                               | 449                                                  | —                                      | —                                      | —                                          | —                               | 6,494                                                        |
| Services provided by affiliates                                       | 5,716                                           | —                                               | —                                                    | —                                      | —                                      | —                                          | —                               | 5,716                                                        |
| Other, net                                                            | 98,230                                          | 491                                             | 288                                                  | 15                                     | 1,337                                  | —                                          | (2,364)                         | 99,997                                                       |
| Total operating expenses                                              | 467,657                                         | 6,390                                           | 4,975                                                | 110                                    | 2,111                                  | —                                          | (19,005)                        | 462,247                                                      |
| Income (loss) from operations                                         | 25,787                                          | (2,627)                                         | 342                                                  | 2,234                                  | (1,943)                                | —                                          | (2,234)                         | 21,549                                                       |
| Nonoperating (loss) income                                            |                                                 |                                                 |                                                      |                                        |                                        |                                            |                                 |                                                              |
| Nonoperating loss from network affiliation                            | (1,006)                                         | —                                               | —                                                    | —                                      | —                                      | —                                          | —                               | (1,006)                                                      |
| Investment income                                                     | 34,941                                          | —                                               | 11                                                   | —                                      | 4,588                                  | —                                          | —                               | 39,540                                                       |
| Total nonoperating income                                             | 33,935                                          | —                                               | 11                                                   | —                                      | 4,588                                  | —                                          | —                               | 38,534                                                       |
| Excess of revenue over expenses (expenses over revenue)               | 59,722                                          | (2,627)                                         | 353                                                  | 2,234                                  | 2,645                                  | —                                          | (2,234)                         | 60,083                                                       |
| Other changes in net assets                                           |                                                 |                                                 |                                                      |                                        |                                        |                                            |                                 |                                                              |
| Change in plan assets and benefit obligation of pension plan          | 12,509                                          | —                                               | —                                                    | —                                      | —                                      | —                                          | —                               | 12,509                                                       |
| Change in funded status of TriHealth, Inc. pension plan               | 3,662                                           | —                                               | —                                                    | —                                      | —                                      | —                                          | —                               | 3,662                                                        |
| Transfer to CHI capital resource pool                                 | (8,188)                                         | —                                               | —                                                    | —                                      | —                                      | —                                          | —                               | (8,188)                                                      |
| Temporarily restricted contributions and investment income            | —                                               | —                                               | —                                                    | —                                      | 1,584                                  | (128)                                      | —                               | 1,456                                                        |
| Other changes in net assets, net                                      | 235                                             | —                                               | 389                                                  | —                                      | 1,369                                  | —                                          | (1,225)                         | 768                                                          |
| Increase (decrease) in net assets                                     | 67,940                                          | (2,627)                                         | 742                                                  | 2,234                                  | 5,598                                  | (128)                                      | (3,459)                         | 70,290                                                       |
| Net assets (deficit) at beginning of year                             | 462,962                                         | (18,901)                                        | 2,479                                                | 21,227                                 | 40,044                                 | 5,637                                      | (28,548)                        | 484,900                                                      |
| Net assets (deficit) at end of year                                   | \$ 530,902                                      | \$ (21,528)                                     | \$ 3,221                                             | \$ 23,461                              | \$ 45,642                              | \$ 5,509                                   | \$ (32,007)                     | \$ 555,190                                                   |

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

# TriHealth, Inc. and Subsidiaries

## Consolidating Balance Sheet (Dollar Amounts in Thousands)

June 30, 2014

|                                                            | <b>TriHealth<br/>Physician<br/>Partners</b> | <b>TriHealth<br/>Hospital, Inc.</b> | <b>Other<br/>TriHealth, Inc.<br/>Entities</b> | <b>Reclassifications/<br/>Eliminations</b> | <b>TriHealth, Inc.<br/>Consolidated</b> |
|------------------------------------------------------------|---------------------------------------------|-------------------------------------|-----------------------------------------------|--------------------------------------------|-----------------------------------------|
| <b>Assets</b>                                              |                                             |                                     |                                               |                                            |                                         |
| Current assets                                             |                                             |                                     |                                               |                                            |                                         |
| Cash and cash equivalents                                  | \$ 1,360                                    | \$ (634)                            | \$ 32,362                                     | \$ —                                       | \$ 33,088                               |
| Net patient accounts receivable, less allowance of \$8.116 | 17,314                                      | 8,343                               | 6                                             | —                                          | 25,663                                  |
| Other accounts receivable                                  | 2,754                                       | 1                                   | 348                                           | —                                          | 3,103                                   |
| Inventories                                                | 1,480                                       | —                                   | —                                             | —                                          | 1,480                                   |
| Prepaid and other current assets                           | 48                                          | 15                                  | 686                                           | —                                          | 749                                     |
| Due (to) from related organizations, net                   | (237,433)                                   | (16,196)                            | 255,854                                       | (2,225)                                    | —                                       |
| Total current assets                                       | (214,477)                                   | (8,471)                             | 289,256                                       | (2,225)                                    | 64,083                                  |
| Property and equipment, net                                | 19,123                                      | 36,264                              | 82,392                                        | —                                          | 137,779                                 |
| Investments in unconsolidated organizations                | (92,346)                                    | —                                   | (108,434)                                     | 201,508                                    | 728                                     |
| Goodwill and identifiable intangible assets, net           | 18,707                                      | 115,495                             | —                                             | 137                                        | 134,339                                 |
| Due from related organizations, net                        | —                                           | —                                   | —                                             | 2,225                                      | 2,225                                   |
| Other long-term assets                                     | 401                                         | —                                   | 23,229                                        | (137)                                      | 23,493                                  |
| Total assets                                               | \$ (268,592)                                | \$ 143,288                          | \$ 286,443                                    | \$ 201,508                                 | \$ 362,647                              |

|                                                                     | <b>TriHealth<br/>Physician<br/>Partners</b> | <b>TriHealth<br/>Hospital, Inc.</b> | <b>Other<br/>TriHealth, Inc.<br/>Entities</b> | <b>Reclassifications/<br/>Eliminations</b> | <b>TriHealth, Inc.<br/>Consolidated</b> |
|---------------------------------------------------------------------|---------------------------------------------|-------------------------------------|-----------------------------------------------|--------------------------------------------|-----------------------------------------|
| <b>Liabilities and net assets (deficit)</b>                         |                                             |                                     |                                               |                                            |                                         |
| Current liabilities                                                 |                                             |                                     |                                               |                                            |                                         |
| Compensation and benefits                                           | \$ 32,582                                   | \$ 1,231                            | \$ 22,132                                     | \$ –                                       | \$ 55,945                               |
| Accounts payable and accrued expenses                               | 7,282                                       | 2,003                               | 9,431                                         | –                                          | 18,716                                  |
| Total current liabilities                                           | 39,864                                      | 3,234                               | 31,563                                        | –                                          | 74,661                                  |
| Accrued professional liability                                      | –                                           | 143                                 | 10,724                                        | –                                          | 10,867                                  |
| Pension obligation                                                  | –                                           | –                                   | 21,444                                        | –                                          | 21,444                                  |
| Long-term compensation and benefits and other long-term liabilities | 10,589                                      | 115                                 | 7,383                                         | –                                          | 18,087                                  |
| Capital lease obligation                                            | –                                           | 26,864                              | –                                             | –                                          | 26,864                                  |
| Total liabilities                                                   | 50,453                                      | 30,356                              | 71,114                                        | –                                          | 151,923                                 |
| Net (deficit) assets                                                |                                             |                                     |                                               |                                            |                                         |
| Unrestricted                                                        | (319,045)                                   | 112,932                             | 215,329                                       | 201,508                                    | 210,724                                 |
| Total net (deficit) assets                                          | (319,045)                                   | 112,932                             | 215,329                                       | 201,508                                    | 210,724                                 |
| Total liabilities and net (deficit) assets                          | \$ (268,592)                                | \$ 143,288                          | \$ 286,443                                    | \$ 201,508                                 | \$ 362,647                              |

TriHealth, Inc and Subsidiaries

Consolidating Statement of Operations and Changes in Net Assets

(Dollar Amounts in Thousands)

Year Ended June 30, 2014

|                                                                       | TriHealth<br>Physician<br>Partners | TriHealth<br>Hospital, Inc | Other<br>TriHealth, Inc<br>Entities | Reclassifications/<br>Eliminations | TriHealth, Inc<br>Consolidated |
|-----------------------------------------------------------------------|------------------------------------|----------------------------|-------------------------------------|------------------------------------|--------------------------------|
| <b>Revenue</b>                                                        |                                    |                            |                                     |                                    |                                |
| Patient service revenue (net of contractual provisions and discounts) | \$ 261,642                         | \$ 46,277                  | \$ (275)                            | \$ —                               | \$ 307,644                     |
| Provision for bad debt                                                | (9,837)                            | (1,068)                    | —                                   | —                                  | (10,905)                       |
| Net patient service revenue less provision for bad debts              | 251,805                            | 45,209                     | (275)                               | —                                  | 296,739                        |
| Nonpatient (loss) revenue                                             |                                    |                            |                                     |                                    |                                |
| Loss from unconsolidated organizations                                | (17,645)                           | 1,941                      | (18,837)                            | 36,532                             | 1,991                          |
| Other revenue - net                                                   | 35,912                             | 48                         | 9,897                               | (645)                              | 45,212                         |
| Total revenue (loss)                                                  | 270,072                            | 47,198                     | (9,215)                             | 35,887                             | 343,942                        |
| <b>Expenses</b>                                                       |                                    |                            |                                     |                                    |                                |
| Salaries and wages                                                    | 234,894                            | 11,533                     | 78,872                              | —                                  | 325,299                        |
| Employee benefits                                                     | 32,692                             | 2,453                      | 22,730                              | —                                  | 57,875                         |
| Medical professional fees                                             | 655                                | 1,517                      | —                                   | —                                  | 2,172                          |
| Purchased services                                                    | 10,027                             | 1,856                      | 24,362                              | —                                  | 36,245                         |
| Supplies                                                              | 38,318                             | 12,018                     | 2,355                               | —                                  | 52,691                         |
| Utilities                                                             | 2,098                              | 546                        | 6,455                               | —                                  | 9,099                          |
| Insurance                                                             | 5,541                              | 107                        | 1,689                               | —                                  | 7,337                          |
| Rental leases and maintenance                                         | 16,282                             | 577                        | 19,501                              | (481)                              | 35,879                         |
| Depreciation and amortization                                         | 6,725                              | 3,225                      | 19,282                              | —                                  | 29,232                         |
| Interest                                                              | —                                  | 2,368                      | (254)                               | —                                  | 2,114                          |
| Services provided by affiliates                                       | —                                  | —                          | 4                                   | —                                  | 4                              |
| Other - net                                                           | 15,855                             | 1,162                      | (166,167)                           | (164)                              | (149,314)                      |
| Total operating expenses                                              | 363,087                            | 37,362                     | 8,829                               | (645)                              | 408,633                        |
| (Loss) income from operations                                         | (93,015)                           | 9,836                      | (18,044)                            | 36,532                             | (64,691)                       |
| Nonoperating loss                                                     |                                    |                            |                                     |                                    |                                |
| Investment loss                                                       | —                                  | —                          | —                                   | —                                  | —                              |
| Total nonoperating loss                                               | —                                  | —                          | —                                   | —                                  | —                              |
| Excess of (expenses over revenue) revenue over expenses               | (93,015)                           | 9,836                      | (18,044)                            | 36,532                             | (64,691)                       |
| Other changes in net (deficit) assets                                 |                                    |                            |                                     |                                    |                                |
| Change in plan assets and benefit obligation of pension plan          | —                                  | —                          | 2,709                               | —                                  | 2,709                          |
| Contributed capital                                                   | —                                  | 518                        | 236,795                             | —                                  | 237,313                        |
| (Decrease) increase in net assets                                     | (93,015)                           | 10,354                     | 221,460                             | 36,532                             | 175,331                        |
| Net (deficit) assets at beginning of year                             | (226,030)                          | 102,578                    | (6,131)                             | 164,976                            | 35,393                         |
| Net (deficit) assets at end of year                                   | \$ (319,045)                       | \$ 112,932                 | \$ 215,329                          | \$ 201,508                         | \$ 210,724                     |

# TriHealth, Inc. and Subsidiaries

## Consolidating Balance Sheet (Dollar Amounts in Thousands)

June 30, 2013

|                                                            | <b>TriHealth<br/>Physician<br/>Partners</b> | <b>TriHealth<br/>Hospital, Inc.</b> | <b>Other<br/>TriHealth, Inc.<br/>Entities</b> | <b>Reclassifications/<br/>Eliminations</b> | <b>TriHealth, Inc.<br/>Consolidated</b> |
|------------------------------------------------------------|---------------------------------------------|-------------------------------------|-----------------------------------------------|--------------------------------------------|-----------------------------------------|
| <b>Assets</b>                                              |                                             |                                     |                                               |                                            |                                         |
| Current assets                                             |                                             |                                     |                                               |                                            |                                         |
| Cash and cash equivalents                                  | \$ 2,140                                    | \$ —                                | \$ (17,513)                                   | \$ —                                       | \$ (15,373)                             |
| Net patient accounts receivable, less allowance of \$6.889 | 15,492                                      | 5,649                               | 56                                            | —                                          | 21,197                                  |
| Other accounts receivable                                  | 2,759                                       | 3                                   | 1,432                                         | —                                          | 4,194                                   |
| Inventories                                                | 1,297                                       | —                                   | 3                                             | —                                          | 1,300                                   |
| Prepaid and other current assets                           | (5)                                         | —                                   | 65                                            | —                                          | 60                                      |
| Due (to) from related organizations, net                   | (155,169)                                   | (3,731)                             | 61,221                                        | —                                          | (97,679)                                |
| Total current assets                                       | (133,486)                                   | 1,921                               | 45,264                                        | —                                          | (86,301)                                |
| Property and equipment, net                                | 13,235                                      | 33,014                              | 86,689                                        | —                                          | 132,938                                 |
| Investments in unconsolidated organizations                | (74,650)                                    | —                                   | (89,597)                                      | 164,976                                    | 729                                     |
| Goodwill and identifiable intangible assets, net           | 16,441                                      | 97,667                              | —                                             | —                                          | 114,108                                 |
| Due from related organizations, net                        | —                                           | —                                   | 435                                           | —                                          | 435                                     |
| Other long-term assets                                     | 4,261                                       | —                                   | 19,734                                        | —                                          | 23,995                                  |
| Total assets                                               | \$ (174,199)                                | \$ 132,602                          | \$ 62,525                                     | \$ 164,976                                 | \$ 185,904                              |

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



TriHealth, Inc. and Subsidiaries

Consolidating Statement of Operations and Changes in Net Assets

(Dollar Amounts in Thousands)

Year Ended June 30, 2013

|                                                                       | TriHealth<br>Physician<br>Partners | TriHealth<br>Hospital, Inc | Other<br>TriHealth, Inc<br>Entities | Reclassifications/<br>Eliminations | TriHealth, Inc<br>Consolidated |
|-----------------------------------------------------------------------|------------------------------------|----------------------------|-------------------------------------|------------------------------------|--------------------------------|
| <b>Revenue</b>                                                        |                                    |                            |                                     |                                    |                                |
| Patient service revenue (net of contractual provisions and discounts) | \$ 222,676                         | \$ 12,645                  | \$ (81)                             | \$ —                               | \$ 235,240                     |
| Provision for bad debt                                                | (5,794)                            | (339)                      | —                                   | —                                  | (6,133)                        |
| Net patient service revenue less provision for bad debts              | 216,882                            | 12,306                     | (81)                                | —                                  | 229,107                        |
| Nonpatient (loss) revenue                                             |                                    |                            |                                     |                                    |                                |
| Loss from unconsolidated organizations                                | (18,032)                           | —                          | (18,609)                            | 36,695                             | 54                             |
| Other revenue, net                                                    | 28,547                             | 233                        | 10,102                              | (553)                              | 38,329                         |
| Total revenue                                                         | 227,397                            | 12,539                     | (8,588)                             | 36,142                             | 267,490                        |
| <b>Expenses</b>                                                       |                                    |                            |                                     |                                    |                                |
| Salaries and wages                                                    | 199,142                            | 4,438                      | 69,944                              | —                                  | 273,524                        |
| Employee benefits                                                     | 27,394                             | 959                        | 20,998                              | —                                  | 49,351                         |
| Medical professional fees                                             | —                                  | 175                        | 125                                 | —                                  | 300                            |
| Purchased services                                                    | 6,538                              | 733                        | 24,259                              | —                                  | 31,530                         |
| Supplies                                                              | 33,980                             | 4,143                      | 2,019                               | —                                  | 40,142                         |
| Utilities                                                             | 2,050                              | 206                        | 6,037                               | —                                  | 8,293                          |
| Insurance                                                             | 3,759                              | 36                         | 1,159                               | —                                  | 4,954                          |
| Rental, leases and maintenance                                        | 13,721                             | 90                         | 20,354                              | (452)                              | 33,713                         |
| Depreciation and amortization                                         | 4,751                              | 1,333                      | 16,462                              | —                                  | 22,546                         |
| Interest                                                              | —                                  | 1,198                      | (101)                               | —                                  | 1,097                          |
| Other, net                                                            | 10,865                             | 650                        | (151,554)                           | (101)                              | (140,140)                      |
| Total operating expenses                                              | 302,200                            | 13,961                     | 9,702                               | (553)                              | 325,310                        |
| Loss from operations                                                  | (74,803)                           | (1,422)                    | (18,290)                            | 36,695                             | (57,820)                       |
| Nonoperating loss                                                     |                                    |                            |                                     |                                    |                                |
| Investment loss                                                       | —                                  | —                          | (8)                                 | —                                  | (8)                            |
| Total nonoperating loss                                               | —                                  | —                          | (8)                                 | —                                  | (8)                            |
| Excess of expenses over revenue                                       | (74,803)                           | (1,422)                    | (18,298)                            | 36,695                             | (57,828)                       |
| Other changes in net assets                                           |                                    |                            |                                     |                                    |                                |
| Change in plan assets and benefit obligation of pension plan          | —                                  | —                          | 7,324                               | —                                  | 7,324                          |
| Contributed capital                                                   | —                                  | 104,000                    | (15,281)                            | —                                  | 88,719                         |
| Other changes in net assets, net                                      | 33                                 | —                          | (2,855)                             | —                                  | (2,822)                        |
| (Decrease) increase in net assets                                     | (74,770)                           | 102,578                    | (29,110)                            | 36,695                             | 35,393                         |
| Net (deficit) assets at beginning of year                             | (151,260)                          | —                          | 22,979                              | 128,281                            | —                              |
| Net (deficit) assets at end of year                                   | \$ (226,030)                       | \$ 102,578                 | \$ (6,131)                          | \$ 164,976                         | \$ 35,393                      |

Ernst & Young LLP

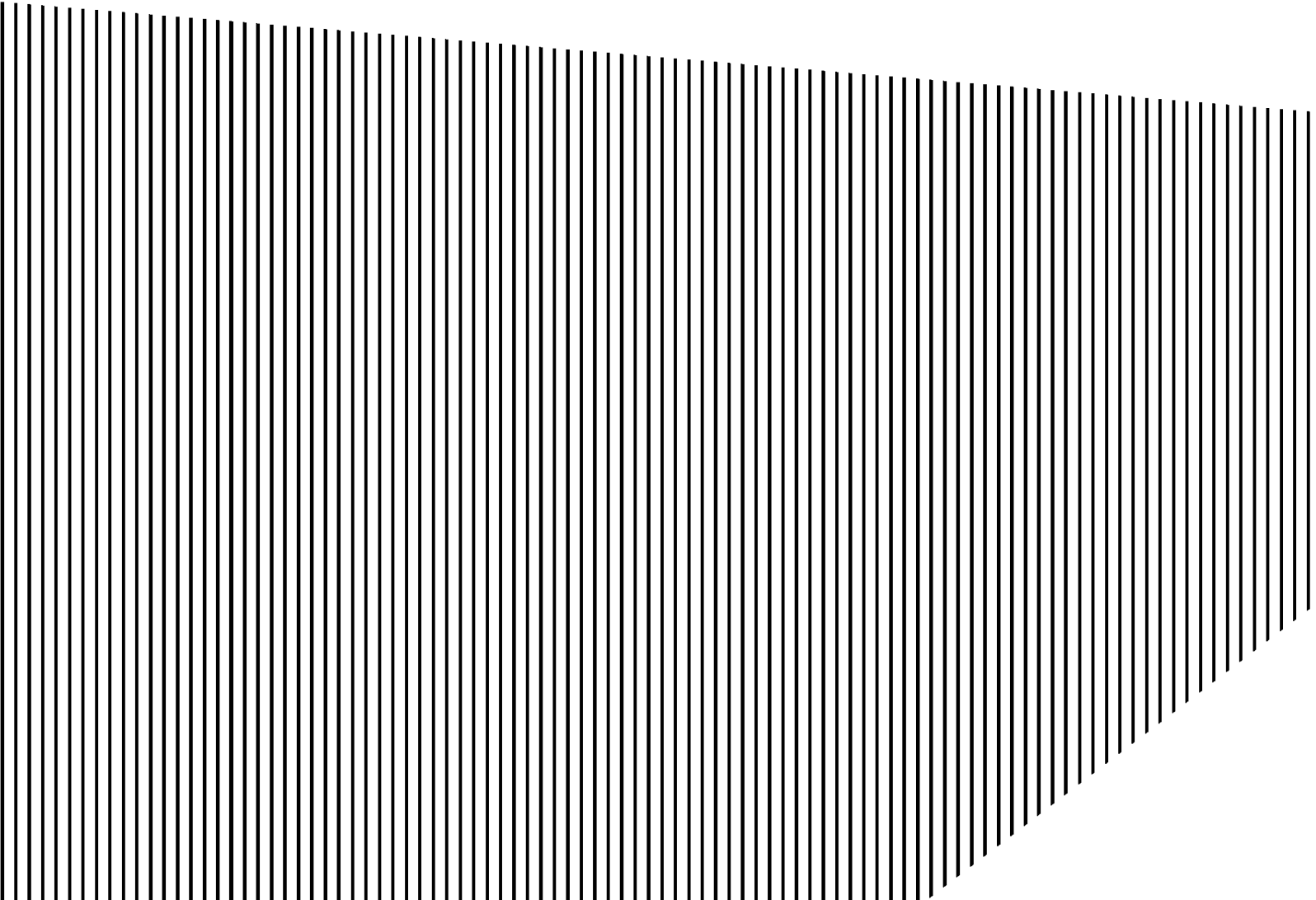
Assurance | Tax | Transactions | Advisory

**About Ernst & Young**

Ernst & Young is a global leader in assurance, tax, transaction and advisory services. Worldwide, our 167,000 people are united by our shared values and an unwavering commitment to quality. We make a difference by helping our people, our clients and our wider communities achieve their potential.

For more information, please visit [www.ey.com](http://www.ey.com)

Ernst & Young refers to the global organization of member firms of Ernst & Young Global Limited, each of which is a separate legal entity. Ernst & Young Global Limited, a UK company limited by guarantee, does not provide services to clients. This Report has been prepared by Ernst & Young LLP, a client serving member firm located in the United States.



# GOOD SAMARITAN HOSPITAL COMMUNITY HEALTH NEEDS ASSESSMENT IMPLEMENTATION STRATEGY

## Overview

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

## Strategy

### *A. GSH Efforts to Address Certain Significant Community Health Needs*

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

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

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

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

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

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

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

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

### **Birth Outcomes**

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

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

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

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

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

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

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

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

#### **Obesity**

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

#### **Latino – Low Income – with Chronic Health Conditions**

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

#### **Substance Abuse/Mental Health**

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

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

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

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

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

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