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Form 990



Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public

▶ Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 07-01-2014 , and ending 06-30-2015

B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization The Christ Hospital		D Employer identification number 31-0538525
	% TED SCHERPENBERG CONTROLLER Doing business as		
	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephone number (513) 585-0000
	2139 AUBURN AVENUE		
	City or town, state or province, country, and ZIP or foreign postal code CINCINNATI, OH 45219		G Gross receipts \$ 825,627,902
F Name and address of principal officer MICHAEL K KEATING 2139 AUBURN AVENUE CINCINNATI, OH 45219			
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀(insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
J Website: ▶ WWW.THECHRISTHOSPITAL.COM		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)	
		H(c) Group exemption number ▶	

K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	L Year of formation 1891	M State of legal domicile OH
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Part I

Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities TO IMPROVE THE HEALTH OF OUR COMMUNITY AND CREATE PATIENT VALUE BY PROVIDING EXCEPTIONAL OUTCOMES, AFFORDABLE CARE, AND THE FINEST EXPERIENCES		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
Revenue	3 Number of voting members of the governing body (Part VI, line 1a)	3	14
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	7
	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	6,157
	6 Total number of volunteers (estimate if necessary)	6	506
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	252,313
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0
	Expenses	8 Contributions and grants (Part VIII, line 1h)	Prior Year
9 Program service revenue (Part VIII, line 2g)		4,653,842	2,177,841
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		762,614,710	797,969,261
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		7,232,165	8,810,817
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		18,194,956	16,669,983
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		792,695,673	825,627,902
14 Benefits paid to or for members (Part IX, column (A), line 4)		986,173	1,095,276
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		0	0
16a Professional fundraising fees (Part IX, column (A), line 11e)		391,608,861	394,389,540
b Total fundraising expenses (Part IX, column (D), line 25) ▶ ⁰		0	0
Net Assets or Fund Balances	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	373,766,683	391,749,313
	19 Revenue less expenses Subtract line 18 from line 12	766,361,717	787,234,129
		26,333,956	38,393,773
		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	992,162,530	1,066,826,046
	21 Total liabilities (Part X, line 26)	534,766,676	546,932,460
22 Net assets or fund balances Subtract line 21 from line 20	457,395,854	519,893,586	

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		2016-05-12			
			Date			
Paid Preparer Use Only	SCOTT J HAMLIN SR VP FIN & PHYS OPS					
	Type or print name and title					
	Print/Type preparer's name DIANE L BEAN		Preparer's signature DIANE L BEAN		Date	
	Firm's name ▶ ERNST & YOUNG US LLP		Check <input type="checkbox"/> if self-employed		PTIN P00104972	
	Firm's address ▶ 800 YARD STREET SUITE 200 GRANDVIEW HEIGHTS, OH 43212		Firm's EIN ▶		Phone no (614) 224-5678	

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

Part III

Statement of Program Service Accomplishments

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

☐

☒

1

Briefly describe the organization’s mission

TO IMPROVE THE HEALTH OF OUR COMMUNITY AND CREATE PATIENT VALUE BY PROVIDING EXCEPTIONAL OUTCOMES, AFFORDABLE CARE, AND THE FINEST EXPERIENCES

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 \$ 674,335,057 including grants of \$ 1,095,276) (Revenue \$ 809,813,218)

The Christ Hospital ("TCH") is an Ohio nonprofit corporation formed in June of 1891. TCH is tax-exempt under Section 501(c)(3) of the Internal Revenue Code ("the Code") and functions as a hospital organization as described in Section 509(a)(1) and 170(b)(1)(A)(iii) of the Code. TCH's mission for the 125 years of its operations has been to improve the health of our community and to be an regional exemplar in creating patient value through exceptional outcomes and patient experience provided at an affordable and responsible cost that ensures access to all members of our community without regard to financial status or other factors such as race, ethnicity, beliefs or gender. Through its main hospital campus in Mt. Auburn, TCH is dedicated to its urban-hospital roots, remaining steadfast in commitment to diverse and economically challenged neighborhoods in the Uptown section of Cincinnati, Ohio. While maintaining this urban commitment through its Base operations, TCH has also developed a Network of outpatient centers and physician practices that ensure access to care throughout the Greater Cincinnati region, including suburban and rural regions of the area that serve eight counties located in three states. TCH has organized and maintains an accredited staff of more than 1,000 physicians, and offers advanced services and technologies through executive leadership of six key service lines: cardiovascular care, orthopaedic and spine treatment, women's health, oncology, special surgery, and comprehensive medicine. TCH maintains its sacred trust with the community and governmental oversight partners in earning and maintaining the privilege and responsibilities of tax-exemption. These core commitments include activities that are not undertaken for economic gain, but in fact are performed at a loss or are wholly unreimbursed and are performed as a matter of public trust and commitment. These core commitments include: 1. Charity Care & Care Provided Under Governmental Assistance Programs - Access to care regardless of ability to pay and full participation in Medicare and Medicaid programs wherein entitlement payments are insufficient to cover the costs of services provided. 2. Medical Education - Assurance of sufficient numbers and competency of trained and licensed medical professionals to meet the needs of our community. This includes residency and fellowship training for physicians that are operated at a financial loss, and formal undergraduate degree training through its College of Nursing that requires subsidization through philanthropy and private support. 3. Research & Innovation - Through the Carl & Edyth Lindner Center for Research and Education at The Christ Hospital, TCH invests substantial internal and philanthropic resources in supporting the advancement of medical discovery and improvement for the public good through an array of clinical trials and other application research. The above activities are the enduring and sacred commitment and responsibility of TCH. Year in and year out these commitments will serve to demonstrate how TCH has earned and maintains its tax-exempt privilege. For the past 16 years, TCH has been recognized by U.S. News & World Report as one of the nation's top hospitals and has been named Cincinnati's most preferred hospital for 20 consecutive years by national research corporation. TCH has been granted magnet recognition from the American Nurses Credentialing Center for excellence in nursing care. Additionally, TCH was recognized by the Becker's Hospital Review 100 Great Hospitals in America (2014-2015). While maintaining its commitments to the community, TCH is in a period of rapid growth, including the expansion of an ambulatory outpatient strategy consisting of an employed primary care and specialty physician network, numerous outpatient centers offering a variety of services, and other community initiatives. With a staff of more than 1,000 physicians, TCH offers advanced services and technologies in cardiovascular care, orthopaedic and spine treatment, women's health, oncology, specialty surgery, and a host of outpatient services such as physician practices, imaging, testing, physical and occupational therapy, wound healing, diabetes care, and more. For the fiscal year ended June 30, 2015, TCH's inpatient admissions were approximately 30,000 and its outpatient visits exceeded 450,000. TCH Centers of Excellence: TCH takes pride in its self-designated centers of excellence, which include heart and vascular, musculoskeletal, women's health, oncology, and comprehensive medicine. Each specialized center of excellence offers comprehensive care and is staffed by a team of skilled physicians, nurses and other healthcare practitioners who participate in specialty training in their respective medical and/or surgical area of expertise on an ongoing basis. Heart and Vascular: TCH provides care to thousands of cardiovascular patients every year and offers comprehensive programs in areas such as heart valve disease, advanced heart failure, heart rhythm disturbances, coronary artery disease and a robust clinical research program through the Lindner Research Center. TCH has been named one of the nation's 50 top cardiovascular hospitals by Truven Health Analytics, formerly Thomson Reuters. The study examined the performance of more than 1,000 hospitals by analyzing outcomes for patients with heart failure, heart attacks, and those who received coronary bypass surgery and percutaneous coronary interventions. This is the 12th time TCH has been recognized with this honor. TCH's ranking reflects decades of experience in performing complex heart and vascular procedures, the unparalleled skill of its physicians and the expertise of its staff. Additionally, TCH received the Get with the Guidelines-Heart Failure Gold Quality Achievement Award from the American Heart Association. The recognition signifies that TCH has achieved at least two years of 85% or higher adherence to the guidelines of care recommended by the American Heart Association/American College of Cardiology. Musculoskeletal: TCH offers comprehensive orthopaedic and spine services provided by expert specialists who provide a comprehensive range of services that focus on the prevention, diagnosis, treatment and rehabilitation of musculoskeletal disorders. The hospital's highly specialized spine institute uses a multi-disciplinary approach to diagnosing and treating back and neck problems through its team of orthopaedic surgeons, neurosurgeons, interventional radiologists, pain management physicians and physical therapists who work collaboratively to ensure that patients receive the best possible care from the experts best suited to provide it. TCH's physicians and surgeons have performed more spine procedures than any other hospital in the greater Cincinnati area. TCH has been ranked among the top 50 in the nation for orthopaedics by U.S. News & World Report (2015). TCH is not only committed to bringing superior medicine to our communities today - we also invest in the resources, technologies and services needed to support the healthcare needs of our community well into the future. That's why we are constructing a \$265 million expansion and improvement of our main campus in Mt. Auburn, the centerpiece of which includes the development of a unique facility dedicated solely to orthopaedic and spine care - The Christ Hospital Joint & Spine Center. The new facility will support physicians, patients and families in an efficient, healing and technologically advanced environment. It will be the only one locally, and one of only a few in the country, to offer a single purpose facility with a focus on comprehensive orthopaedic and spine services and research. Women's Health: TCH offers a wide range of specialized services for women, including a dedicated women's surgery center, as well as a multidisciplinary team of physicians dedicated to treating urogynecology and pelvic floor disorders. TCH is committed to providing patients with exceptional experiences. Oncology: TCH includes a cancer center that offers a full range of the most advanced cancer services available, including a robust research program and a resource center for patients. TCH provides comprehensive outpatient services, a 30-bed dedicated inpatient medical oncology unit and hospice services, as well as a dedicated suite for high dose rate (HDR) radiation therapy. The hospital is accredited by the American College of Surgeons (ACOS), an agency that evaluates quality and outcome data for cancer centers across the nation, and a member of the Association of Community Cancer Centers (ACCC), the leading education and advocacy organization of the cancer team. The organization's other centers of excellence also have unique characteristics that differentiate the level of quality and service for greater Cincinnati. Successful patient-centered programs such as palliative care are also drawing the attention of payors in the

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

674,335,057

Form 990 (2014)

Part IV

Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d 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 Yes	
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 Yes	
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 domestic 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 or for domestic individuals 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	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	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 "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or 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	Yes	
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	Yes	
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	Yes	
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	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response 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		
1b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable		
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		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	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? If "No" to line 3b, provide an explanation in Schedule O	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)?	Yes	
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
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. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring 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? Note. 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? If "No," provide an explanation in Schedule O		

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	14	
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	7	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	Yes
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes
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	a The governing body?	8a	Yes
8b	b Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶OH
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <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, address, and telephone number of the person who possesses the organization's books and records ▶TED SCHERPENBERG CONTROLLER 2139 AUBURN AVENUE CINCINNATI, OH 45219 (513) 263-1572

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) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) James E Bushman DIRECTOR (THRU 10/2014)	1 0 1 0	X						0	0	0
(2) R Kerry Clark DIRECTOR	1 0 1 0	X						0	0	0
(3) Theodore H Emmerich DIRECTOR (THRU 10/2014)	1 0 1 0	X						0	0	0
(4) Thomas R Gerdes TREASURER	1 0 1 0	X		X				0	0	0
(5) Victoria B Gluckman DIRECTOR	1 0 1 0	X						0	0	0
(6) Jeb Head DIRECTOR	1 0 1 0	X						0	0	0
(7) Roger L Howe DIRECTOR	1 0 1 0	X						0	0	0
(8) Deborah P Majoras SECRETARY	1 0 0 0	X		X				0	0	0
(9) R Glen Mayfield DIRECTOR	1 0 1 0	X						0	0	0
(10) Donald J Raithel MD DIRECTOR	1 0 1 0	X						55,000	0	0
(11) George H Vincent BOARD CHAIRMAN	1 0 1 0	X		X				0	0	0
(12) Thomas Broderick MD DIRECTOR	40 0 1 0	X						642,559	0	48,414
(13) Alfred Kahn III MD DIRECTOR	40 0 1 0	X						1,494,788	0	14,470
(14) Michael K Keating PRESIDENT & CEO	40 0 1 0	X		X				973,634	0	121,154

Part VII

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(15) ERIC STAMLER MD DIRECTOR	1 0 1 0	X						48,145	0	0
(16) Robert Heimann Director	1 0 1 0	X						0	0	0
(17) Chns Bergman VICE PRESIDENT & CFO	40 0 1 0			X				537,833	0	84,290
(18) Robert Cody MD PHYSICIAN	40 0 0 0					X		1,664,431	0	14,470
(19) Slobodan Stanisic MD PHYSICIAN	40 0 0 0					X		1,598,997	0	20,620
(20) Manish Bhandari MD PHYSICIAN	40 0 0 0					X		1,504,138	0	25,219
(21) Brian Mannion MD PHYSICIAN	40 0 0 0					X		1,339,353	0	20,620
(22) Patrick Kirk MD PHYSICIAN	40 0 0 0					X		1,273,854	0	26,319

1b	Sub-Total	▶			
c	Total from continuation sheets to Part VII, Section A	▶			
d	Total (add lines 1b and 1c)	▶	11,132,732	0	375,576

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▶468

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
MESSER CONSTRUCTION, 5158 FISHWICK DRIVE CINCINNATI, OH 45216	CONSTRUCTION	60,895,654
CONIFER HEALTH SOLUTIONS LLC, 12020 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693	FINANCIAL SERVICES	7,141,007
SODEXO INC, 4880 PAYSPIRE CIRCLE CHICAGO, IL 60674	CATERING SERVIES	3,157,222
GG ORGANIZATION LTD, 2600 NORTH LOOP WEST HOUSTON, TX 77092	FINANCIAL SERVICES	2,691,240
RJ BEISCHEL BUILDING CO, PO BOX 32067 CINCINNATI, OH 45232	CONSTRUCTION	2,434,190
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 ▶26	

Part VIII

Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c				0	
	d	Related organizations	1d					
	e	Government grants (contributions)	1e				2,171,000	
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				6,841	
	g	Noncash contributions included in lines 1a-1f \$					0	
	h	Total. Add lines 1a-1f			2,177,841			
Program Service Revenue			Business Code					
	2a	NET PATIENT SERVICE REV	621990	785,277,153	785,076,703	200,450	0	
	b	PHYSICIAN REVENUE	621110	1,989,700	1,989,700	0	0	
	c	PHARMACY SALES	446110	3,515,574	3,515,574	0	0	
	d	ALL OTHER PROGRAM SERVICE REVENUE	621990	7,186,834	7,134,971	51,863	0	
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			797,969,261			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		7,258,874			7,258,874	
	4	Income from investment of tax-exempt bond proceeds . . .		0				
	5	Royalties		0				
	6a	Gross rents	(i) Real	(ii) Personal				
			2,760,158					
			2,760,158	0				
	b	Less rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss)		2,760,158			2,760,158	
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
				1,551,943				
				1,551,943				
	b	Less cost or other basis and sales expenses						
	c	Gain or (loss)						
	d	Net gain or (loss)		1,551,943			1,551,943	
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18		0				
	a							
	b	Less direct expenses						
	c	Net income or (loss) from fundraising events . . .						
	9a	Gross income from gaming activities See Part IV, line 19		0				
	a							
	b	Less direct expenses						
	c	Net income or (loss) from gaming activities . . .						
	10a	Gross sales of inventory, less returns and allowances		0				
	a							
	b	Less cost of goods sold						
	c	Net income or (loss) from sales of inventory . . .						
	Miscellaneous Revenue		Business Code					
	11a	CAFETERIA/VENDING REVENUE	722210	2,065,868	0	0	2,065,868	
	b	PMPM PAYMENTS	900099	902,034	902,034	0	0	
	c	EDUCATION/REGISTRATION RE	611600	93,428	93,428	0	0	
	d	All other revenue		10,848,495	10,848,495	0		
	e	Total. Add lines 11a-11d		13,909,825				
	12	Total revenue. See Instructions		825,627,902	809,560,905	252,313	13,636,843	

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) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	1,095,276	1,095,276		
2	Grants and other assistance to domestic individuals. See Part IV, line 22.	0	0		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0	0		
4	Benefits paid to or for members.	0	0		
5	Compensation of current officers, directors, trustees, and key employees.	4,020,287	3,216,230	804,057	0
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	217,242	173,794	43,448	0
7	Other salaries and wages.	324,050,066	259,240,053	64,810,013	0
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	7,500,112	6,000,090	1,500,022	0
9	Other employee benefits.	36,940,696	29,552,557	7,388,139	0
10	Payroll taxes.	21,661,137	17,328,910	4,332,227	0
11	Fees for services (non-employees):				
a	Management.	0	0	0	0
b	Legal.	1,828,059	1,462,447	365,612	0
c	Accounting.	442,500	354,000	88,500	0
d	Lobbying.	0	0	0	0
e	Professional fundraising services. See Part IV, line 17.	0			0
f	Investment management fees.	766,016	0	766,016	0
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	82,693,711	72,981,606	9,712,105	
12	Advertising and promotion.	1,659,545	1,327,636	331,909	0
13	Office expenses.	3,054,051	2,443,241	610,810	0
14	Information technology.	9,901,215	7,920,972	1,980,243	0
15	Royalties.	0	0	0	0
16	Occupancy.	25,685,951	20,548,761	5,137,190	0
17	Travel.	428,791	343,033	85,758	0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.	0	0	0	0
19	Conferences, conventions, and meetings.	1,229,495	983,596	245,899	0
20	Interest.	10,830,986	8,664,789	2,166,197	0
21	Payments to affiliates.	0	0	0	0
22	Depreciation, depletion, and amortization.	38,941,953	31,153,562	7,788,391	0
23	Insurance.	2,625,717	2,100,574	525,143	0
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a	MEDICAL SUPPLIES	190,574,366	190,574,366	0	0
b	DUES AND SUBSCRIPTIONS	10,819,265	8,655,412	2,163,853	0
c	RENTAL & LEASE OF EQUIPMENT	7,378,318	5,902,654	1,475,664	0
d	PRINTING AND PUBLICATIONS	984,331	787,464	196,867	0
e	All other expenses	1,905,043	1,524,034	381,009	
25	Total functional expenses. Add lines 1 through 24e.	787,234,129	674,335,057	112,899,072	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).	0			

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		44,123,109	1	46,516,244
	2	Savings and temporary cash investments		128,505,681	2	51,516,444
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		100,805,127	4	104,768,603
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	0
	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		0	6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		14,261,998	8	16,690,014
	9	Prepaid expenses and deferred charges		9,280,874	9	11,429,493
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a1,063,238,696			
	b	Less accumulated depreciation	10b542,441,460	414,261,797	10c	520,797,236
	11	Investments—publicly traded securities		202,814,323	11	202,877,349
	12	Investments—other securities See Part IV, line 11		0	12	0
	13	Investments—program-related See Part IV, line 11		0	13	0
	14	Intangible assets		35,957,481	14	36,096,390
	15	Other assets See Part IV, line 11		42,152,140	15	76,134,273
	16	Total assets. Add lines 1 through 15 (must equal line 34)		992,162,530	16	1,066,826,046
Liabilities	17	Accounts payable and accrued expenses		120,633,652	17	117,007,000
	18	Grants payable		0	18	0
	19	Deferred revenue		0	19	0
	20	Tax-exempt bond liabilities		357,725,342	20	355,832,171
	21	Escrow or custodial account liability Complete Part IV of Schedule D		0	21	0
	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		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		3,508,660	23	2,998,624
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	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		52,899,022	25	71,094,665
	26	Total liabilities. Add lines 17 through 25		534,766,676	26	546,932,460
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		387,913,559	27	497,839,426
	28	Temporarily restricted net assets		69,482,295	28	22,054,160
	29	Permanently restricted net assets		0	29	0
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		457,395,854	33	519,893,586
	34	Total liabilities and net assets/fund balances		992,162,530	34	1,066,826,046

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	825,627,902
2	Total expenses (must equal Part IX, column (A), line 25)	2	787,234,129
3	Revenue less expenses Subtract line 2 from line 1	3	38,393,773
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	457,395,854
5	Net unrealized gains (losses) on investments	5	3,326,725
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	20,777,234
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	519,893,586

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 _____ 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? 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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	No
b	Were the organization's financial statements audited by an independent accountant? 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 <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	Yes
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	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?	3a	Yes
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes

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

OMB No 1545-0047

2014

Open to Public Inspection

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

Part I

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

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

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☒

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11

☐

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

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f

Enter the number of supported organizations _____
- g

Provide the following information about the supported organization(s)

(i)Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI)						
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 section 501(c)(3) organization, check this box and stop here						▶

Section C. Computation of Public Support Percentage			
14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14		
15 Public support percentage for 2013 Schedule A, Part II, line 14	15		
16a 33 1/3% support test—2014. 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—2013. 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—2014. 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization			▶
b 10%-facts-and-circumstances test—2013. 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 VI 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI.)						
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 section 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2014. 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—2013. 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 Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. . . .	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990) .	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a	
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b	
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c	
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a	
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b	
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 <u>Activities Test</u> Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 <u>Parent of Supported Organizations</u> Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V – Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI) _____		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009.			
b From 2010.			
c From 2011.			
d From 2012.			
e From 2013.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010.			
b From 2011.			
c From 2012.			
d From 2013.			
e From 2014.			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

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.**

▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at**

www.irs.gov/form990.

OMB No 1545-0047

2014

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) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

Name of the organization The Christ Hospital	Employer identification number 31-0538525
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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 Form 1120-POL 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 (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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(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	0
d	Mailings to members, legislators, or the public?		No	0
e	Publications, or published or broadcast statements?		No	0
f	Grants to other organizations for lobbying purposes?	Yes		4,230
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	0
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	0
i	Other activities?		No	0
j	Total. Add lines 1c through 1i.			4,230
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?		No	

Part III-A

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

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

Part III-B

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

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

Part IV

Supplemental Information

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, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
SCHEDULE C, PART II-B, LINE 1F	LOBBYING ACTIVITIES THE CHRIST HOSPITAL PAID MEMBERSHIP DUES TO THE OHIO HOSPITAL ASSOCIATION. A PERCENTAGE OF THE DUES RELATED TO LOBBYING. TOTAL DUES. EXPENDITURES RELATED TO LOBBYING WERE THE FOLLOWING: OHIO HOSPITAL ASSOCIATION \$4,230.

[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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization The Christ Hospital	Employer identification number 31-0538525
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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 value of contributions to (during year)	
3	Aggregate value of 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) Revenue 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

Revenue 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) 2014

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 | |

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance
- 2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ 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	122,377,000	147,542,000	150,886,000	6,700,801	20,777,006
b Contributions	5,507,000	24,959,000	2,766,000	145,099,752	1,871,747
c Net investment earnings, gains, and losses	352,000	255,000	164,000	50,373	55,866
d Grants or scholarships					
e Other expenditures for facilities and programs	63,120,000	44,255,000	5,545,000		15,257,956
f Administrative expenses	725,000	1,027,000	729,000	964,950	745,862
g End of year balance	64,391,000	127,474,000	147,542,000	150,885,976	6,700,801

2

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

a

Board designated or quasi-endowment ▶ 44 530 %

b

Permanent endowment ▶ 0 040 %

c

Temporarily restricted endowment ▶ 55 430 %

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		48,801,835		48,801,835
b Buildings		193,851,437	86,952,937	106,898,500
c Leasehold improvements		15,560,024	2,011,708	13,548,316
d Equipment		477,034,481	386,184,853	90,849,628
e Other		327,990,919	67,291,962	260,698,957
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶				520,797,236

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 (losses) 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
SCHEDULE D, PART V, LINE 4	INTENDED USE OF ENDOWMENT FUNDS ALL FUNDS RECEIVED BY THE CHRIST HOSPITAL AND THE CHRIST HOSPITAL FOUNDATION, BOTH PERMANENTLY AND TEMPORARILY RESTRICTED, ARE USED IN LINE WITH THE DONOR'S INTENT. ALL FUNDS ARE MONITORED BY THE FOUNDATION AND GENERAL ACCOUNTING AND IF EXPENSES ARE IDENTIFIED AS APPROPRIATE TO THE FUND, THE FUND WILL BE CHARGED FOR THE EXPENDITURE. FOR PERMANENTLY RESTRICTED FUNDS, INVESTMENT INCOME WILL BE ALLOCATED BETWEEN INCREASING THE FUND'S CORPUS AND BENEFITING THE PROGRAM AS SPECIFIED BY THE DONOR.
SCHEDULE D, PART X, LINE 2	FIN 48 FOOTNOTE (ASC 740) CHRIST HOSPITAL HEALTH NETWORK (THE NETWORK) IS RECOGNIZED AS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE AS A CHARITABLE ORGANIZATION QUALIFYING UNDER INTERNAL REVENUE CODE SECTION 501(C)(3). THE NETWORK COMPLETED AN ANALYSIS OF UNCERTAIN TAX POSITIONS IN ACCORDANCE WITH APPLICABLE ACCOUNTING GUIDANCE AT JUNE 30, 2015 AND 2014, AND DETERMINED NO AMOUNTS WERE REQUIRED TO BE RECOGNIZED IN THE CONSOLIDATED FINANCIAL STATEMENTS AT JUNE 30, 2015 AND 2014.

[illegible]

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.
► Attach to Form 990.
► Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
The Christ Hospital

Employer identification number
31-0538525

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No
- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) Central America and the Caribbean		1	Program services	GEN & PROF LIAB	1,165,586
(2) Central America and the Caribbean		1	Investments, program-relate		10,173,620
(3)					
(4)					
(5)					
3a Sub-total		2			11,339,206
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)		2			11,339,206

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									

2

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶

3

Enter total number of other organizations or entities ▶

Part III

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*

☒ Yes ☐ No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)*

☐ Yes ☒ No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)*

☒ Yes ☐ No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)*

☐ Yes ☒ No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)*

☐ Yes ☒ No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)*

☐ Yes ☒ No

Part V

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

990 Schedule F, Supplemental Information

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

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.
► Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
The Christ Hospital

Employer identification number
31-0538525

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 <div><input type="checkbox"/> Applied uniformly to all hospital facilities</div> <div><input type="checkbox"/> Applied uniformly to most hospital facilities</div> <div><input type="checkbox"/> Generally tailored to individual hospital facilities</div>			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for <i>free</i> care <div><input type="checkbox"/> 100% <input checked="" type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ %</div>	3a	Yes	
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 <div><input type="checkbox"/> 200% <input type="checkbox"/> 250% <input checked="" type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %</div>	3b	Yes	
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	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?	5c		No
6a	Did the organization prepare a community benefit report during the tax year?	6a		No
b	If "Yes," did the organization make it available to the public?	6b		
Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H				

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			4,732,756	5,894,756	-1,162,000	0 %
b Medicaid (from Worksheet 3, column a)			79,229,658	46,937,000	32,292,658	4 050 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			83,962,414	52,831,756	31,130,658	3 900 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			647,625		647,625	0 080 %
f Health professions education (from Worksheet 5)			20,402,063	7,834,619	12,567,444	1 580 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)			6,045,258	3,710,639	2,334,619	0 290 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			215,875		215,875	0 030 %
j Total. Other Benefits			27,310,821	11,545,258	15,765,563	1 980 %
k Total. Add lines 7d and 7j			111,273,235	64,377,014	46,896,221	5 880 %

Part II

Community 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
1	Physical improvements and housing					
2	Economic development					
3	Community support					
4	Environmental improvements					
5	Leadership development and training for community members					
6	Coalition building					
7	Community health improvement advocacy					
8	Workforce development					
9	Other					
10	Total					

Part III

Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1

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

1

Yes

No

2

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

2

16,973,000

3

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

3

655,394

4

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

Section B. Medicare

5

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

5

127,615,298

6

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

6

158,870,030

7

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

7

-31,254,732

8

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

☐

Cost accounting system

☒

Cost to charge ratio

☐

Other

Section C. Collection Practices

9a

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

9a

Yes

No

b

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

9b

Yes

No

Part IV

Management Companies and Joint Ventures

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

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

Part V

Facility Information

Section A. Hospital Facilities

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

1
Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
	See Additional Data Table										

Part V

Facility Information (continued)

Section B. Facility Policies and Practices

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

THE CHRIST HOSPITAL

Name of hospital facility or letter of facility reporting group

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):

1

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3 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 12 If "Yes," indicate what the CHNA report describes (check all that apply)	3	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 significant 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 checked="" 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 Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA 20 12		
5 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 Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	No
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	No
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7	Yes
a <input checked="" type="checkbox"/> Hospital facility's website (list url) SEE SECTION C		
b <input type="checkbox"/> Other website (list url)		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 12		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes
a If "Yes" (list url) SEE SECTION C		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	No
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a 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)?	12a	No
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" to line 12b, 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)

Name of hospital facility or letter of facility reporting group

THE CHRIST HOSPITAL

		Yes	No
Financial Assistance Policy (FAP)			
13 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 included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes	
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>150</u> % and FPG family income limit for eligibility for discounted care of <u>300</u> %			
b <input type="checkbox"/> Income level other than FPG (describe in Section C)			
c <input checked="" type="checkbox"/> Asset level			
d <input type="checkbox"/> Medical indigency			
e <input type="checkbox"/> Insurance status			
f <input checked="" type="checkbox"/> Underinsurance discount			
g <input type="checkbox"/> Residency			
h <input type="checkbox"/> Other (describe in Section C)			
14 Explained the basis for calculating amounts charged to patients?	14	Yes	
15 Explained the method for applying for financial assistance?	15	Yes	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
b <input type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c <input type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e <input type="checkbox"/> Other (describe in Section C)			
16 Included measures to publicize the policy within the community served by the hospital facility?	16	Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>SEE SECTION C</u>			
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>SEE SECTION C</u>			
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>SEE SECTION C</u>			
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e <input type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g <input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h <input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i <input type="checkbox"/> Other (describe in Section C)			
Billing and Collections			
17 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 all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18 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			
a <input type="checkbox"/> Reporting to credit agency(ies)			
b <input type="checkbox"/> Selling an individual's debt to another party			
c <input type="checkbox"/> Actions that require a legal or judicial process			
d <input type="checkbox"/> Other similar actions (describe in Section C)			
e <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted			

Part V

Facility Information (continued)

THE CHRIST HOSPITAL

Name of hospital facility or letter of facility reporting group

		Yes	No
19 Did the hospital facility or other 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? If "Yes," check all actions in which the hospital facility or a third party engaged	19		No
a <input type="checkbox"/> Reporting to credit agency(ies)			
b <input type="checkbox"/> Selling an individual's debt to another party			
c <input type="checkbox"/> Actions that require a legal or judicial process			
d <input type="checkbox"/> Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (check all that apply)			
a <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission			
b <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge			
c <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d <input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e <input type="checkbox"/> Other (describe in Section C)			
f <input type="checkbox"/> None of these efforts were made			
Policy Relating to Emergency Medical Care			
21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required 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? If "No," indicate why	21	Yes	
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
b <input type="checkbox"/> The hospital facility's policy was not in writing			
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d <input type="checkbox"/> Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)			
22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
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			
c <input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d <input checked="" type="checkbox"/> Other (describe in Section C)			
23 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? If "Yes," explain in Section C	23		No
24 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? If "Yes," explain in Section C	24		No

Part V

Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
See Additional Data Table	

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? **102**

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

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 7, COLUMN F	
PART I, LINE 7	The Christ Hospital (TCH) applies a cost-to-charge ratio from Worksheet 2 of the Form 990, Schedule H instructions to determine financial assistance provided at cost
PART III, LINES 2 AND 4	Net patient accounts receivable and net patient service revenue less the provision for bad debts are recorded at estimated amounts expected to be collected These estimated amounts are subject to further adjustments upon review by third-party payors The provision for bad debts is based upon management's assessment of historical and expected net collections considering current business and economic conditions, trends in health care coverage and other collection indicators Periodically throughout the year, management assesses the adequacy of the allowance for uncollectible accounts based upon historical write-off experience of self-pay accounts receivable including those balances after insurance payments and not covered by insurance The results of this review are then used to make any modifications to the provision for bad debts to establish an appropriate allowance for uncollectible accounts The estimated amount for the hospital's bad debt expense (at cost) attributable to patients eligible under TCH's charity care policy reported on Part III, Line 3 was determined using management's best estimate based on available patient data
PART III, LINE 8	Costs reported on Line 6 are obtained from the Medicare cost report which is based on a cost to charge ratio
PART III, LINE 9B	Patients known to qualify for charity care and financial assistance are not sent to collections unless a determination in accordance with the financial assistance policy has been made that the patient has the financial resources to pay some portion of their bill but refuses to do so
PART VI	NEEDS ASSESSMENT As a first step towards understanding the health needs of our community, TCH has formed a community benefit and social accountability committee, consisting of a variety of internal and external stakeholders, to write the community benefit policy and to preside over key community benefit decisions This committee is responsible for determining the health needs of the community TCH serves and implement proven programs and strategies that target those identified needs They do this by analyzing a number of data sources including public health data, hospitalization data, health risk factor surveys, socioeconomic needs assessments, environmental standards and existing programs that had been developed for residents in their service area The essential components examined in this process include the data indicators compiled on TCH's online community health dashboard of over 100 economical, environmental and health categories, the AIM (Ask Inform Make a difference) community health needs assessment, the Hamilton County public health department's community health assessment for Hamilton County, the Greater Cincinnati Community Health Status Survey and the United Way of Greater Cincinnati's Bold Goals This community benefit data includes both qualitative and quantitative data, demographics including race, age, ethnicity and gender, socioeconomic data including income, education and health insurance rates, primary care and chronic disease needs of uninsured persons, and data on health disparities in health outcomes among minority groups Key findings are reviewed to further identify gaps in existing community outreach and hospital based services PATIENT EDUCATION OF ELIGIBILITY AND ASSISTANCE TCH posts its charity care policy and financial assistance contact information in admissions areas, emergency department, and other areas of the organization's facilities in which eligible patients are likely to be present TCH provides a copy of the policy, or summary thereof, and financial assistance contact information to patients as part of the intake process and with discharge materials Additionally, a copy of the policy or a summary along with the financial assistance contact information is included in the patient bills TCH discusses with the patient the availability of various government benefits, such as Medicaid or state programs, where applicable Additionally, TCH assists patients in obtaining medical benefits through federal, state, and hospital programs TCH representatives will provide the following services at no cost to the patient - explore eligibility, - file application on patient's behalf, - schedule and attend appointments, - provide transportation when necessary, - provide medical documentation to social security administration for disability claims Throughout the registration and discharge process, patients and their counselors look at what options are available TCH understands that not everyone can pay for healthcare services TCH representatives are available to offer options and assistance for those who are uninsured or underinsured COMMUNITY INFORMATION TCH's primary service area, comprised of 80.0% of the inpatient admissions, encompasses ten (10) counties in the Greater Cincinnati area including, Hamilton, Brown, Adams, Clermont, Butler and Warren counties in Ohio and Campbell, Kenton and Brown County in Kentucky TCH's secondary service area, comprised of an additional 20.0% of the inpatient admissions, encompasses an additional four (4) counties including Adams, Clinton and Highland counties in Ohio, Pendleton and Grant counties in Kentucky TCH's service area largely serves Hamilton County, which has a population of approximately 815,400 with 14.2% of the population over the age of 65 Hamilton County population includes 13.6% of the population living at less than 100.0% of the federal poverty line Approximately 68.9% of the Hamilton County population is Caucasian and 25.1% is African American, 2.1% of the population is Asian, and the remaining 4.0% is of other ethnicity Within Hamilton County, 52.9% of the households have an average income level of less than \$50,000, 27.8% of the average household income levels are \$50,000 and \$100,000, and 19.3% of the average household income levels are greater than \$100,000 PROMOTION OF COMMUNITY HEALTH TCH operates an emergency room open to all persons regardless of ability to pay In addition to providing emergency services, a systematic approach is used to determine community health needs with input from organizations such as the Center for Closing the Health Gap, the TCH Family Advisory Council, and the Gathering of Community Health Statistics by the KSI Clinical Services Portfolio Team and by the marketing department Information gathered through these sources has led to the deployment of the palliative care program, a center for health and aging to address the special needs of geriatric patients and a newly remodeled behavioral health unit at a time when other healthcare providers in the community were discontinuing that service TCH also supports the community in numerous fund drives such as United Way, American Heart Association, diabetes walk, cancer walk and fine arts fund At the beginning of each school year and at Christmas, TCH staff also donates school supplies and gifts to the students at Taft Elementary School located in Mt Auburn In addition, the staff provides mentoring opportunities to undergraduate and graduate student interns interested in healthcare careers and also to explorer scouts AFFILIATED HEALTH CARE SYSTEM N/A STATE FILING OF COMMUNITY BENEFIT REPORT N/A

Additional Data

Software ID:

Software Version:

EIN: 31-0538525

Name: The Christ Hospital

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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
PART V, SECTION B, LINE 7	The URL for the community health needs assessment is http /www thechristhospital com/news-and-community/chna
PART V, SECTION B, LINE 10A	<p>The URL for the organization's most recently adopted implementation strategy is http /www thechristhospital com/news-and-community/chna</p> <p>PART V, SECTION B, LINE 11 THE CHRIST HOSPITAL (TCH) CONDUCTED A COMMUNITY HEALTH NEEDS ASSESSMENT DURING THE YEAR ENDED JUNE 30, 2013 AND SOUGHT INPUT FROM A VARIETY OF COMMUNITY PARTNERS IN ORDER TO GAIN VALUABLE INSIGHT INTO THE OVERALL HEALTH AND WELL-BEING OF THE COMMUNITY WE SERVE The process was designed to identify the most pressing health concerns in Hamilton County with special emphasis on vulnerable populations The essential components examined in this process included the data indicators compiled on TCH's online community health dashboard of over 100 economical, environmental and health categories, the A I M (Ask Inform Make a difference) Community Health Needs Assessment, the Hamilton County Public Health Department's Community Health Assessment for Hamilton County, the Greater Cincinnati Community Health Status Survey, and The United Way of Greater Cincinnati's Bold Goals Key findings were reviewed with our community partners and internal stakeholders to further identify gaps in existing services The prevalent health concerns identified in the Hamilton County area through this needs assessment include 1 Access to care 2 Breast and prostate cancer 3 Cardiovascular disease a Hypertension b Hyperlipidemia c Stroke d Congestive heart failure 4 Diabetes 5 Behaviors Related to Obesity 6 Maternal and Infant Health a Low-birth weight babies b Infant mortality rates Through initiatives (investments in programs to improve specific needs identified within the community) within its six key service lines, and continued support of The Carl and Edyth Lindner Center for Research and Education at The Christ Hospital, LLC (Lindner Center), TCH is addressing the needs identified in its 2013 community health needs assessment The following investments have been made by TCH to promote access to affordable healthcare within our community Comprehensive Primary Care, Center for Health and Aging, TCH's Outpatient Clinic Offerings (including internal medicine and specialized clinical services), and Corporate Wellness Outreach Each program targets a specific patient population and set individual goals aimed at developing community care and coordination pathways, increasing access points for affordable healthcare in addition to other targeted outcomes Through the following investments, TCH is striving to improve the outcomes of our community affected by breast and prostate cancer TCH's OB/Gyn Outpatient Clinic, Prostate Collaborative Committee, Breast Cancer Patient Navigator Program, American Cancer Society Partnership - Making Strides, and Subsidized Mammography Program Each program targets a specific patient population and set individual goals aimed at improving the outcomes for patients, as well as increase the level of education and screening in the community Utilizing the Lindner Center (which has participated in more than 1,200 clinical trials including multiple first-in-man and first-in-the-U S procedures, which have contributed to best practice standards for the care of patients), recent investments in TCH's Heart Tower (including the only heart failure center in the U S to be accredited by both the Joint Commission and the Healthcare Accreditation Colloquium), and expansion of its primary care initiatives, TCH is tackling cardiovascular disease, diabetes and obesity through the following programs and investments Comprehensive Primary Care, Center for Health and Aging, Corporate Wellness Outreach, Complete Health Improvement Plan (CHIP) offerings, and partnerships with the American Heart Association, YMCA and Cincinnati Sports Each program targets a specific patient population and has set individual goals aimed at prevention education and screening for hypertension, hyperlipidemia, diabetes and obesity By addressing these risk factors TCH hopes to reduce risk of congestive heart failure and stroke TCH continues to make further investments in its Women's Health programs, and understands the importance of maternal and infant health needs within our community Through the following programs and investments, TCH is addressing maternal and infant health needs of the community TCH's Prenatal Clinic, Center for Centering Pregnancy, March of Dimes Partnership, Community Health Worker Program, and Cradle Cincinnati Each program targets expecting or new mothers in at risk populations, and has set individual goals aimed at increasing access to care and ease of care for expecting mothers and increasing level of education for better outcomes</p> <p>WHILE CONDUCTING ITS COMMUNITY NEEDS ASSESSMENT, TCH IDENTIFIED TWO HEALTH NEEDS WITHIN THE COMMUNITY - SEXUALLY-TRANSMITTED DISEASES, INCLUDING CHLAMYDIA, GONORRHEA AND SYPHILIS, AND ORAL CARE - WHICH FIT WITHIN ITS STRATEGIC MISSION OF IMPROVING THE HEALTH OF THE COMMUNITY, BUT FOR WHICH ITS RESOURCES ARE SLIM WHILE THESE AREAS DO NOT FALL WITHIN THE SCOPE OF THEIR CURRENT SERVICES, TCH IS COGNIZANT OF THE IMPORTANCE OF THESE ISSUES WITHIN THE COMMUNITY AND SUPPORTS THEM THROUGH COMMUNITY PARTNERSHIPS WITH GROUPS LIKE THE CINCINNATI DEPARTMENT OF HEALTH CONTINUED FOCUS ON THESE TYPE OF COLLABORATIVE RELATIONSHIPS AND ONGOING VIGILANCE IN MONITORING PROGRESS IN THESE AREAS WILL CONTINUE</p> <p>PART V, SECTION B, LINES 16A, 16B AND 16C THE FAP, FAP APPLICATION FORM AND A PLAIN LANGUAGE SUMMARY OF THE FAP WAS WIDELY AVAILABLE AT THE FOLLOWING WEBSITE https //www thechristhospital com/patient-resources/billpay-info</p> <p>PART V, SECTION B, LINE 22D INDIVIDUALS ELIGIBLE FOR FINANCIAL ASSISTANCE - HOSPITAL DETERMINATION OF THE MAXIMUM AMOUNTS THAT CAN BE CHARGED TO FAP-ELIGIBLE INDIVIDUALS FOR EMERGENCY OR MEDICALLY NECESSARY CARE TCH MAINTAINS A FINANCIAL ASSISTANCE PROGRAM POLICY THAT OUTLINES THE MAXIMUM AMOUNT THAT CAN BE CHARGED TO FINANCIAL ASSISTANCE PROGRAM ELIGIBLE INDIVIDUALS FOR EMERGENCY OR OTHER MEDICALLY NECESSARY CARE THE AMOUNT CHARGED TO FINANCIAL ASSISTANCE PROGRAM ELIGIBLE INDIVIDUALS FOR EMERGENCY OR MEDICALLY NECESSARY CARE IS REPRESENTATIVE OF AN ANNUAL COMPUTATION OF AMOUNTS GENERALLY BILLED (AGB) TO INDIVIDUALS WHO HAVE INSURANCE COVERING SUCH CARE TCH PROVIDES FURTHER ADJUSTMENT S TO AMOUNTS CHARGED BASED ON A VARIETY OF FACTORS, INCLUDING PATIENT INCOME INFORMATION AND OTHER SOURCES WHEN INADEQUATE INFORMATION IS PROVIDED BY THE PATIENT TO QUALIFY UNDER TCH'S CHARITY PROGRAMS TCH WORKS WITH ALL PATIENTS BASED ON THEIR INDIVIDUAL SITUATION TO ENSURE OUR MISSION IS BEING CARRIED OUT WITHIN THE COMMUNITY IN WHICH WE SERVE</p>

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)
Outpatient Center - Ft Wright KY 1955 Dixie Highway Ft Wright,KY 41011	Outpatient Center
Outpatient Center - Red Bank 4440 Red Bank Expressway Cincinnati, OH 45227	Outpatient Center
Outpatient Center - Green Township 5885 Harrison Avenue Cincinnati, OH 45248	Outpatient Center
Outpatient Center - Anderson 7545 Beechmont Avenue Cincinnati, OH 45255	Outpatient Center
PhysOccupational Therapy - Wilder 1400 Gloria Terrell Drive Wilder, KY 41076	Outpatient Center
PhysOccupational Therapy - Mt Auburn 2123 Auburn Avenue Suite 224 Cincinnati, OH 45219	Outpatient Center
PhysOccupational Therapy - Pilates 2123 Auburn Avenue Suite 236 Cincinnati, OH 45219	Outpatient Center
PhysOccupational Therapy - Crestview Hi 330 Thomas More Parkway Ste 202 Crestview Hills, KY 41017	Outpatient Center
PhysOccupational Therapy - Cincinnati S 3950 Red Bank Road Cincinnati, OH 45227	Outpatient Center
PhysOccupational Therapy - Mason 5382-A Cox Smith Road Mason, OH 45040	Outpatient Center
PhysOccupational Therapy - Green Townsh 5885 Harrison Avenue Suite 2900 Cincinnati, OH 45248	Outpatient Center
PhysOccupational Therapy - Anderson 7545 Beechmont Avenue Suite E Cincinnati, OH 45255	Outpatient Center
PhysOccupational Therapy - Kenwood 8250 Kenwood Crossings Way Suite 2 Cincinnati, OH 45236	Outpatient Center
PhysOccupational Therapy - Milford 970 974 Lila Avenue Milford, OH 45150	Outpatient Center
The Christ Hospital Physicians 10506 Montgomery Road Suite 501 Cincinnati, OH 45242	Outpatient Center

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)
The Christ Hospital Physicians 1275 North High Street Hillsboro, OH 45133	Outpatient Center
The Christ Hospital Physicians 1380 NW Washington Blvd Hamilton, OH 45013	Outpatient Center
The Christ Hospital Physicians 1955 Dixie Highway Ft Wright, KY 41011	Outpatient Center
The Christ Hospital Physicians 2123 Auburn Avenue Suite 100 Cincinnati, OH 45219	Outpatient Center
The Christ Hospital Physicians 2156 Chamber Center Drive Fort Mitchell, KY 41017	Outpatient Center
The Christ Hospital Physicians 230 Medical Center Drive Cincinnati, OH 45679	Outpatient Center
The Christ Hospital Physicians 2355 Norwood Avenue Cincinnati, OH 45212	Outpatient Center
The Christ Hospital Physicians 24 Compton Road Suite 205 Cincinnati, OH 45216	Outpatient Center
The Christ Hospital Physicians 24 Six Pine Ranch Road Batesville, IN 47006	Outpatient Center
The Christ Hospital Physicians 2567 Erie Avenue Cincinnati, OH 45208	Outpatient Center
The Christ Hospital Physicians 2727 Madison Road Suite 208 Cincinnati, OH 45209	Outpatient Center
The Christ Hospital Physicians 312 Walnut Street Ste 1160 Cincinnati, OH 45202	Outpatient Center
The Christ Hospital Physicians 330 Thomas More Parkway Ste 201 Crestview Hills, KY 41017	Outpatient Center
The Christ Hospital Physicians 334 Thomas More Pkwy Suite 190 Crestview Hills, KY 41017	Outpatient Center
The Christ Hospital Physicians 3805 Edwards Road Suite 300 Cincinnati, OH 45209	Outpatient Center

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)
The Christ Hospital Physicians 3805 Edwards Road Suite 130 Cincinnati, OH 45209	Outpatient Center
The Christ Hospital Physicians 3950 Red Bank Road Cincinnati, OH 45227	Outpatient Center
The Christ Hospital Physicians 4440 Red Bank Expressway Suite 200 Cincinnati, OH 45227	Outpatient Center
The Christ Hospital Physicians 4803 Montgomery Road Suite 114 Cincinnati, OH 45212	Outpatient Center
The Christ Hospital Physicians 4803 Montgomery Road Suite 120 Cincinnati, OH 45212	Outpatient Center
The Christ Hospital Physicians 4803 Montgomery Road Suite 122 Cincinnati, OH 45212	Outpatient Center
The Christ Hospital Physicians 4805 Montgomery Road Ste 101 Cincinnati, OH 45212	Outpatient Center
The Christ Hospital Physicians 4900 Babson Place Suite 400 Cincinnati, OH 45227	Outpatient Center
The Christ Hospital Physicians 5680 Bridgetown Road Cincinnati, OH 45248	Outpatient Center
The Christ Hospital Physicians 5714 Signal Hill Court Ste C Milford, OH 45150	Outpatient Center
The Christ Hospital Physicians 5885 Harrison Avenue Suite 1900 Cincinnati, OH 45248	Outpatient Center
The Christ Hospital - TCHCVA Testing Cen 5885 Harrison Avenue Suite 2100 Cincinnati, OH 45248	Outpatient Center
The Christ Hospital - The Christ Hospita 5885 Harrison Avenue Suite 2300 Cincinnati, OH 45248	Outpatient Center
The Christ Hospital - TCHCVA 5885 Harrison Avenue Suite 2500 Cincinnati, OH 45248	Outpatient Center
The Christ Hospital - The Christ Hospita 5885 Harrison Avenue Suite 2700 Cincinnati, OH 45248	Outpatient Center

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)
The Christ Hospital - TCHOA 5885 Harrison Avenue Suite 3100 Cincinnati, OH 45248	Outpatient Center
The Christ Hospital - TCHOA 5885 Harrison Avenue Suite 3300 Cincinnati, OH 45248	Outpatient Center
The Christ Hospital - TCHMS 5885 Harrison Avenue Suite 3500 Cincinnati, OH 45248	Outpatient Center
The Christ Hospital - TCHMS 5885 Harrison Avenue Suite 3700 Cincinnati, OH 45248	Outpatient Center
The Christ Hospital - The Christ Hospita 5885 Harrison Avenue Suite 3900 Cincinnati, OH 45248	Outpatient Center
The Christ Hospital Physicians 608 Reading Road Suite B Mason, OH 45040	Outpatient Center
The Christ Hospital Physicians 608 Reading Road Suite C Mason, OH 45040	Outpatient Center
The Christ Hospital Physicians 608 Reading Road Suite D Mason, OH 45040	Outpatient Center
The Christ Hospital Physicians 608 Reading Road Suite E Mason, OH 45040	Outpatient Center
The Christ Hospital Physicians 630 W Main Street Suite 300 Wilmington, OH 45177	Outpatient Center
The Christ Hospital Physicians 630 West Main Street Wilmington, OH 45177	Outpatient Center
The Christ Hospital Physicians 7335 Yankee Road Suite 201 Liberty Township, OH 45044	Outpatient Center
The Christ Hospital Physicians 7426 Jager Ct Cincinnati, OH 45255	Outpatient Center
The Christ Hospital Physicians 7451 South Mason Montgomery Road Mason, OH 45040	Outpatient Center
The Christ Hospital Physicians 7545 Beechmont Avenue Cincinnati, OH 45255	Outpatient Center

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)
The Christ Hospital Physicians 7545 Beechmont Avenue Suite J Cincinnati, OH 45255	Outpatient Center
The Christ Hospital Physicians 7545 Beechmont Avenue Suite K Cincinnati, OH 45255	Outpatient Center
The Christ Hospital Physicians 7545 Beechmont Avenue Suite L Cincinnati, OH 45255	Outpatient Center
The Christ Hospital Physicians 7545 Beechmont Avenue Suite M Cincinnati, OH 45255	Outpatient Center
The Christ Hospital Physicians 7589 Tylers Place Blvd Cincinnati, OH 45069	Outpatient Center
The Christ Hospital Physicians 7685 Beechmont Avenue Cincinnati, OH 45255	Outpatient Center
The Christ Hospital Physicians 7759 University Drive West Chester, OH 45069	Outpatient Center
The Christ Hospital Physicians 7809 Laurel Avenue Suite 11 Cincinnati, OH 45243	Outpatient Center
The Christ Hospital Physicians 796 Old State Rt 74 Suite 100 Cincinnati, OH 45245	Outpatient Center
The Christ Hospital Physicians 796 Old State Rt 74 Suite 101 Cincinnati, OH 45245	Outpatient Center
The Christ Hospital Physicians 8250 Kenwood Crossings Way Cincinnati, OH 45236	Outpatient Center
The Christ Hospital Physicians 98 Elm Street Lawrenceburg, IN 47025	Outpatient Center
The Christ Hospital - TCHMS 7691 Five Mile Road Cincinnati, OH 45230	Outpatient Center
The Christ Hospital - The Christ Hospita 237 William Howard Taft Road Cincinnati, OH 45219	Outpatient Center
The Christ Hospital Diabetes & Endocrine 1955 Dixie Highway Suite E1 Ft Wright, KY 41011	Outpatient Center

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)
Pelvic Floor Center 2123 Auburn Avenue Suite 322 Cincinnati, OH 45219	Outpatient Center
The Christ Hospital Diabetes & Endocrine 2727 Madison Road Suite 208 Cincinnati, OH 45209	Outpatient Center
The Christ Hospital Diabetes & Endocrine 4440 Red Bank Expressway Suite 210 Cincinnati, OH 45227	Outpatient Center
Diabetes & Endocrine Center 4440 Red Bank Expressway Suite 210 Cincinnati, OH 45227	Outpatient Center
Audiology Center 4900 Babson Place Suite 500 Oakley, OH 45227	Outpatient Center
The Christ Hospital Health & Aging Center 4900 Babson Place Suite 600 Cincinnati, OH 45227	Outpatient Center
Center for Health & Aging 4900 Babson Place Suite 600 Oakley, OH 45227	Outpatient Center
The Christ Hospital Diabetes & Endocrine 5885 Harrison Avenue Suite 3200 Cincinnati, OH 45248	Outpatient Center
Spine Surgery Center 4020 Smith Road Cincinnati, OH 45209	Outpatient Center
Surgery Center - Red Bank Expressway 4850 Red Bank Expressway Cincinnati, OH 45227	Outpatient Center
Testing Center (Cardiovascular) - Montgomery 10506 Montgomery Road Suite 504 Cincinnati, OH 45242	Outpatient Center
Imaging Center - Fort Wright 1955 Dixie Highway Suite E2 Ft Wright, KY 41011	Outpatient Center
Testing Center (Cardiovascular) - Ft Wright 1955 Dixie Highway Suite A Ft Wright, KY 41011	Outpatient Center
The Christ Hospital Physicians 1955 Dixie Highway Suite B Ft Wright, KY 41011	Outpatient Center
The Christ Hospital Physicians 1955 Dixie Highway Suite D Ft Wright, KY 41011	Outpatient Center

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)
Women's Imaging Center 2123 Auburn Avenue MOB Suite 324 Cincinnati, OH 45219	Outpatient Center
Testing Center - Mt Auburn 2123 Auburn Avenue Suite 130 Cincinnati, OH 45219	Outpatient Center
Laboratory Draw Site - Hyde Park 2727 Madison Road 2nd Floor Cincinnati, OH 45209	Outpatient Center
Imaging Center - Red Bank 4440 Red Bank Expressway Suite 100 Cincinnati, OH 45227	Outpatient Center
Imaging Center - Green Township 5885 Harrison Avenue Suite 1100 Cincinnati, OH 45248	Outpatient Center
Testing Center (Cardiovascular) - Green 5885 Harrison Avenue Suite 1100 Cincinnati, OH 45248	Outpatient Center
Testing Center - Mason 608 Reading Road Suite A Mason, OH 45040	Outpatient Center
Testing Center (Cardiovascular) - Libert 7335 Yankee Road Suite 201 Liberty Township, OH 45044	Outpatient Center
Testing Center (Cardiovascular) - Anders 7545 Beechmont Avenue Suite E Cincinnati, OH 45255	Outpatient Center
Testing Center - Anderson 7545 Beechmont Avenue Suite F Cincinnati, OH 45255	Outpatient Center
Imaging Center - Anderson 7545 Beechmont Avenue Suite X Cincinnati, OH 45255	Outpatient Center
The Christ Hospital Urgent Care - Madiso 4440 Red Bank Expressway Suite 110 Cincinnati, OH 45227	Outpatient Center

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service
Name of the organization
The Christ Hospital

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.

OMB No 1545-0047

2014

Open to Public
Inspection

Employer identification number
31-0538525

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 Domestic Organizations and Domestic Governments. 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 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

10

3

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

2

Part III

Grants and Other Assistance to Domestic Individuals. 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
FORM 990, SCHEDULE I	DESCRIPTION OF ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF GRANTS THE CHRIST HOSPITAL PROVIDES FUNDING TO COMMUNITY ORGANIZATIONS THAT SUPPORT THE MISSION OF THE CHRIST HOSPITAL PRIMARILY FOCUSING ON 1) THOSE ORGANIZATIONS THAT EDUCATE THE COMMUNITY ABOUT HEALTH, WELLNESS AND PREVENTION, 2) THOSE INITIATIVES THAT IMPROVE THE HEALTH OF THE COMMUNITY, AND 3) THOSE INITIATIVES THAT ARE FOCUSED ON KEY CLINICAL SERVICE AREAS OF THE CHRIST HOSPITAL (INCLUDING CARDIOVASCULAR, MUSCULOSKELETAL, WOMEN'S HEALTH, PRIMARY CARE, ETC) PRIOR TO RELEASING FUNDS, THE CHRIST HOSPITAL REVIEWS THE FUNDING RECIPIENT TO ENSURE THE FUNDS WILL BE USED TO FURTHER THE ABOVE STATED FUNDING CRITERIA

Additional Data

Software ID:
Software Version:
EIN: 31-0538525
Name: The Christ Hospital

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 CLOSING THE HEALTH GAP3120 BURNETT AVENue CINCINNATI,OH 45229	20-0902286	501(c)(3)		300,000			GENERAL SPONSORSHIP
AMERICAN HEART ASSOCIATION INC5211 MADISON ROAD CINCINNATI,OH 452271411	13-5613797	501(c)(3)		225,000			GENERAL SPONSORSHIP
CENTER FOR RESPITE CAREPO BOX 141301 CINCINNATI,OH 45250	20-2544994	501(c)(3)		150,000			GENERAL SPONSORSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CINCINNATI SPORTS MALL 3950 RED BANK ROAD CINCINNATI,OH 45227	31-1249621	N/A		103,000			GENERAL SPONSORSHIP
ARTHIRITIS FOUNDATION 7124 MIAMI AVENUE CINCINNATI,OH 45243	31-6043937	501(c)(3)		73,000			GENERAL SPONSORSHIP
CRADLE CINCINNATI3333 BURNET AVE CINCINNATI,OH 45229	31-0833936	501(c)(3)		50,000			GENERAL SPONSORSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
REDI CINCINNATI3 EAST FOURTH STREET CINCINNATI,OH 45202	47-2090230	N/A		25,000			GENERAL SPONSORSHIP
YMCA OF GREATER CINCINNATI1105 ELM STREET CINCINNATI,OH 45202	31-0536719	501(c)(3)		25,000			GENERAL SPONSORSHIP
HEALTHY COMMUNITIES INSTITUTE2054 UNIVERSITY AVENUE BERKLEY,CA 94704	30-0484431	501(c)(3)		14,000			GENERAL SPONSORSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
MARCH OF DIMES10806 KENWOOD ROAD CINCINNATI,OH 45242	31-1846366	501(c)(3)		7,000			GRANT SPONSORSHIP
ARTSWAVEPO BOX 630561 CINCINNATI,OH 45263	31-0537138	501(c)(3)		5,643			GENERAL SPONSORSHIP
UNITED WAY2400 READING ROAD CINCINNATI,OH 45202	31-0537502	501(c)(3)		12,571			GENERAL SPONSORSHIP

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.

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
The Christ Hospital

Employer identification number
31-0538525

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>b</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>	1b	
<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>	2	
<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 checked="" type="checkbox"/> Compensation committee</div><div><input checked="" 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 checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" 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>a</div><div>Receive a severance payment or change-of-control payment?</div></div>	4a	No
<div><div>b</div><div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div></div>	4b	Yes
<div><div>c</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>	4c	No
<div><div></div><div>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations 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>a</div><div>The organization?</div></div>	5a	No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 5a or 5b, describe in Part III.</div>	5b	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>a</div><div>The organization?</div></div>	6a	No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 6a or 6b, describe in Part III.</div>	6b	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>	7	No
<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>	8	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>	9	

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 Robert Cody MD, PHYSICIAN	(i)	1,656,907	0	7,524	0	14,470	1,678,901	0
	(ii)	0	0	0	0	0	0	0
2 Thomas Broderick MD, DIRECTOR	(i)	637,657	0	4,902	27,794	20,620	690,973	0
	(ii)	0	0	0	0	0	0	0
3 Alfred Kahn III MD, DIRECTOR	(i)	1,480,310	0	14,478	0	14,470	1,509,258	0
	(ii)	0	0	0	0	0	0	0
4 Michael K Keating, PRESIDENT & CEO	(i)	643,610	325,122	4,902	94,835	26,319	1,094,788	0
	(ii)	0	0	0	0	0	0	0
5 Slobodan Staniscic MD, PHYSICIAN	(i)	1,579,787	0	19,210	0	20,620	1,619,617	0
	(ii)	0	0	0	0	0	0	0
6 Manish Bhandari MD, PHYSICIAN	(i)	1,502,428	0	1,710	0	25,219	1,529,357	0
	(ii)	0	0	0	0	0	0	0
7 Brian Mannion MD, PHYSICIAN	(i)	1,336,731	0	2,622	0	20,620	1,359,973	0
	(ii)	0	0	0	0	0	0	0
8 Chris Bergman, VICE PRESIDENT & CFO	(i)	357,910	157,521	22,402	61,271	23,019	622,123	0
	(ii)	0	0	0	0	0	0	0
9 Patrick Kirk MD, PHYSICIAN	(i)	1,268,952	0	4,902	0	26,319	1,300,173	0
	(ii)	0	0	0	0	0	0	0

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	THE CHRIST HOSPITAL HAS A 457(F) NON-QUALIFIED DEFERRED COMPENSATION PLAN FOR CERTAIN SENIOR EXECUTIVES. THE FOLLOWING INDIVIDUALS HAVE AN ACCRUAL REPORTED IN PART II, COLUMN(C): MICHAEL KEATING \$94,835; CHRIS BERGMAN \$49,171.

Additional Data

Software ID:
Software Version:
EIN: 31-0538525
Name: The Christ Hospital

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

(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 in column (B) reported as deferred in prior Form 990
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Robert Cody MD, PHYSICIAN	(i)	1,656,907	0	7,524	0	14,470	0
	(ii)	0	0	0	0	0	0
Thomas Broderick MD, DIRECTOR	(i)	637,657	0	4,902	27,794	20,620	0
	(ii)	0	0	0	0	0	0
Alfred Kahn III MD, DIRECTOR	(i)	1,480,310	0	14,478	0	14,470	0
	(ii)	0	0	0	0	0	0
Michael K Keating, PRESIDENT & CEO	(i)	643,610	325,122	4,902	94,835	26,319	0
	(ii)	0	0	0	0	0	0
Slobodan Stanisc MD, PHYSICIAN	(i)	1,579,787	0	19,210	0	20,620	0
	(ii)	0	0	0	0	0	0
Manish Bhandari MD, PHYSICIAN	(i)	1,502,428	0	1,710	0	25,219	0
	(ii)	0	0	0	0	0	0
Brian Mannion MD, PHYSICIAN	(i)	1,336,731	0	2,622	0	20,620	0
	(ii)	0	0	0	0	0	0
Chris Bergman, VICE PRESIDENT & CFO	(i)	357,910	157,521	22,402	61,271	23,019	0
	(ii)	0	0	0	0	0	0
Patrick Kirk MD, PHYSICIAN	(i)	1,268,952	0	4,902	0	26,319	0
	(ii)		0	0	0	0	0

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
The Christ Hospital

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.

▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Employer identification number

31-0538525

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A HAMILTON COUNTY OHIO	31-6000063	40727TCS7	06-26-2012	333,431,995	SEE PART VI		X		X		X
B HAMILTON COUNTY OHIO	31-6000063		12-20-2010	30,000,000	SEE PART VI		X		X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired	0		5,385,600					
2	Amount of bonds legally defeased	0		0					
3	Total proceeds of issue	334,095,250		30,021,765					
4	Gross proceeds in reserve funds	0		0					
5	Capitalized interest from proceeds	27,741,427		0					
6	Proceeds in refunding escrows	0		0					
7	Issuance costs from proceeds	5,073,444		0					
8	Credit enhancement from proceeds	1,607,333		0					
9	Working capital expenditures from proceeds	0		0					
10	Capital expenditures from proceeds	172,541,247		30,021,765					
11	Other spent proceeds	127,109,132		0					
12	Other unspent proceeds	31		0					
13	Year of substantial completion	2016		2012					
		Yes	No	Yes	No				
14	Were the bonds issued as part of a current refunding issue?	X			X				
15	Were the bonds issued as part of an advance refunding issue?		X		X				
16	Has the final allocation of proceeds been made?		X		X				
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

Part III Private Business Use									
		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X				
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X				

Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X					
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X					
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X				
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0 %		0 %					
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government								
6	Total of lines 4 and 5								
7	Does the bond issue meet the private security or payment test?		X		X				
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?		X		X				
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X					

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X				
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X							
b	Exception to rebate?								
c	No rebate due?			X					
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X	X					
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X	X					
b	Name of provider	0		FIFTH THIRD BANK					
c	Term of hedge			9 9					
d	Was the hedge superintegrated?				X				
e	Was the hedge terminated?				X				

Part IV

Arbitrage (Continued)

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

Part V

Procedures To Undertake Corrective Action

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
	Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X					

Part VI

Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
PART I, LINE A, COLUMN F	DESCRIPTION OF PURPOSE HOSPITAL FACILITIES FIXED RATE REVENUE BONDS (SERIES 2012 BONDS) WERE USED TO FUND THE CONSTRUCTION OF THE CHRIST HOSPITAL ORTHOPAEDIC AND SPINE CENTER PROJECT, PAY DOWN PRIOR BORROWINGS, AND PAY THE RELATED COST OF ISSUANCE THE DIFFERENCE BETWEEN PART I, COLUMN(E) AND PART II IS DUE TO INVESTMENT EARNINGS OF \$640,619

Return Reference	Explanation
PART I, LINE B, COLUMN F	DESCRIPTION OF PURPOSE HEALTHCARE FACILITIES VARIABLE RATE REVENUE BONDS (SERIES 2010 BONDS) WERE USED TO REFUND SEVERAL PATIENT CARE PROJECTS AND FINANCE THE CONSTRUCTIONS OF THE GREEN TOWNSHIP AMBULATORY OUTPATIENT CENTER THE DIFFERENCE BETWEEN PART I, COLUMN(E) AND PART II IS DUE TO INVESTMENT EARNINGS OF \$21,765

Return Reference	Explanation
PART IV, LINE 2C, COLUMN B	NO REBATE DUE REBATE COMPUTATION WAS PERFORMED ON MAY 28, 2013

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2014

Open to Public Inspection

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

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

Name of the organization
The Christ Hospital

Employer identification number
31-0538525

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b				
1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?
				YesNo

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$

Part II

Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No

Total ▶ \$

Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27.				
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) DEBORAH GERDES	FAMILY MEMBER	181,527	COMPENSATION - SEE PART V		No
(2) PAIGE A DEBUYS	FAMILY MEMBER	132,805	COMPENSATION - SEE PART V		No
(3) CINCINNATI SPINE INSTITUTE LLC	ALFRED KAHN, DIRECTOR	183,333	COMPENSATION - SEE PART V		No

Part V Supplemental Information

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

Return Reference	Explanation
Business Transactions	DEBORAH GERDES, DAUGHTER OF THOMAS GERDES (DIRECTOR OF THE CHRIST HOSPITAL), IS EMPLOYED AS A PHYSICIAN BY THE CHRIST HOSPITAL PHYSICIANS, LLC (TCHP) MS GERDES RECEIVED COMPENSATION OF \$181,521 DURING THE CALENDAR YEAR ENDED DECEMBER 31, 2014 TCHP IS A DISREGARDED ENTITY FOR TAX PURPOSES THE SOLE MEMBER OF TCHP IS THE CHRIST HOSPITAL (TCH) PAIGE A DEBUYS, SISTER OF ROBERT HEIMANN (DIRECTOR OF TCH), IS EMPLOYED AS A PHYSICIAN BY TCHP MS DEBUYS RECEIVED COMPENSATION OF \$132,805 DURING THE CALENDAR YEAR ENDED DECEMBER 31, 2014 TCHP IS A DISREGARDED ENTITY FOR TAX PURPOSES THE SOLE MEMBER OF TCHP IS TCH TCH PAID \$183,333 TO THE CINCINNATI SPINE INSTITUTE, LLC FOR ITS ENGAGEMENT TO PROVIDE A MUSCULOSKELETAL SERVICE LINE EXECUTIVE MEDICAL DIRECTOR AT TCH THROUGH A DESIGNATED PHYSICIAN

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 990-EZ 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.**

2014

**Open to Public
Inspection**

Name of the organization
The Chrst Hospital

Employer identification number

31-0538525

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART VI, LINE 6, 7A & 7B	
PART XI, LINE 9	OTHER CHANGES IN NET ASSETS CHANGE IN PENSIONS (\$15,548,000) EGDHA \$32,838,000 OTHER \$3,487,234 ---- ----- TOTAL \$20,777,234
FORM 990 PART IX LINE 11G	DESCRIPTION MEDICAL PROFESSIONAL SERVICES TOTAL FEES 34133193
FORM 990 PART IX LINE 11G	DESCRIPTION MAINTENANCE & REPAIR SERVICES TOTAL FEES 4627523
FORM 990 PART IX LINE 11G	DESCRIPTION SERVICES CONTRACTS TOTAL FEES 11736165
FORM 990 PART IX LINE 11G	DESCRIPTION NON-CLINICAL SERVICES TOTAL FEES 12308143
FORM 990 PART IX LINE 11G	DESCRIPTION LAUNDRY SERVICES TOTAL FEES 1400659
FORM 990 PART IX LINE 11G	DESCRIPTION COLLECTION SERVICES TOTAL FEES 10945828
FORM 990 PART IX LINE 11G	DESCRIPTION CONSULTING SERVICES TOTAL FEES 6293779
FORM 990 PART IX LINE 11G	DESCRIPTION OTHER PURCHASED SERVICES TOTAL FEES 1248421

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.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
The Chrst Hospital

Employer identification number
31-0538525

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

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) THE CHRIST HOSPITAL INC 2139 AUBURN AVENUE CINCINNATI, OH 45219 31-1080885	HC SYS PARENT	OH	501(c)(3)	11a	EDGHA		No
(2) CHRIST HOSP EDU & CLINICAL RESEARCH FUND 2139 AUBURN AVENUE CINCINNATI, OH 45219 31-1126561	SUPPORT TCH	OH	501(c)(3)	11a	TCH	Yes	
(3) ELIZABETH GAMBLE DEACONESS HOME ASSOC 2139 AUBURN AVENUE CINCINNATI, OH 45219 31-1082756	SUPPORT TCH	OH	501(c)(3)	11a	NA		No
(4) THE CHRIST HOSPITAL COLLEGE OF NURSING 2139 AUBURN AVENUE CINCINNATI, OH 45219 20-3823825	SUPPORT TCH	OH	501(c)(3)	2	TCH	Yes	
(5) THE CHRIST HOSPITAL AUXILIARY 2139 AUBURN AVENUE CINCINNATI, OH 45219 20-1245159	SUPPORT TCH	OH	501(c)(3)	11c	TCH	Yes	
(6) THE CHRIST HOSPITAL FOUNDATION 2139 AUBURN AVENUE CINCINNATI, OH 45219 26-4165492	SUPPORT TCH	OH	501(c)(3)	7	TCH	Yes	
(7) GAMBLE REALTY COMPANY 2139 AUBURN AVENUE CINCINNATI, OH 45219 31-1080683	REAL ESTATE	OH	501(c)(3)	N/A	TCH	Yes	

Part III

Identification of Related Organizations Taxable as a Partnership

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) MASON PROP CO 2139 AUBURN AVENUE CINCINNATI, OH 45219 31-1384679	SUPPORT TCH	OH	TCHHSC	N/A								
(2) TCHUSP SURGERY CENTER PARTNER 15305 DALLAS PKWY SUITE 1600 ADDISON, TX 75001 27-1482322	MEDICAL PRACTICE	OH	TCH	Related	1,652,253	4,122,189					No	50 100 %
(3) THE CHRIST HOSP SPINE SURGERY 4020 SMITH ROAD CINCINNATI, OH 45209	MEDICAL PRACTICE	OH	TCHUSP	N/A								25 500 %

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) THE CHRIST HOSPITAL HEALTH SERVICES CORP 2139 AUBURN AVENUE CINCINNATI, OH 45219 31-1066981	MEDICAL SERVICE	OH	TCH INC	C-CorpORATION				Yes	
(2) EXCEL INSURANCE COMPANY LTD 2139 AUBURN AVENUE Cincinnati, OH 45219 98-0386259	INSURANCE	CJ	TCH	C-CorpORATION	15,823,070	1,807,517	100 000 %	Yes	

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

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

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

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

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

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

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

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

Yes

No

1a

No

1b

No

1c

Yes

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

Yes

1k

No

1l

No

1m

No

1n

No

1o

No

1p

No

1q

Yes

1r

No

1s

No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) TCH COLLEGE OF NURSING	J	1,267,256	FMV
(2) TCH COLLEGE OF NURSING	Q	100,000	FMV
(3) ELIZABETH GAMBLE DEACONNESS HOME ASSOCIATION	J	381,169	FMV
(4) ELIZABETH GAMBLE DEACONNESS HOME ASSOCIATION	C	32,838,000	FMV

Schedule R (Form 990) 2014

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.
Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII **Supplemental Information**

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

Return Reference	Explanation
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Additional Data

Software ID:

Software Version:

EIN: 31-0538525

Name: The Christ Hospital

Form 990, Schedule R, Part I - Identification of Disregarded Entities

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income	(e) End-of-year assets	(f) Direct Controlling Entity
THE CHRIST HOSPITAL MEDICAL ASSOC LLC 2139 AUBURN AVENUE CINCINNATI, OH 45219 26-1332866	MEDICAL PRACT	OH			TCH PHYS
TCH MEDICAL SPECIALIST LLC 2139 AUBURN AVENUE CINCINNATI, OH 45219 45-2681845	MEDICAL PRACT	OH			TCH PHYS
HPL REALTY CO LLC 2139 AUBURN AVENUE CINCINNATI, OH 45219 45-4013544	REAL ESTATE	OH			TCH
TCH MEDICAL ASSOCIATES II LLC 2139 AUBURN AVENUE CINCINNATI, OH 45219 27-3999894	MEDICAL PRACT	OH			TCH PHYS
TCH MEDICAL ASSOCIATES III LLC 2139 AUBURN AVENUE CINCINNATI, OH 45219 27-5467250	MEDICAL PRACT	OH			TCH PHYS
TCH CLINICALLY INTEGRATED NETWORK LLC 2139 AUBURN AVENUE CINCINNATI, OH 45219 45-4209314	PHO	OH			TCH
TCH CARDIOVASCULAR ASSOCIATES LLC 2139 AUBURN AVENUE CINCINNATI, OH 45219 26-3070266	MEDICAL PRACT	OH			TCH PHYS
TCH ORTHOPAEDIC ASSOCIATES LLC 2139 AUBURN AVENUE CINCINNATI, OH 45219 27-2352575	MEDICAL PRACT	OH			TCH PHYS
TCH ORTHOPAEDIC ASSOCIATES II LLC 2139 AUBURN AVENUE CINCINNATI, OH 45219 27-3088756	MEDICAL PRACT	OH			TCH PHYS
TCH ORTHOPAEDIC ASSOCIATES III LLC 2139 AUBURN AVENUE CINCINNATI, OH 45219 27-3088817	MEDICAL PRACT	OH			TCH PHYS
TCH MEDICAL SPECIALISTS II LLC 2139 AUBURN AVENUE CINCINNATI, OH 45219 27-0577733	MEDICAL PRACT	OH			TCH PHYS
PROFESSIONAL DIAGNOSTIC SERVICES LLC 2139 AUBURN AVENUE CINCINNATI, OH 45219 27-3081840	MEDICAL SERVI	OH			TCH
LINDNER CTR RSRSCH & EDU AT TCH LLC 2139 AUBURN AVENUE CINCINNATI, OH 45219 26-3885165	MED RESEARCH	OH	-21,344	2,429,146	TCH
THE CHRIST HOSPITAL PHYSICIANS LLC 2139 AUBURN AVENUE CINCINNATI, OH 45219 27-3841691	MEDICAL PRACT	OH	52,508,393	45,682,000	TCH

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1) THE CHRIST HOSPITAL INC 2139 AUBURN AVENUE CINCINNATI, OH 45219 31-1080885	HC SYS PARENT	OH	501(c)(3)	11a	EDGHA		No
(1) CHRIST HOSP EDU & CLINICAL RESEARCH FUND 2139 AUBURN AVENUE CINCINNATI, OH 45219 31-1126561	SUPPORT TCH	OH	501(c)(3)	11a	TCH	Yes	
(2) ELIZABETH GAMBLE DEACONESS HOME ASSOC 2139 AUBURN AVENUE CINCINNATI, OH 45219 31-1082756	SUPPORT TCH	OH	501(c)(3)	11a	NA		No
(3) THE CHRIST HOSPITAL COLLEGE OF NURSING 2139 AUBURN AVENUE CINCINNATI, OH 45219 20-3823825	SUPPORT TCH	OH	501(c)(3)	2	TCH	Yes	
(4) THE CHRIST HOSPITAL AUXILIARY 2139 AUBURN AVENUE CINCINNATI, OH 45219 20-1245159	SUPPORT TCH	OH	501(c)(3)	11c	TCH	Yes	
(5) THE CHRIST HOSPITAL FOUNDATION 2139 AUBURN AVENUE CINCINNATI, OH 45219 26-4165492	SUPPORT TCH	OH	501(c)(3)	7	TCH	Yes	
(6) GAMBLE REALTY COMPANY 2139 AUBURN AVENUE CINCINNATI, OH 45219 31-1080683	REAL ESTATE	OH	501(c)(3)	N/A	TCH	Yes	