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Form **990****Return of Organization Exempt From Income Tax**

OMB No 1545-0047

Department of the Treasury
Internal Revenue Service

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

2014Open to Public
Inspection

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**A For the 2014 calendar year, or tax year beginning** JAN 1, 2015 **and ending** JUN 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		D Employer identification number
	MCCULLOUGH-HYDE MEMORIAL HOSPITAL		31-0650283
	Doing business as		
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number
	110 NORTH POPLAR STREET		513-524-5310
	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$ 23,930,216.
	OXFORD, OH 45056		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	F Name and address of principal officer JOHN S. PROUT 619 OAK STREET, CINCINNATI, OH 45206		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
			If "No," attach a list (see instructions)
	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(c) Group exemption number ▶
J Website: WWW.MHMH.ORG			
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: 1953 M State of legal domicile: OH

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities <u>ACUTE CARE HOSPITAL DELIVERING QUALITY SERVICES TO OUR PATIENTS AND THE COMMUNITIES WE SERVE.</u>	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets	
	3 Number of voting members of the governing body (Part VI, line 1a)	10
	4 Number of independent voting members of the governing body (Part VI, line 1b)	10
	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	0
	6 Total number of volunteers (estimate if necessary)	9
	7a Total unrelated business revenue from Part VIII, column (C), line 12	-58,001.
7b Net unrelated business taxable income from Form 990-T, line 34	-23,264.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 1,161,989. Current Year 124,266.
	9 Program service revenue (Part VIII, line 2g)	56,885,046. 23,381,559.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-38,462. 75,517.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	918,584. -300,196.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	58,927,157. 23,281,146.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	29,350. 24,118.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
Expenses	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	29,441,661. 12,931,806.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
	b Total fundraising expenses (Part IX, column (D), line 25)	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	30,501,297. 12,991,626.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	59,972,308. 25,947,550.
	19 Revenue less expenses. Subtract line 18 from line 12	-1,045,151. -2,666,404.
	20 Total assets (Part X, line 16)	Beginning of Current Year 38,544,327. End of Year 48,233,146.
21 Total liabilities (Part X, line 26)	15,666,789. 17,101,874.	
22 Net assets or fund balances. Subtract line 21 from line 20	22,877,538. 31,131,272.	

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 <u>Brian Krause</u>		Date <u>5/10/16</u>
	BRIAN KRAUSE, VP-FINANCE Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name AARON HERSHBEGGER	Preparer's signature <u>Aaron Hershberger</u>	Date <u>5/3/2016</u>
	Firm's name <u>BKD, LLP</u>	Firm's EIN <u>44-0160260</u>	Check if self-employed <input type="checkbox"/> PTIN <u>P00961884</u>
	Firm's address <u>312 WALNUT STREET, SUITE 3000</u> <u>CINCINNATI, OH 45202</u>	Phone no. <u>513-621-8300</u>	

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

☒ Yes ☐ No

sh +1

g-77

7

Part III Statement of Program Service Accomplishments

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

☒ X

1 Briefly describe the organization's mission
ACUTE CARE HOSPITAL FACILITY DELIVERING QUALITY SERVICES TO OUR
PATIENTS AND THE COMMUNITIES WE SERVE.

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 \$ 2,425,021. including grants of \$ _____) (Revenue \$ 5,787,207.)
INPATIENT CARE - INPATIENT VOLUME CONSISTED OF 1,501 DISCHARGES AND
3,076 PATIENT DAYS WITH AN AVERAGE LENGTH OF STAY OF 2.0 DAYS. BIRTHS
TOTALLED 221 WITH A TOTAL OF 436 OBSERVATION DAYS OF SERVICE.

4b (Code _____) (Expenses \$ 2,480,153. including grants of \$ _____) (Revenue \$ 13,156,809.)
SURGERY - THIS SERVICE IS COMPRISED OF SURGERY, AND ENDO/MINOR
PROCEDURES. TOTAL VOLUME IS 1,988 CONSISTING OF IP CARE (15%) AND
OUTPATIENT CARE (85%).

4c (Code _____) (Expenses \$ 1,749,725. including grants of \$ _____) (Revenue \$ 4,302,229.)
PHARMACY - THIS SERVICE CONSISTS OF CARE PROVIDED TO INPATIENTS (22%)
AND OUTPATIENTS (78%). OUTPATIENT CARE INCLUDES A MAJOR PROGRAM FOR
ONCOLOGY TREATMENT.

4d Other program services (Describe in Schedule O)
(Expenses \$ 12,413,425. including grants of \$ 24,118.) (Revenue \$ 0.)

4e Total program service expenses **19,068,324.**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
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? <i>If "Yes," complete Schedule C, Part II</i>	X	
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? <i>If "Yes," complete Schedule C, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
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? <i>If "Yes," complete Schedule D, Part VI</i>	X	
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? <i>If "Yes," complete Schedule D, Part VII</i>		X
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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
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? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	X	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	X	

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Part IV Checklist of Required Schedules (continued)

	Yes	No
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? If "Yes," complete Schedule I, Parts I and II	X	
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? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	X	
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		X
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
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? If "Yes," complete Schedule L, Part I		X
25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
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? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
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)		
28a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
28b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
28c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
35b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

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

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 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**

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	10			
b Enter the number of voting members included in line 1a, above, who are independent		10		
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?			X	
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?				X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			X	
5 Did the organization become aware during the year of a significant diversion of the organization's assets?				X
6 Did the organization have members or stockholders?			X	
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?			X	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			X	
b Each committee with authority to act on behalf of the governing body?			X	
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				X

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?		X
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?		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
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	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13 Did the organization have a written whistleblower policy?	X	
14 Did the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	X	
b Other officers or key employees of the organization	X	
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?		X
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?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **NONE**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records **BRIAN KRAUSE - 513-569-5126**
619 OAK STREET-ACCOUNTING 3 WEST, CINCINNATI, OH 45206

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

--	--

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 **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

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

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Part VII	Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees <i>(continued)</i>
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[illegible]

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 ►

0

		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	x
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	x
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	x

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
NONE		
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	0	

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	124,266.			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f		124,266.			
	Program Service Revenue	2 a	PATIENT SERVICES	Business Code 900099	23,381,559.	23,381,559.	
b							
c							
d							
e							
f		All other program service revenue					
g		Total. Add lines 2a-2f		23,381,559.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		34,556.			34,556.
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real 95,507.				
	b	Less rental expenses	649,070.				
	c	Rental income or (loss)	-553,563.				
	d	Net rental income or (loss)		-553,563.	-58,001.	-495,562.	
	7 a	Gross amount from sales of assets other than inventory	(i) Securities 40,961.				
	b	Less cost or other basis and sales expenses	0.				
	c	Gain or (loss)	40,961.				
	d	Net gain or (loss)		40,961.		40,961.	
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code				
11 a	CAFETERIA/VENDING	722210	171,681.			171,681.	
b	MISCELLANEOUS	900099	47,779.	47,779.			
c	WELLNESS CENTER	900099	33,907.	33,907.			
d	All other revenue						
e	Total. Add lines 11a-11d		253,367.				
12	Total revenue. See instructions.		23,281,146.	23,463,245.	-58,001.	-248,364.	

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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

☒ X

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.	24,118.	24,118.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7 Other salaries and wages.	10,010,717.	7,207,716.	2,803,001.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	198,144.	142,664.	55,480.	
9 Other employee benefits.	1,988,653.	1,431,830.	556,823.	
10 Payroll taxes.	734,292.	528,690.	205,602.	
11 Fees for services (non-employees):				
a Management.	291,159.	291,159.		
b Legal.	93,303.		93,303.	
c Accounting.	53,100.		53,100.	
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	3,647,030.	2,552,921.	1,094,109.	
12 Advertising and promotion.	153,855.	3,077.	150,778.	
13 Office expenses.	432,790.	411,150.	21,640.	
14 Information technology.	414,212.	269,238.	144,974.	
15 Royalties.				
16 Occupancy.	1,397,247.	167,670.	1,229,577.	
17 Travel.	34,398.	16,511.	17,887.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	29,948.	12,578.	17,370.	
20 Interest.	168,540.	121,349.	47,191.	
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	1,317,228.	948,404.	368,824.	
23 Insurance.	2,941.		2,941.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEDICAL/DIETARY SUPPLIE	4,144,085.	4,144,085.		
b OHIO HOSPITAL TAX	564,454.	564,454.		
c EQUIPMENT	176,126.	176,126.		
d DUES AND SUBSCRIPTIONS	54,584.	54,584.		
e All other expenses	16,626.		16,626.	
25 Total functional expenses. Add lines 1 through 24e.	25,947,550.	19,068,324.	6,879,226.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	2,700.	1	2,700.
	2 Savings and temporary cash investments	1,629,341.	2	1,836,566.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	6,744,043.	4	6,271,435.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	13,000.	5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	3,878,131.
	8 Inventories for sale or use	1,119,975.	8	1,146,800.
	9 Prepaid expenses and deferred charges	1,465,188.	9	737,567.
	10a Land, buildings, and equipment - cost or other basis. Complete Part VI of Schedule D	30,759,603.		
	b Less: accumulated depreciation	1,482,181.		
		22,976,559.	10c	29,277,422.
	11 Investments - publicly traded securities		11	4,551,877.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	4,593,521.	15	530,648.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	38,544,327.	16	48,233,146.	
Liabilities	17 Accounts payable and accrued expenses	3,410,565.	17	5,020,197.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities	10,648,803.	20	9,631,045.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties	355,807.	24	651,027.
	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	1,251,614.	25	1,799,605.
	26 Total liabilities. Add lines 17 through 25	15,666,789.	26	17,101,874.
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	22,877,538.	27	31,103,964.
	28 Temporarily restricted net assets		28	27,308.
	29 Permanently restricted net assets		29	
	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	22,877,538.	33	31,131,272.
	34 Total liabilities and net assets/fund balances	38,544,327.	34	48,233,146.

Form 990 (2014)

Part XI Reconciliation of Net AssetsCheck 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	23,281,146.
2	Total expenses (must equal Part IX, column (A), line 25)	2	25,947,550.
3	Revenue less expenses Subtract line 2 from line 1	3	-2,666,404.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	22,877,538.
5	Net unrealized gains (losses) on investments	5	-73,732.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-306,130.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	11,300,000.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	31,131,272.

Part XII Financial Statements and ReportingCheck 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		X
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	X	
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	X	
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?		X
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		

Form 990 (2014)

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. ► <input type="checkbox"/>						

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 from 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. ► <input type="checkbox"/>		
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. ► <input type="checkbox"/>		
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. ► <input type="checkbox"/>		
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. ► <input type="checkbox"/>		
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. ► <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2014

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 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 <input type="checkbox"/>						

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.		
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).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
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.		
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.		
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.		
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.		
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.		
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).		
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?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
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 .		
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).		
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 I of Schedule L (Form 990).		
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 .		
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 .		
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 .		
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.		
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.)		

Part IV Supporting Organizations (continued)

	Yes	No
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?		
b A family member of a person described in (a) above?		
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 .		

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. 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 Activities Test. 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.		
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.		
3 Parent of Supported Organizations. 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 .		
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.		

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)		
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 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2014

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

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			
b			
c			
d			
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			
b			
c			
d Excess from 2013			
e Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, and Part III, line 12

Also complete this part for any additional information (See instructions)

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SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**
▶ **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 organization MCCULLOUGH-HYDE MEMORIAL HOSPITAL	Employer identification number 31-0650283
--	---

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

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

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

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

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

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

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

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

Schedule C (Form 990 or 990-EZ) 2014

LHA
432041
10-21-14

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			
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?			

☐ Yes ☐ No

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the 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					

Schedule C (Form 990 or 990-EZ) 2014

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?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		525.
j Total. Add lines 1c through 1i			525.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental InformationProvide 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.
PART II-B, LINE 1, LOBBYING ACTIVITIES.

DURING THE TAX YEAR, MCCULLOUGH-HYDE MEMORIAL HOSPITAL PAID ANNUAL

MEMBERSHIP DUES TO VARIOUS NATIONAL, STATE AND LOCAL ORGANIZATIONS, A

PORTION OF WHICH RELATED TO LOBBYING ACTIVITIES.

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

MCCULLOUGH-HYDE MEMORIAL HOSPITAL

Employer identification number

31-0650283

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

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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 Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8

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

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

(i) 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	▶ \$ _____

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 exhibitiond ☐ Loan or exchange programsb ☐ Scholarly researche ☐ Other _____c ☐ Preservation for future generations

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

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes☐ Nob If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

a Board designated or quasi-endowment ► _____ %

b Permanent endowment ► _____ %

c Temporarily restricted endowment ► _____ %

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

(ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

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

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		7,030,000.		7,030,000.
b Buildings		11,936,880.	296,318.	11,640,562.
c Leasehold improvements		2,272,500.	188,125.	2,084,375.
d Equipment		9,283,074.	997,738.	8,285,336.
e Other		237,149.		237,149.
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c)				29,277,422.

Schedule D (Form 990) 2014

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ESTIMATED THIRD PARTY SETTLEMENTS	445,309.
(3) DUE TO RELATED ORGANIZATIONS	1,354,296.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	1,799,605.

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

Schedule D (Form 990) 2014

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.

PART X, LINE 2:

THE FINANCIAL STATEMENTS OF MCCULLOUGH-HYDE MEMORIAL HOSPITAL ARE AUDITED

AS PART OF TRIHEALTH AND ITS SUBSIDIARIES AND AFFILIATES ("TRIHEALTH").

FOLLOWING IS THE TEXT OF THE FOOTNOTE TO THE AUDITED COMBINED FINANCIAL

STATEMENTS OF TRIHEALTH THAT REPORTS ITS AND ITS SUBSIDIARIES AND

AFFILIATES LIABILITY, IF APPLICABLE, FOR CERTAIN TAX POSITIONS UNDER ASC

740-10-25:

TRIHEALTH COMPLETED AN ANALYSIS OF UNCERTAIN TAX POSITIONS IN ACCORDANCE

WITH APPLICABLE ACCOUNTING GUIDANCE AT JUNE 30, 2015 AND 2014, AND

DETERMINED NO AMOUNTS WERE REQUIRED TO BE RECOGNIZED IN THE COMBINED

FINANCIAL STATEMENTS AT EITHER DATE.

432054
10-01-14

Schedule D (Form 990) 2014

Part XIII Supplemental Information (continued)This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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

MCCULLOUGH-HYDE MEMORIAL HOSPITAL

Employer identification number

31-0650283

Part I Financial Assistance and Certain Other Community Benefits at Cost

- 1 a** Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a
- b** If "Yes," was it a written policy?
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
- 2**
- ☐ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities
☐ Generally tailored to individual hospital facilities
- 3** Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year
- a** Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care?
If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care
☒ 100% ☐ 150% ☐ 200% ☐ Other _____ %
- b** Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care
☐ 200% ☐ 250% ☒ 300% ☐ 350% ☐ 400% ☐ Other _____ %
- 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"?
- 5 a** Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?
- b** If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?
- c** If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?
- 6 a** Did the organization prepare a community benefit report during the tax year?
- b** If "Yes," did the organization make it available to the public?

	Yes	No
1a	X	
1b	X	
3a	X	
3b	X	
4	X	
5a	X	
5b		X
5c		
6a	X	
6b	X	

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

	(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
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			418,439.	456,663.	-38,224.	.00%
b Medicaid (from Worksheet 3, column a)			2,906,304.	1,326,515.	1,579,789.	6.09%
c Costs of other means tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			3,324,743.	1,783,178.	1,541,565.	6.09%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			72,967.	0.	72,967.	.28%
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j Total Other Benefits			72,967.		72,967.	.28%
k Total Add lines 7d and 7j			3,397,710.	1,783,178.	1,614,532.	6.37%

Part V Facility Information**Section A. Hospital Facilities**

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

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)

1 MCCULLOUGH-HYDE MEMORIAL HOSPITAL

110 N. POPLAR STREET

OXFORD, OH 45056

WWW.MHMH.ORG

55577

Licensed hospital

Gen. medical & surgical

Children's hospital

Teaching hospital

Critical access hospital

Research facility

ER-24 hours

ER-other

Other (describe)

Facility reporting group

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

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

Name of hospital facility or letter of facility reporting group MCCULLOUGH-HYDE MEMORIAL HOSPITALLine 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	X
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	X
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	X
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 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 <u>20 13</u>		
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	X
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	X
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	X
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	X
a <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>HTTP://WWW.MHMH.ORG/ABOUT-COALITION.ASPX</u>		
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	X
9 Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 13</u>	10	X
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? a If "Yes," (list url) <u>HTTP://WWW.MHMH.ORG/ABOUT-COALITION.ASPX</u> b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	X
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	X
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)**Financial Assistance Policy (FAP)**Name of hospital facility or letter of facility reporting group MCCULLOUGH-HYDE MEMORIAL HOSPITAL

Did the hospital facility have in place during the tax year a written financial assistance policy that

13 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

- a** ☒ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 100 %
and FPG family income limit for eligibility for discounted care of 300 %
- b** ☐ Income level other than FPG (describe in Section C)
- c** ☐ Asset level
- d** ☐ Medical indigency
- e** ☐ Insurance status
- f** ☐ Underinsurance status
- g** ☐ Residency
- h** ☐ Other (describe in Section C)

14 Explained the basis for calculating amounts charged to patients?**15** Explained the method for applying for financial assistance?

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** ☒ Described the information the hospital facility may require an individual to provide as part of his or her application
- b** ☒ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application
- c** ☐ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process
- d** ☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications
- e** ☐ Other (describe in Section C)

16 Included measures to publicize the policy within the community served by the hospital facility?

If "Yes," indicate how the hospital facility publicized the policy (check all that apply)

- a** ☒ The FAP was widely available on a website (list url) HTTP://WWW.MHM.ORG/PATIENTS-REFUND.ASPX
- b** ☒ The FAP application form was widely available on a website (list url) SEE PART V
- c** ☐ A plain language summary of the FAP was widely available on a website (list url) _____
- d** ☒ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)
- e** ☒ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)
- f** ☐ 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** ☐ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility
- h** ☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP
- i** ☐ 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?**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** ☒ Reporting to credit agency(ies)
- b** ☐ Selling an individual's debt to another party
- c** ☒ Actions that require a legal or judicial process
- d** ☐ Other similar actions (describe in Section C)
- e** ☐ None of these actions or other similar actions were permitted

Part V Facility Information (continued)Name of hospital facility or letter of facility reporting group MCCULLOUGH-HYDE MEMORIAL HOSPITAL

- 19 Did the hospital facility or other authorized 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

- a ☐ Reporting to credit agency(ies)
 b ☐ Selling an individual's debt to another party
 c ☐ Actions that require a legal or judicial process
 d ☐ Other similar actions (describe in Section C)

	Yes	No
19		x

- 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 19 (check all that apply)

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

- a ☐ The hospital facility did not provide care for any emergency medical conditions
 b ☐ The hospital facility's policy was not in writing
 c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)
 d ☐ Other (describe in Section C)

	Yes	No
21	x	

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 ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
 b ☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
 c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
 d ☒ Other (describe in 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

- 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

	Yes	No
22		
23		x
24		x

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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.

MCCULLOUGH-HYDE MEMORIAL HOSPITAL.

PART V, SECTION B, LINE 5: INPUT WAS RECEIVED FROM INDIVIDUALS

REPRESENTING UNDERSERVED POPULATIONS USING THE THREE SURVEY APPROACHES

DESCRIBED BELOW -

CHNA GROUP LEVEL ASSESSMENTS (GLAS): THE UNIVERSITY OF CINCINNATI'S ACTION

RESEARCH CENTER FACILITATED LARGE GROUP COMMUNITY DISCUSSIONS (GROUP LEVEL

ASSESSMENTS) WITH SERVICE PROVIDERS IN EACH OF THE COUNTIES COVERED BY THE

CHNA. THE TOTAL NUMBER OF SERVICE PROVIDERS AT THE COUNTY GLAS RANGED

FROM AS FEW AS NINE PEOPLE TO AS MANY AS 30 PEOPLE. OVERALL, APPROXIMATELY

200 SERVICE PROVIDERS ACROSS THE COUNTIES PARTICIPATED. THE RESULTS OF THE

GLAS WERE PRESENTED BACK TO THE SERVICE PROVIDERS AND COMMUNITY AT LARGE

THROUGH A SERIES OF PUBLIC PRESENTATIONS.

CHNA COMMUNITY HEALTH SURVEY. THE ACTION RESEARCH CENTER ALSO SURVEYED

POPULATIONS IN THE GREATER CINCINNATI REGION THAT ARE MORE OFTEN

UNDERSERVED WITH A PARTICULAR FOCUS ON HEALTH CARE CONSUMERS WHO ARE

UNINSURED, UNDERINSURED, LOW SOCIOECONOMIC STATUS, MINORITY, AGE 65 PLUS

OR WHO HAVE BEEN DIAGNOSED WITH MENTAL ILLNESS. SURVEYS WERE ADMINISTERED

TO MORE THAN 1,000 COMMUNITY RESIDENTS ACROSS THE NINE COUNTIES WITH

OVERSAMPLING OF VULNERABLE GROUPS INCLUDING:

MENTAL ILLNESS. RESPONDENTS WHO REPORTED BEING DIAGNOSED WITH OR HAVING

EXPERIENCE WITH MENTAL ILLNESS (214 RESPONDENTS)

SENIORS: THOSE 65 YEARS OF AGE OR OLDER (126 RESPONDENTS)

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.

HISPANIC/LATINOS: THOSE OF LATIN AMERICAN ORIGIN (154 RESPONDENTS)

AFRICAN IMMIGRANTS: WEST AFRICAN AND CENTRAL AFRICAN IMMIGRANTS TO THE

CINCINNATI AREA (48 RESPONDENTS)

LOW INCOME: RESPONDENTS REPORTING COMBINED HOUSEHOLD INCOME OF \$24,999 OR

LESS (472 RESPONDENTS)

FAMILIES AT RISK: FAMILIES WITH CHILDREN UNDER THE AGE OF 18 LIVING IN THE

HOUSE REPORTING A COMBINED HOUSEHOLD INCOME OF \$24,999 OR LESS (257

RESPONDENTS)

THE INTERVIEW QUESTIONS WERE DRAFTED AND NARROWED TO A TOTAL OF 17

QUESTIONS IN FIVE CATEGORIES INCLUDING DEFINING HEALTH AND CONCERNS,

ORGANIZATIONAL OPERATIONS PERTAINING TO COMMUNITY IMPROVEMENT,

COLLABORATION AND ASSISTANCE, MEASUREMENT AND CLOSING QUESTIONS. THE

SURVEYS CONTAINED QUESTIONS REGARDING BARRIERS TO HEALTH CARE, USAGE OF

HEALTH CARE, HEALTH CARE NEEDS AND DEMOGRAPHIC INFORMATION.

CHNA STAKEHOLDER INTERVIEWS WITH COUNTY LEADERS: FURTHER INDIVIDUAL INPUT

WAS OBTAINED THROUGH ONE-ON-ONE INTERVIEWS WITH COUNTY LEADERS LASTING

45-60 MINUTES EACH. THIRTY INTERVIEWS WERE CONDUCTED IN PERSON, THREE OUT

OF SIX REQUESTS TO COMPLETE THE ONLINE VERSION WERE FULFILLED; THREE

INDIVIDUALS DECLINED; AND EIGHT INDIVIDUALS WERE UNABLE TO BE SCHEDULED

DUE TO LACK OF RESPONSE.

FOLLOWING ARE ORGANIZATIONS AND GROUPS CONSULTED WHILE CONDUCTING THE

CHNA:

432097 12-29-14

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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.

GROUP LEVEL ASSESSMENTS REPRESENTATION

BUTLER COUNTY: BUTLER 211, BUTLER COUNTY FAMILY CHILDREN FIRST COUNCIL,

BUTLER COUNTY SUCCESS, EDUCATIONAL SERVICE CENTER - SUCCESS, FAIRFIELD

CITY SCHOOLS, LIFESPAN, MIDDLETOWN HEALTH DEPARTMENT, PRIMARY HEALTH

SOLUTIONS, SERVE CITY, TALAWANDA SCHOOL DISTRICT BOARD, BUTLER COUNTY

HEALTH DEPARTMENT AND OXFORD COLLEGE CORNER FREE CLINIC

CLERMONT COUNTY. AMERICAN CANCER SOCIETY, CHILD FOCUS, INC., CLERMONT

COUNTY HEALTH DISTRICT, LIFEPOINT SOLUTIONS, MERCY CLERMONT, MERCY

CLERMONT OUTREACH, SISTERS OF MERCY CLERMONT

HAMILTON COUNTY. CENTERPOINT HEALTH, CINCINNATI CHILDREN'S HOSPITAL

MEDICAL CENTER, CINCINNATI HEALTH DEPARTMENT, CROSSROAD HEALTH CENTER,

EVERYBODY RIDES METRO, HAMILTON COUNTY PUBLIC HEALTH, HEALTH CARE ACCESS

NOW, PRO SENIORS, INC., SINCERE HOME HEALTH CARE, SINCERE HOME HEALTH

CARE, TALBERT HOUSE, THE GREATER CINCINNATI FOUNDATION, THE HEALTH

FOUNDATION OF GREATER CINCINNATI, THE HEALTH COLLABORATIVE, THE HEALTHCARE

CONNECTION, THE HEALTHCARE CONNECTION LINCOLN HEIGHTS, UNIVERSITY OF

CINCINNATI FAMILY RESIDENCY

WARREN COUNTY: ABUSE RAPE CRISIS SHELTER, FAMILY & CHILDREN FIRST COUNCIL,

HEALTH DISTRICT (HEALTH DEPARTMENT), OHIO STATE UNIVERSITY EXTENSION,

TRIHEALTH, WARREN COUNTY CAREER CENTER, WARREN COUNTY COMMUNITY SERVICES,

WARREN COUNTY UNITED WAY

STAKEHOLDER INTERVIEWS REPRESENTATION

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.

ALL COUNTIES, CHATFIELD COLLEGE, GREATER CINCINNATI FOUNDATION,

HEALTHSOURCE OF OHIO, SOUTHERN STATE COMMUNITY COLLEGE, UNIVERSITY OF

CINCINNATI INSTITUTE FOR POLICY RESEARCH

BUTLER COUNTY: BUTLER COUNTY SUPPORTS TO ENCOURAGE LOW-INCOME FAMILIES,

HAMILTON COMMUNITY FOUNDATION, MIDDLETOWN AREA UNITED WAY, MIDDLETOWN CITY

HEALTH DEPARTMENT, MIDDLETOWN COMMUNITY FOUNDATION

CLERMONT COUNTY. CLERMONT COUNTY COMMUNITY SERVICES, CLERMONT COUNTY

MENTAL HEALTH AND RECOVERY BOARD, UNITED WAY OF GREATER CINCINNATI

HAMILTON COUNTY: CINCINNATI/HAMILTON COMMUNITY ACTION AGENCY, HAMILTON

COUNTY MENTAL HEALTH AND RECOVERY SERVICES BOARD, HAMILTON COUNTY PUBLIC

HEALTH, SANTA MARIA COMMUNITY SERVICES, UNITED WAY OF GREATER CINCINNATI

WARREN COUNTY: MENTAL HEALTH AND RETARDATION SERVICES OF WARREN AND

CLINTON COUNTIES, WARREN COUNTY COMBINED HEALTH DISTRICT, WARREN COUNTY

COMMUNITY SERVICES INC.

MCCULLOUGH-HYDE MEMORIAL HOSPITAL:

PART V, SECTION B, LINE 6A: ADAMS COUNTY REGIONAL MEDICAL CENTER, ATRIUM

MEDICAL CENTER, DEARBORN COUNTY HOSPITAL, FORT HAMILTON HOSPITAL, LINDNER

CENTER OF HOPE, MARGARET MARY COMMUNITY HOSPITAL, MERCY HEALTH, UC HEALTH,

BETHESDA NORTH HOSPITAL, BETHESDA BUTLER COUNTY, THE GOOD SAMARITAN

HOSPITAL OF CINCINNATI

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.

MCCULLOUGH-HYDE MEMORIAL HOSPITAL:

PART V, SECTION B, LINE 6B. GREATER CINCINNATI FOUNDATION, GREATER

CINCINNATI HEALTH COUNCIL, HAMILTON COUNTY PUBLIC HEALTH, HIGHLAND COUNTY

HEALTH DEPARTMENT, MIDDLETOWN HEALTH DEPARTMENT, UNITED WAY OF GREATER

CINCINNATI

MCCULLOUGH-HYDE MEMORIAL HOSPITAL:

PART V, SECTION B, LINE 11. ADDRESSING THE MORE COMMON "ROOT" CAUSES OF

POOR COMMUNITY HEALTH CAN SERVE TO IMPROVE A COMMUNITY'S QUALITY OF LIFE

AND TO REDUCE MORTALITY AND MORBIDITY. THE IDENTIFIED TOP HEALTH CONCERNS

WERE CONSISTENT THROUGHOUT THE MCCULLOUGH-HYDE MEMORIAL HOSPITAL SERVICE

AREA. THESE HEALTH NEEDS, LISTED IN ORDER OF RANKING ARE:

* OBESITY

* MENTAL HEALTH

* ACCESS TO CARE

* DENTAL HEALTH

* SUBSTANCE ABUSE, BOTH LEGAL AND ILLEGAL

MCCULLOUGH-HYDE MEMORIAL HOSPITAL'S IMPLEMENTATION PLAN FOR 2014-2016

ADDRESSES THE HIGHEST RANKED NEEDS OF THE COMMUNITY - OBESITY AND MENTAL

HEALTH. FOLLOWING IS HOW MCCULLOUGH-HYDE MEMORIAL HOSPITAL ("MHMH") PLANS

ON ADDRESSING THESE NEEDS:

OBESITY

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.

EXISTING PROGRAMS

* MCCULLOUGH-HYDE EMPLOYEE WELLNESS PROGRAM EMPLOYEES ARE ENCOURAGED,

GIVEN THE TOOLS TO HAVE A HEALTHY BMI AND REWARDED WHEN A HEALTHY BMI IS

REACHED.

* "RENEW YOU" PROGRAM: A PROGRAM DESIGNED TO HAVE 2 SESSIONS EACH WITH AN

EXERCISE PHYSIOLOGIST AND A DIETITIAN TO DEVELOP AN INDIVIDUALIZED DIET

AND EXERCISE PLAN.

* EXPAND MHM INVOLVEMENT WITH SCHOOL DISTRICTS AND SUPPORT PROGRAMS

TARGETED AT HEALTHY EATING, EXERCISE AND PLAY GOALS.

NEW PROGRAMS

* WALK WITH A HEALTH PROFESSIONAL PROGRAM. SCHEDULED WALKS WILL BE HELD

THROUGHOUT THE COMMUNITY WITH ASSORTED HEALTH PROFESSIONALS (PHYSICIANS,

DIETITIANS, DIABETES EDUCATORS, ETC) WHO WILL SHARE HEALTH INFORMATION

WHILE WALKING.

* EXPAND EXERCISE OPTIONS WITH ON-SITE EXERCISE & FITNESS ROOM AT MHM FOR

EMPLOYEES ALONG WITH FORMAL COACHING PROGRAM.

* WORK WITH LOCAL PHYSICIAN ON WEIGHT MANAGEMENT PROGRAMS.

* PARTICIPATE IN CURRENT COMMUNITY INITIATIVES TO DEVELOP SAFE WALKING AND

BIKE RIDING ROUTES IN OXFORD AND OTHER COMMUNITIES AS IDENTIFIED.

* WORK WITH COALITION FOR A HEALTHY COMMUNITY- OXFORD AREA ON NEW

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.

STRATEGIES.

* WORK WITH THE GREATER CINCINNATI HEALTH COUNCIL ON REGIONAL EDUCATION

AND PROGRAMMING.

MENTAL HEALTH

EXISTING PROGRAMS

* CONTINUE WORK WITH THE COALITION FOR A HEALTHY COMMUNITY- OXFORD AREA,

BUTLER COUNTY MENTAL HEALTH BOARD, AND LOCAL MENTAL HEALTH AGENCIES TO

DEVELOP A RESOURCE MANUAL TO EASE THE REFERRAL PROCESS FOR PHYSICIANS AND

OTHER NON-PROFITS AGENCIES.

NEW PROGRAMS

* WORK WITH COALITION FOR A HEALTHY COMMUNITY- OXFORD AREA TO DEVELOP A

SOCIAL NORMING CAMPAIGN. EXPAND THE SAME NORMING CAMPAIGN THROUGHOUT THE

MHMH SERVICE AREA.

* PROVIDE EDUCATION TO THE COMMUNITY TO RAISE AWARENESS RELATED ABOUT

MENTAL HEALTH ISSUES AND TO DECREASE STIGMAS ASSOCIATED WITH THEM.

* PARTNER WITH COMMUNITY CRISIS & COUNSELING CENTER & MHMH PHYSICIANS TO

IMPLEMENT MEDICAL HOME MODEL WHICH ASSESS BOTH MENTAL & PHYSICAL

WELL-BEING. INVESTIGATE PARTNERS IN OTHER COUNTIES TO PROVIDE SIMILAR

SERVICES OUTSIDE OF BUTLER COUNTY.

* WORK WITH MHMH PHYSICIAN SERVICES TO PROVIDED EDUCATION TO MEDICAL

STAFF.

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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.

ONGOING SUPPORT OF THESE PROGRAMS CONTINUE HOWEVER, IT IS STILL EARLY IN

THE PROCESS TO DETERMINE IF ANY METRICS HAVE BEEN MOVED. HOWEVER, A NEW

COMMUNITY HEALTH NEEDS ASSESSMENT IS BEING DEVELOPED AND THIS WILL HELP IT

DETERMINING AN IMPACT FROM THESE PLANS.

FOLLOWING ARE THE IDENTIFIED NEEDS AND THE RATIONALE FOR NOT ADDRESSING

THEM:

ACCESS TO CARE

* MHMH SUPPORTS THE OXFORD FREE CLINIC WHICH PROVIDES FREE HEALTHCARE TO

PARTS OF BUTLER, PREBLE, FRANKLIN AND UNION COUNTIES.

* MHMH PROVIDES TRANSPORTATION FOR NON-EMERGENT MEDICAL CARE VIA A MHMH

TRANSPORT VAN.

* MHMH PROVIDES ON-GOING SUPPORT TO COMMUNITY LIFE SQUADS.

DENTAL HEALTH

* MHMH LACKS EXPERTISE IN ORAL HEALTH PROBLEMS.

* DENTAL HEALTH NEEDS FOR SCHOOL-AGED CHILDREN ARE CURRENTLY MET THROUGH

SERVICES PROVIDED BY OXFORD-TALAWANDA DENTAL SERVICES AND PRIMARY HEALTH

SOLUTIONS.

* DENTAL HEALTH NEEDS FOR ADULTS ARE AVAILABLE THROUGH A COUNTY-BASED

MOBILE DENTAL UNIT WHICH IS OPERATED BY PRIMARY HEALTH SOLUTIONS.

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.

SUBSTANCE ABUSE

* MHMH LACKS EXPERTISE IN THE PROVISION OF MENTAL HEALTH CARE/SUBSTANCE

ABUSE EDUCATION/COUNSELING.

* PRIMARY FOCUS OF THE OXFORD COALITION FOR A HEALTH COMMUNITY SINCE 1998

HAS BEEN SUBSTANCE ABUSE. SOCIAL NORMING CAMPAIGNS, ALTERNATIVE ACTIVITIES

& PROGRAMS FOR TALAWANDA/MIAMI UNIVERSITY STUDENTS WHICH ARE NOT

ALCOHOL-BASED, EDUCATION TO YOUTH, AND OTHER PROGRAMS WHICH BUILD SOCIAL

ASSETS ARE ACTIVE CURRENT STRATEGIES WHICH HAVE HAD A POSITIVE IMPACT ON

DECREASING DRUG AND ALCOHOL USE AMONG TALAWANDA/MIAMI UNIVERSITY STUDENTS

* SUBSTANCE ABUSE COUNSELING PROGRAMS AND SERVICES ARE OFFERED AT THE

COMMUNITY CRISIS AND COUNSELING CENTER FOR ALL OF BUTLER COUNTY AND THEY

WILL MAKE REFERRALS TO PARTNERS OUTSIDE THEIR SERVICE AREA.

* COUNSELING AND CARE FOR OPIATE-DEPENDENT PEOPLE IS PROVIDED BY A LOCAL

PRIVATE PSYCHIATRIC/SUBSTANCE ABUSE PRACTICE.

MCCULLOUGH-HYDE MEMORIAL HOSPITAL

PART V, LINE 16B, FAP APPLICATION WEBSITE:

[HTTP://WWW.MHM.ORG/PATIENTS-REFUND.ASPX](http://WWW.MHM.ORG/PATIENTS-REFUND.ASPX)

MCCULLOUGH-HYDE MEMORIAL HOSPITAL:

PART V, SECTION B, LINE 22D: APPLIED 30% DISCOUNT

Part V	Facility Information <i>(continued)</i>
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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.

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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

PART I, LINE 6A:

IN 1995, THE GOOD SAMARITAN HOSPITAL OF CINCINNATI, OHIO AND BETHESDA
HOSPITAL, INC. FORMED A PARTNERSHIP CALLED TRIHEALTH, INC TO CREATE AN
INTEGRATED HEALTH DELIVERY SYSTEM WHOSE MISSION IS TO IMPROVE THE HEALTH
OF THE PEOPLE THEY SERVE, WITH AN EMPHASIS ON PREVENTION, WELLNESS AND
EDUCATION. IN 2015, TRIHEALTH PURCHASED A 60% INTEREST IN MCCULLOUGH-HYDE
MEMORIAL HOSPITAL TO SUPPORT ITS MISSION.

THE COMMUNITY BENEFIT PROVIDED BY MCCULLOUGH-HYDE MEMORIAL HOSPITAL IS
TRACKED ON A STANDALONE BASIS; HOWEVER, ITS COMMUNITY BENEFIT IS REPORTED
IN A REPORT PREPARED BY TRIHEALTH IN COMBINATION WITH ITS RELATED
HOSPITALS - BETHESDA HOSPITAL, INC., THE GOOD SAMARITAN HOSPITAL OF
CINCINNATI, OHIO AND TRIHEALTH HOSPITAL, INC.

PART I, LN 7 COL(F).

BAD DEBT EXPENSE IS NOT INCLUDED ON FORM 990, PART IX, LINE 25. IT IS
PRESENTED ON FORM 990, PART VIII, LINE 2 AS A DEDUCTION FROM PATIENT

SERVICE REVENUE WHICH CORRESPONDS TO ITS FINANCIAL STATEMENT PRESENTATION.

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Schedule H (Form 990) 2014

Part VI Supplemental Information (Continuation)

SEE RESPONSE TO PART III, LINE 4. THEREFORE, NO ADJUSTMENT TO TOTAL

EXPENSES SHOWN ON FORM 990, PART IX, LINE 25 IS NECESSARY.

PART II, COMMUNITY BUILDING ACTIVITIES:

MCCULLOUGH-HYDE MEMORIAL HOSPITAL ("MHMH") PROMOTES HEALTH AND WELL-BEING

IN OUR COMMUNITY IN NUMEROUS WAYS NOT LISTED IN THE COMMUNITY EVENTS AND

PROGRAMS SECTION OF THE FORM 990. EXAMPLES INCLUDE:

1) MHMH HELPED PROMOTE WELLNESS BY PROVIDING MEETING SPACE TO THE

INFANT/CHILD LOSS BEREAVEMENT SUPPORT GROUP AND FIBROMYALGIA SUPPORT

GROUP.

2) MHMH ASSISTED OUR LOCAL SCHOOL DISTRICT WITH IDENTIFIED HEALTH/WEALTH

NEEDS. EXAMPLES INCLUDE.

A) DEVELOPED AND PROVIDED CRISIS CARDS FOR ALL 8TH GRADE STUDENTS AND ALL

COUNSELORS IN THE SCHOOL DISTRICT.

B) DEVELOPED CURRICULUM THAT COMBINED TRADITIONAL LEARNING WITH EXERCISE

TO HELP FIGHT OBESITY IN OUR ELEMENTARY STUDENTS.

C) DEVELOPED AND HELD MINI-HEALTH SEMINARS FOR 6TH GRADE STUDENTS ON

SLEEP, NUTRITION, EXERCISE AND MENTAL HEALTH.

3) MHMH PROVIDED OFFICE SPACE AND MEETING SPACE FOR THE OXFORD COLLEGE

CORNER CLINIC, WHICH IS A CLINIC THAT PROVIDES FREE HEALTH CARE TO THE

UNINSURED AND UNDERINSURED ADULTS IN OUR COMMUNITY.

4) MHMH IMPROVED THEIR EMPLOYEE WELLNESS PROGRAM BY:

Part VI Supplemental Information (Continuation)

A) IMPLEMENTING A HEALTH RISK ASSESSMENT FOR THEIR EMPLOYEES TO IDENTIFY

HEALTH NEEDS/CONCERNS IN OUR EMPLOYEE POPULATION.

B) OFFERING MAMMOGRAMS AND PROSTATE SCREENING TO APPROPRIATE EMPLOYEES

FREE OF CHARGE.

C) INCENTIVIZING EMPLOYEES TO ADOPT HEALTHIER BEHAVIOR.

PART III, LINE 2:

SEE THE RESPONSE TO PART III, LINE 4 AS SHOWN IN PART VI - SUPPLEMENTAL
INFORMATION.

PART III, LINE 3:

MCCULLOUGH-HYDE MEMORIAL HOSPITAL ("MHMH") HAS A DETAILED FINANCIAL
ASSISTANCE POLICY WHICH STATES THAT TO PARTICIPATE IN CHARITY CARE,
CANDIDATES MUST COOPERATE FULLY. IN ADDITION, MHMH EDUCATES PATIENTS WITH
LIMITED ABILITY TO PAY REGARDING FINANCIAL ASSISTANCE. FOR THIS REASON,
MHMH BELIEVES THAT IT ACCURATELY CAPTURES ALL CHARITY CARE DEDUCTIONS
PROVIDED ACCORDING TO THE FINANCIAL ASSISTANCE POLICY AND THE AMOUNT OF
BAD DEBT EXPENSE ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE
ORGANIZATION'S CHARITY CARE POLICY IS NEGLIGIBLE.

PART III, LINE 4:

MCCULLOUGH-HYDE MEMORIAL HOSPITAL'S FINANCIAL STATEMENTS ARE AUDITED AS
PART OF THE TRIHEALTH AUDIT REPORT AND AS SUCH FOLLOWING IS THAT REPORT'S
FOOTNOTE.

NET PATIENT ACCOUNTS RECEIVABLE (PART OF FOOTNOTE B)

NET PATIENT ACCOUNTS RECEIVABLE AND NET PATIENT SERVICE REVENUE HAVE BEEN

Part VI Supplemental Information (Continuation)

ADJUSTED TO THE ESTIMATED AMOUNTS EXPECTED TO BE COLLECTED. THESE

ESTIMATED AMOUNTS ARE SUBJECT TO FURTHER ADJUSTMENTS UPON REVIEW BY

THIRD-PARTY PAYORS.

THE PROVISION FOR BAD DEBTS IS BASED UPON MANAGEMENT'S ASSESSMENT OF

HISTORICAL AND EXPECTED NET COLLECTIONS CONSIDERING HISTORICAL BUSINESS

AND ECONOMIC CONDITIONS, TRENDS IN HEALTH CARE COVERAGE, AND OTHER

COLLECTION INDICATORS. MANAGEMENT PERIODICALLY ASSESSES THE ADEQUACY OF

THE ALLOWANCES FOR UNCOLLECTIBLE ACCOUNTS BASED UPON HISTORICAL WRITE-OFF

EXPERIENCE. THE RESULTS OF THESE REVIEWS ARE USED TO MODIFY AS NECESSARY

THE PROVISIONS FOR BAD DEBTS AND TO ESTABLISH APPROPRIATE ALLOWANCES FOR

UNCOLLECTIBLE NET PATIENT ACCOUNTS RECEIVABLE. SIGNIFICANT PROVISION IS

MADE FOR SELF-PAY PATIENT ACCOUNTS RECEIVABLE IN THE PERIOD OF SERVICE

BASED UPON HISTORICAL WRITE-OFF EXPERIENCE.

AFTER SATISFACTION OF AMOUNTS DUE FROM INSURANCE, TRIHEALTH FOLLOWS

ESTABLISHED GUIDELINES FOR PLACING CERTAIN PATIENT BALANCES WITH

COLLECTION AGENCIES, SUBJECT TO THE TERMS OF CERTAIN RESTRICTIONS ON

COLLECTION EFFORTS AS DETERMINED BY TRIHEALTH.

DUE TO OHIO BEING A MEDICAID EXPANSION STATE, TRIHEALTH HAS EXPERIENCED A

DECLINE IN SELF-PAY ACCOUNTS RECEIVABLE, WHICH HAS RESULTED IN A DECLINE

IN WRITE-OFFS OF UNCOLLECTIBLE ACCOUNTS SINCE JUNE 30, 2013. TRIHEALTH

HAS NOT EXPERIENCED SIGNIFICANT CHANGES IN WRITE-OFF TRENDS AND HAS NOT

CHANGED ITS CHARITY CARE POLICY SINCE JUNE 30, 2014. THE OVERALL

ALLOWANCE PERCENTAGE FOR UNCOLLECTIBLE ACCOUNTS INCREASED FROM 35% AT JUNE

30, 2014 TO 36% AT JUNE 30, 2015 AS A RESULT OF CHANGES IN PAYOR MIX

PRIMARILY DUE TO THE AFFORDABLE CARE ACT.

Part VI Supplemental Information (Continuation)

FINANCIAL INSTRUMENTS THAT POTENTIALLY SUBJECT TRIHEALTH TO CONCENTRATIONS

OF CREDIT RISK CONSIST PRIMARILY OF NON-GOVERNMENTAL PATIENT ACCOUNTS

RECEIVABLE. TRIHEALTH GRANTS CREDIT WITHOUT COLLATERAL TO ITS PATIENTS,

MOST OF WHOM ARE INSURED UNDER THIRD-PARTY PAYOR AGREEMENTS. THE

PERCENTAGES OF GROSS PATIENT ACCOUNTS RECEIVABLE FROM PATIENTS AND

THIRD-PARTY PAYORS AT JUNE 30 APPROXIMATED THE FOLLOWING:

2015 - MEDICARE 17%, MEDICAID 2%, MANAGED CARE 34%, SELF PAY 16%,

COMMERCIAL AND OTHER 31%

2014 - MEDICARE 18%, MEDICAID 4%, MANAGED CARE 26%, SELF PAY 20%,

COMMERCIAL AND OTHER 32%

TRIHEALTH HAS AGREEMENTS WITH THIRD-PARTY PAYORS THAT PROVIDE FOR PAYMENTS

AT AMOUNTS DIFFERENT FROM ITS ESTABLISHED RATES. THE BASIS FOR PAYMENT

UNDER THESE AGREEMENTS INCLUDES PROSPECTIVELY DETERMINED RATES, COST

REIMBURSEMENT, NEGOTIATED DISCOUNTS FROM ESTABLISHED RATES, AND PER DIEM

PAYMENTS. PATIENT SERVICE REVENUE IS REPORTED AT THE ESTIMATED NET

REALIZABLE AMOUNTS FROM PATIENTS, THIRD-PARTY PAYORS AND OTHERS FOR

SERVICES RENDERED, INCLUDING ESTIMATED RETROACTIVE ADJUSTMENTS DUE TO

FUTURE AUDITS, REVIEW AND INVESTIGATIONS. THE DIFFERENCES BETWEEN THE

ESTIMATED AND ACTUAL ADJUSTMENTS ARE RECORDED AS PART OF NET PATIENT

SERVICE REVENUE IN FUTURE PERIODS, AS THE AMOUNTS BECOME KNOWN, OR AS

YEARS ARE NO LONGER SUBJECT TO SUCH AUDITS, REVIEWS AND INVESTIGATIONS.

TRIHEALTH RECOGNIZES A SIGNIFICANT AMOUNT OF PATIENT SERVICE REVENUE AT

THE TIME THE SERVICES ARE RENDERED EVEN THOUGH IT DOES NOT ASSESS THE

PATIENT'S ABILITY TO PAY. AS A RESULT, THE PROVISION FOR BAD DEBT IS

Part VI Supplemental Information (Continuation)

PRESENTED AS A DEDUCTION FROM PATIENT SERVICE REVENUE NET OF CONTRACTUAL
PROVISIONS AND DISCOUNTS.

AS FOR THE AMOUNT OF BAD DEBT THAT REASONABLY COULD BE ATTRIBUTABLE TO
PATIENTS WHO LIKELY WOULD QUALIFY FOR FINANCIAL ASSISTANCE UNDER THE
ORGANIZATION'S CHARITY CARE POLICY, TRIHEALTH HOSPITAL, INC. DOES NOT
REPORT ACTUAL BAD DEBT EXPENSE AS COMMUNITY BENEFIT. IF UPON FURTHER
RESEARCH, IT IS ULTIMATELY DETERMINED THAT A PORTION OF BAD DEBT EXPENSE
IS ATTRIBUTABLE TO PATIENTS WHO WOULD LIKELY QUALIFY FOR FINANCIAL
ASSISTANCE UNDER TRIHEALTH'S CHARITY CARE POLICY, THOSE COSTS WOULD BE
RECLASSIFIED, AS APPROPRIATE, TO COMMUNITY BENEFIT AT THAT TIME.

PLEASE NOTE THAT BAD DEBT EXPENSE IS NOT DETERMINED UNTIL AFTER ALL
DISCOUNTS AND ANY ASSOCIATED PAYMENTS ARE TAKEN INTO ACCOUNT. IF ANY
PAYMENTS ARE RECEIVED AFTER A PATIENT ACCOUNT IS DETERMINED TO BE BAD
DEBT, THE ACCOUNT WILL BE ADJUSTED ACCORDINGLY AT THAT TIME.

PART III, LINE 9B:

ALL CHARITY CARE AND FINANCIAL ASSISTANCE DISCOUNTS ARE APPLIED FIRST TO
ELIGIBLE PATIENT ACCOUNTS. THE PATIENT IS ALSO OFFERED AN ADDITIONAL
DISCOUNT BASED ON PROMPT PAYMENT. PAYMENT ARRANGEMENTS ARE ALSO AVAILABLE
TO RESOLVE ANY REMAINING SELF-PAY BALANCE. COLLECTION EFFORTS ARE
UNDERTAKEN AFTER ALL OTHER EFFORTS ARE EXHUSTED. HOWEVER, ONCE IT HAS
BEEN DETERMINED THAT A PATIENT QUALIFIES FOR CHARITY CARE/FINANCIAL
ASSISTANCE, COLLECTION PRACTICES ARE STOPPED.

PART VI, LINE 2:

MCCULLOUGH-HYDE MEMORIAL HOSPITAL ("MHMH") PARTICIPATED IN A PROCESS OF

Part VI Supplemental Information (Continuation)

COMMUNITY HEALTH NEEDS ASSESSMENT DURING 2013. THE PROCESS INCLUDED THE
FOLLOWING ELEMENTS:

1) A NEEDS ASSESSMENT THAT SERVES AS A FOUNDATION FOR DEVELOPING AN
IMPLEMENTATION STRATEGY TO ADDRESS THOSE NEEDS. THE QUESTION OF HOW MHMH
CAN BEST USE ITS LIMITED RESOURCES TO ASSIST COMMUNITIES IN NEED WILL BE
ADDRESSED IN THE IMPLEMENTATION PHASE.

2) THE NEEDS ASSESSMENT SEEKS TO IDENTIFY PRIORITY HEALTH STATUS AND
ACCESS ISSUES FOR OUR SERVICE AREA. MHMH IS COMMITTED TO TAKING A
LEADERSHIP ROLE IN THE ASSESSMENT AND IMPLEMENTATION PHASES. THE
ASSESSMENT FOCUSED ON THE FOLLOWING QUESTIONS:

* WHO IN THE COMMUNITY IS MOST VULNERABLE IN TERMS OF HEALTH STATUS OR
ACCESS TO CARE?

* WHAT ARE THE UNIQUE HEALTH STATUS AND/OR ACCESS NEEDS FOR OUR
POPULATION?

* WHERE DO THESE PEOPLE LIVE IN OUR COMMUNITY?

* WHY ARE THESE PROBLEMS PRESENT?

3) MHMH HAS IDENTIFIED ITS COMMUNITY AS THE RESIDENTS OF FIVE (5)
COUNTIES. IN OHIO: BUTLER AND PREBLE AND IN INDIANA: FAYETTE, FRANKLIN
AND UNION. OHIO COUNTIES REPRESENT 63% OF THE SERVICE AREA WHILE INDIANA
COUNTIES COMPRISE 37%.

4) BASED ON THE DATA GATHERED, THE MAJOR NEEDS OF THE COMMUNITY SERVED BY
MHMH ARE ACCESS TO CARE AND OBESITY (INCLUDING RELATED ISSUES SUCH AS
DIABETES AND HEART DISEASE).

Part VI Supplemental Information (Continuation)

THE FULL TEXT OF THIS NEEDS ASSESSMENT IS AVAILABLE ON MHM'S WEBSITE.

SEE SCHEDULE H, PART V, LINE 7A FOR THE URL.

PART VI, LINE 3:

FINANCIAL COUNSELORS ARE LOCATED IN THE PATIENT ACCESS AREAS AND PATIENTS

ARE OFTEN REFERRED TO THEM AFTER THE COMPLETION OF THE REGISTRATION

PROCESS. IN THE EVENT THAT FINANCIAL COUNSELORS ARE NOT AVAILABLE,

PATIENT ACCESS STAFF IS EDUCATED ON THE CHARITY CARE/FINANCIAL ASSISTANCE

POLICIES AND APPLICATIONS AVAILABLE. CHARITY CARE INFORMATION IS ALSO

INCLUDED ON OUR PATIENT STATEMENTS. ALL CUSTOMER SERVICE REPRESENTATIVES

ARE FAMILIAR WITH OUR POLICIES AND CAN SPEAK TO OUR CUSTOMERS ABOUT

CHARITY CARE/FINANCIAL ASSISTANCE ELIGIBILITY. BROCHURES EXPLAINING

CHARITY CARE/FINANCIAL ASSISTANCE ARE ALSO AVAILABLE IN VARIOUS LOCATIONS

THROUGHOUT THE HOSPITAL.

PART VI, LINE 4:

MCCULLOUGH-HYDE MEMORIAL HOSPITAL ("MHM") SERVES A DIVERSE DEMOGRAPHIC

INCLUDING THE NORTHWESTERN CORNER OF BUTLER COUNTY, OHIO, THE SOUTHWESTERN

CORNER OF PREBLE COUNTY, OHIO AND THE COUNTIES OF FRANKLIN, UNION AND

FAYETTE IN INDIANA. THE MAIN CAMPUS IS LOCATED IN OXFORD, OHIO, THE HOME

OF MIAMI UNIVERSITY. OXFORD HAS A POPULATION RANGING FROM 30,000 DURING

THE SCHOOL YEAR TO HALF THAT NUMBER DURING THE SUMMER.

MHM COUNTS ITS PRIMARY SERVICE AREA AS THE FOLLOWING:

*OXFORD, OH (ZIP CODE 45056) - POPULATION 29,739

*BROOKVILLE, IN (ZIP CODE 47012) - POPULATION 10,455

Part VI Supplemental Information (Continuation)

*COLLEGE CORNER, OH (ZIP CODE 45003) - POPULATION 971

*EATON, OH (ZIP CODE 45320) - POPULATION 15,354

*SOMERSVILLE, OH (ZIP CODE 45064) - POPULATION 2,963

*CAMDEN, OH (ZIP CODE 45311) - POPULATION 7,215

*LIBERTY, IN (ZIP CODE 47353) - POPULATION 5,698

*WEST COLLEGE CORNER, IN (ZIP CODE 47003) - 834

TOTAL PRIMARY SERVICE AREA POPULATION - 73,229

AND ITS SECONDARY SERVICE AREAS ARE THE FOLLOWING:

*HAMILTON, OH (ZIP CODE 45013) - POPULATION 54,814

*CONNERSVILLE, IN (ZIP CODE 47331) - POPULATION 23,438

*METAMORA, IN (ZIP CODE 47030) - POPULATION 1,631

*OKEANA, OH (ZIP CODE 45053) - POPULATION 3,712

TOTAL SECONDARY SERVICE AREA POPULATION - 83,595

IN TERMS OF SOCIO-ECONOMIC DEMOGRAPHICS, THE EDUCATIONAL ATTAINMENT IS

LOWER THAN COUNTY, STATE AND NATIONAL AVERAGES AND THE UNEMPLOYMENT RATE

IS HIGHER THAN COUNTY, STATE AND NATIONAL AVERAGES IN ALL OF THE

UNINCORPORATED RURAL AREAS SERVED BY MHM. ALL OF THE AREAS IN INDIANA

AND THE RURAL AREAS IN PREBLE AND BUTLER COUNTIES (CAMDEN, SOMERVILLE) ARE

DESIGNATED AS HEALTH PROFESSIONAL SHORTAGE AREAS BY THE NATIONAL HEALTH

SERVICE CORPS. MHM HAS RECRUITED, SUPPORTED AND WILL CONTINUE TO RECRUIT

AND SUPPORT BOTH PRIMARY CARE PHYSICIANS AND SPECIALISTS TO MEET THE NEEDS

OF RESIDENTS OF THESE COMMUNITIES.

Part VI Supplemental Information (Continuation)

PART VI, LINE 5:

MCCULLOUGH-HYDE MEMORIAL HOSPITAL ("MHMH") IS BASED ON A PATIENT-CENTERED,
CARING PHILOSOPHY. ITS STAFF IS DEDICATED TO PROVIDING SAFE AND
HIGH-QUALITY SERVICES, WITH THE UTMOST KINDNESS AND COMPASSION. MHMH HAS
AN OPEN MEDICAL STAFF WHO HAVE IMPECCABLE TRAINING, EXPERIENCE AND SKILLS.
THE VAST MAJORITY ARE BOARD-CERTIFIED IN THEIR CHOSEN PROFESSIONAL FIELD.

MHMH PROVIDES A 24-HOUR EMERGENCY ROOM AT ITS MAIN CAMPUS IN OXFORD, OHIO.
IT ALSO PROVIDES PREVENTATIVE, DIAGNOSTIC/THERAPEUTIC REHABILITATIVE
SERVICES AT MULTIPLE LOCATIONS. OXFORD, CAMDEN, HAMILTON, ROSS.

PART VI, LINE 6:

IN 1995, THE GOOD SAMARITAN HOSPITAL OF CINCINNATI, OHIO AND BETHESDA
HOSPITAL, INC. FORMED A PARTNERSHIP CALLED TRIHEALTH IN ORDER TO CREATE AN
INTEGRATED HEALTH DELIVERY SYSTEM WHOSE MISSION IS TO IMPROVE THE HEALTH
OF THE PEOPLE THEY SERVE, WITH AN EMPHASIS ON PREVENTION, WELLNESS AND
EDUCATION.

THROUGH FIVE (5) HOSPITALS, THREE (3) AMBULATORY LOCATIONS AND OVER 125
SITES OF CARE (EMPLOYING OVER 600 PHYSICIANS INCLUDING RESIDENTS),
TRIHEALTH PROVIDES A WIDE RANGE OF CLINICAL, EDUCATIONAL, PREVENTIVE AND
SOCIAL PROGRAMS. TRIHEALTH'S NON-HOSPITAL SERVICES INCLUDE PHYSICIAN
PRACTICE MANAGEMENT, FITNESS CENTERS AND FITNESS CENTER MANAGEMENT,
OCCUPATIONAL HEALTH CENTERS, HOME HEALTH AND HOSPICE CARE.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

OMB No 1545-0047

2014

Open to Public
Inspection

Name of the organization

MCCULLOUGH-HYDE MEMORIAL HOSPITAL

Employer identification number
31-0650283

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

1 (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
TALAWANDA ATHLETIC BOOSTERS 5301 UNIVERSITY BLVD. OXFORD, OH 45056	31-1062296	501(C)(3)	10,000.	0.			SCHOOL PROGRAMS
S.A.N.E. OF BUTLER COUNTY P.O. BOX 18818 FAIRFIELD, OH 45018	31-1604036	501(C)(3)	7,500.	0.			FORENSIC CARE

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

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

2.
0.

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

Schedule I (Form 990) (2014)

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

PART I, LINE 2

MCCULLOUGH-HYDE MEMORIAL HOSPITAL ("MHMH") PROVIDES FUNDS TO ONLY LOCAL

ORGANIZATIONS FOR SPECIFIC ACTIVITIES AND NOT ONGOING ACTIVITIES. THE

LOCAL ORGANIZATION PROVIDES A RECEIPT OF SUCH FUNDS WHICH SERVES AS MHMH'S

SUBSTANTIATION. THUS, THE NEED TO MONITOR THE USE OF THE FUNDS IS NOT

NEEDED BY MHMH.

SCHEDULE K
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" on 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

Name of the organization

MCCULLOUGH-HYDE MEMORIAL HOSPITAL

Employer identification number

31-0650283

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) Pooled financing	
						Yes	No	Yes	No
A BUTLER COUNTY-SERIES 2009A	31-6000061	NONE	09/19/13	10,314,685	REFUNDING OF 2009 SERIES		X		X
B BUTLER COUNTY-SERIES 2009B	31-6000061	NONE	09/19/13	3,131,352	REFUNDING OF 2009 SERIES		X		X
C									
D									

Part II Proceeds

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Amount of bonds retired								
2 Amount of bonds legally defeased								
3 Total proceeds of issue								
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds								
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds								
11 Other spent proceeds								
12 Other unspent proceeds								
13 Year of substantial completion								
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				

432121
10-15-14

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

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?								
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		%		%		%		%
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 non-governmental 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?								
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		X				
b Exception to rebate?		X		X				
c No rebate due?		X		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								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

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

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Inspection

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MCCULLOUGH-HYDE MEMORIAL HOSPITAL

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FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OVERALL, INPATIENT AND OUTPATIENT CARE REPRESENT 26% AND 74% OF GROSS

PATIENT REVENUE, RESPECTIVELY.

EXPENSES \$ 12,413,425. INCLUDING GRANTS OF \$ 24,118. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 1:

DURING THE INTERVALS BETWEEN BOARD OF DIRECTORS MEETINGS, THE EXECUTIVE

COMMITTEE SHALL, SUBJECT TO SECTIONS 5.07, 7.04 AND 7.05 OF MCCULLOUGH-HYDE

MEMORIAL HOSPITAL'S CODE OF REGULATIONS, POSSESS AND MAY EXERCISE ALL THE

POWERS AND FUNCTIONS OF THE BOARD OF DIRECTORS IN THE MANAGEMENT AND

DIRECTION OF THE AFFAIRS OF THE CORPORATION IN MATTERS OF URGENCY WHICH

REQUIRE ACTION BETWEEN REGULARLY SCHEDULED OR SPECIAL MEETINGS OF THE BOARD

OF DIRECTORS. ALL ACTIONS OF THE EXECUTIVE COMMITTEE SHALL BE REPORTED TO

THE BOARD OF DIRECTORS AT ITS NEXT MEETING SUCCEEDING SUCH ACTION.

THE EXECUTIVE COMMITTEE SHALL CONSIST OF THE CHAIR AND FOUR (4) ADDITIONAL

BOARD MEMBERS ELECTED TO THE COMMITTEE BY THE BOARD OF DIRECTORS SUCH THAT

THE EXECUTIVE COMMITTEE SHALL CONSIST OF A PERCENTAGE OF

TRIHEALTH-APPOINTED DIRECTORS AND TRUST-APPOINTED DIRECTORS CONSISTENT WITH

COMPOSITION OF THE BOARD OF DIRECTORS (I.E. TRIHEALTH, INC.-60% AND

MCCULLOUGH-HYDE MEMORIAL HOSPITAL TRUST-40%). THE CEO OF MCCULLOUGH-HYDE

MEMORIAL HOSPITAL SHALL BE A MEMBER, EX OFFICIO, WITHOUT A VOTE. THE BOARD

CHAIR SHALL CHAIR THE COMMITTEE.

FORM 990, PART VI, SECTION A, LINE 2

RICHARD NORMAN, ALAN OAK, HILLARY EVANS, MD AND JOHN HARLAN, MD HAVE A

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2014)

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Name of the organization	Employer identification number
MCCULLOUGH-HYDE MEMORIAL HOSPITAL	31-0650283

"BUSINESS RELATIONSHIP" WITH EACH OTHER BY VIRTUE OF SITTING ON THE BOARD
OF DIRECTORS OF MCCULLOUGH-HYDE MEMORIAL HOSPITAL TRUST, ONE OF THE CLASS
OF MEMBERS OF MCCULLOUGH-HYDE MEMORIAL HOSPITAL.

JOHN PROUT AND MYRTIS POWELL HAVE A "BUSINESS RELATIONSHIP" WITH EACH OTHER
BY VIRTUE OF SITTING ON THE BOARD OF DIRECTORS OF TRIHEALTH, INC., ONE OF
THE CLASS OF MEMBERS OF MCCULLOUGH-HYDE MEMORIAL HOSPITAL. AS WELL AS,
SITTING ON THE BOARD OF DIRECTORS OF THE GOOD SAMARITAN COLLEGE OF NURSING
AND HEALTH SCIENCE, AN AFFILIATED ENTITY OF TRIHEALTH, INC.

DEE ELLINGWOOD, JOHN PROUT, ROBERT COLLINS, MD, AND MICHAEL CROFTON HAVE A
"BUSINESS RELATIONSHIP" WITH EACH OTHER BY VIRTUE OF BEING EMPLOYEES OF
TRIHEALTH, INC., ONE OF THE CLASS OF MEMBERS OF MCCULLOUGH-HYDE MEMORIAL
HOSPITAL.

FORM 990, PART VI, SECTION A, LINE 4:

ON JANUARY 8, 2015, MCCULLOUGH-HYDE MEMORIAL HOSPITAL ("HOSPITAL") FILED
AMENDED ARTICLES OF INCORPORATION WITH THE STATE OF OHIO TO INCREASE THE
NUMBER OF CLASSES OF MEMBERS OF HOSPITAL TO TWO (2) AS PART OF ITS
AFFILIATION WITH TRIHEALTH, INC., AN ORGANIZATION RECOGNIZED BY THE
INTERNAL REVENUE SERVICE AS EXEMPT FROM FEDERAL TAX UNDER INTERNAL REVENUE
CODE SECTION 501(A).

FORM 990, PART VI, SECTION A, LINE 6:

MCCULLOUGH-HYDE MEMORIAL HOSPITAL HAD TWO (2) CLASSES OF MEMBERS. THE
FIRST CLASS CONSISTS SOLELY OF THE MCCULLOUGH-HYDE MEMORIAL HOSPITAL TRUST
OR ITS PERMITTED SUCCESSOR (40%). THE SECOND CLASS CONSISTS SOLELY OF
TRIHEALTH, INC. OR ITS PERMITTED SUCCESSOR (60%).

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Schedule O (Form 990 or 990-EZ) (2014)

Name of the organization	Employer identification number
MCCULLOUGH-HYDE MEMORIAL HOSPITAL	31-0650283

FORM 990, PART VI, SECTION A, LINE 7A.

THE BOARD OF DIRECTORS OF MHM SHALL CONSIST OF TEN (10) INDIVIDUALS

APPOINTED BY THE MEMBERS IN ACCORDANCE WITH THEIR RESPECTIVE MEMBERSHIP

INTERESTS IN MHM.

FOUR (4) DIRECTORS SHALL BE APPOINTED EXCLUSIVELY BY THE MCCULLOUGH-HYDE

MEMORIAL HOSPITAL TRUST (THE "TRUST APPOINTED DIRECTORS"). THE TRUST

APPOINTED DIRECTORS SHALL BE SELECTED SOLELY BY THE MCCULLOUGH-HYDE

MEMORIAL TRUST AND MAY INCLUDE PERSONS WHO ARE TRUSTEES OF THE

MCCULLOUGH-HYDE MEMORIAL HOSPITAL TRUST, PHYSICIANS, MEMBERS OF THE

COMMUNITY AND SUCH OTHER PERSONS AS THE MCCULLOUGH-HYDE MEMORIAL HOSPITAL

TRUST DETERMINES APPROPRIATE, BUT WITH NO MINIMUM REPRESENTATION OF ANY

STAKEHOLDERS. IN MAKING SUCH DETERMINATION, THE MCCULLOUGH-HYDE MEMORIAL

HOSPITAL TRUST SHALL CONSIDER (TOGETHER WITH SUCH OTHER FACTORS, AS DEEMED

APPROPRIATE) THE VALUE OF A PHYSICIAN ON THE MEDICAL STAFF OF MHM BEING ON

THE BOARD OF DIRECTORS.

SIX (6) DIRECTORS SHALL BE APPOINTED EXCLUSIVELY BY TRIHEALTH, INC. (THE

"TRIHEALTH APPOINTED DIRECTORS"). THE TRIHEALTH APPOINTED DIRECTORS SHALL

BE SELECTED SOLELY BY TRIHEALTH, INC. AND MAY INCLUDE ITS SENIOR

MANAGEMENT, PHYSICIANS, MEMBERS OF THE COMMUNITY AND SUCH OTHER PERSONS AS

TRIHEALTH, INC. DETERMINES APPROPRIATE, WITH NO MINIMUM REPRESENTATION OF

ANY STAKEHOLDER.

THE MEMBERS SHALL RECEIVE RECOMMENDATIONS FROM THE GOVERNANCE AND

NOMINATING COMMITTEE FOR FILLING ANY VACANCIES ON THE BOARD OF DIRECTORS

DUE TO EXPIRATION OF TERMS OR FOR ANY OTHER REASON; HOWEVER, THE COMMITTEE

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MCCULLOUGH-HYDE MEMORIAL HOSPITAL

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SHALL NOT EXERCISE ANY POWER OR AUTHORITY OVER THE BOARD OF DIRECTORS OR

THE MEMBERS AND THE MEMBERS RETAIN THE EXCLUSIVE RIGHT TO APPOINT THE BOARD

OF DIRECTORS.

EACH DIRECTOR SHALL SERVE FOR A TERM OF FOUR (4) YEARS AND SERVE NO MORE

THAN TWO CONSECUTIVE TERMS, HOWEVER, THE TRIHEALTH CHIEF EXECUTIVE OFFICER

AND OTHER OFFICERS AND MANAGEMENT PERSONNEL OF TRIHEALTH WHO SERVE AS

TRIHEALTH APPOINTED DIRECTORS MAY SERVE AN UNLIMITED NUMBER OF TERMS AS A

DIRECTOR.

ANY DIRECTOR MAY RESIGN AT ANY TIME BY GIVING WRITTEN NOTICE TO THE BOARD

OF DIRECTORS AND THE MEMBER WHICH APPOINTED THE DIRECTOR. ANY DIRECTOR MAY

BE REMOVED FROM OFFICE, WITH OR WITHOUT CAUSE, BY THE MEMBER WHICH

APPOINTED THE DIRECTOR AT ANY TIME. THE RESIGNATION OR REMOVAL OF A

DIRECTOR SHALL BE DEEMED TO CREATE A VACANCY ON THE BOARD, WHICH WILL BE

FILLED BY THE MEMBER APPOINTING A SUCCESSOR TO SERVE THE BALANCE OF THAT

DIRECTOR'S TERM.

FORM 990, PART VI, SECTION A, LINE 7B:

EACH MEMBER OF MCCULLOUGH-HYDE MEMORIAL HOSPITAL ("MHMH") SHALL HAVE ALL

RIGHTS AFFORDED TO MEMBERS OF NONPROFIT CORPORATIONS UNDER SECTION 1702 OF

THE OHIO REVISED CODE, AS AMENDED. NOTWITHSTANDING ANY OTHER PROVISION OF

THIS CODE OR OF OHIO LAW, MHMH SHALL HAVE NO POWER OR AUTHORITY TO TAKE ANY

ACTION DESCRIBED IN SECTION 3.02 OF ITS CODE OF REGULATIONS WITHOUT PRIOR

CONSENT, EXPRESSED IN WRITING AND FILED WITH THE SECRETARY OF MHMH AS PART

OF THE ITS MINUTES, OF BOTH MEMBERS. THE FOLLOWING MATTERS SHALL BE

SUBJECT TO UNANIMOUS APPROVAL OF THE MEMBERS:

Name of the organization

MCCULLOUGH-HYDE MEMORIAL HOSPITAL

Employer identification number

31-0650283

A) ANY ACTION WHICH INTENTIONALLY AFFECTS THE STATUS OF MHMH AS AN

ORGANIZATION EXEMPT FROM FEDERAL TAXATION, AS DESCRIBED IN SECTION

501(C)(3) OF THE IRC;

B) ANY CHANGES TO THE EXISTING MISSION, VISION AND VALUES STATEMENT OF

MHMH, AS REVISED;

C) ANY AMENDMENT TO THE ARTICLES OF INCORPORATION;

D) ANY AMENDMENT TO THIS CODE OF REGULATIONS THAT AFFECTS THE RIGHTS OF

EITHER MEMBER INDIVIDUALLY, OR THE MEMBERS COLLECTIVELY, THE SPECIAL VOTING

MATTERS, AS DEFINED IN ARTICLE V HEREOF, OR THE RIGHTS, RESPONSIBILITIES,

POWER AND AUTHORITY OF THE BOARD OF DIRECTORS, THE TRIHEALTH APPOINTED

DIRECTORS OR THE TRUST APPOINTED DIRECTORS;

E) ANY SALE, TRANSFER, OR OTHER DISPOSITION OF ASSETS OF THE CORPORATION

WITH A NET BOOK VALUE WHICH IS IN EXCESS OF 40% OF THE NET VALUE OF THE

CORPORATION'S ASSETS, WITHIN ANY PERIOD OF THREE (3) CONSECUTIVE FISCAL

YEARS. FOR THE PURPOSE OF CALCULATING THE 40% THRESHOLD, THE ASSETS

TRANSFERRED SHALL BE VALUED AT THEIR NET BOOK VALUE AND THE PERCENTAGE

SHALL BE MEASURED BY REFERENCE TO MHMH'S TOTAL NET ASSETS AS OF THE END OF

FISCAL QUARTER PRIOR TO THE FIRST TRANSFER OF ANY THREE-YEAR MEASUREMENT

PERIOD;

F) ANY TRANSFER, SALE, OR OTHER DISPOSITION OF EITHER MEMBER'S MEMBERSHIP

INTEREST IN MHMH OTHER THAN TO A CONTROLLED AFFILIATE OF THE MEMBER THAT IS

AN ENTITY DESCRIBED IN SECTION 501(C)(3) OF THE IRC.

G) EXCEPT AS SET FORTH IN SECTION 11.3 OF THE AFFILIATION AGREEMENT, ANY

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Name of the organization	Employer identification number
MCCULLOUGH-HYDE MEMORIAL HOSPITAL	31-0650283

ACTION THAT (I) WOULD CAUSE MHMH TO BE SUBJECT TO THE ETHICAL AND RELIGIOUS

DIRECTIVES FOR CATHOLIC HEALTH CARE SERVICES (THE "ERDS"), (II) THE EFFECT

OF WHICH IS TO CONVERT MHMH FROM ITS NONSECTARIAN STATUS INTO A FAITH-BASED

OR RELIGIOUSLY-AFFILIATED HOSPITAL, OR (III) WHICH WOULD RESTRICT THE

SERVICES PROVIDED BY MHMH IN A MANNER WHICH WOULD BE REQUIRED IF MHMH WERE

SUBJECT TO THE ERDS;

H) ANY CONTRIBUTION TO CAPITAL BY EITHER MEMBER (OTHER THAN AS CONTEMPLATED

BY SECTIONS 4.2 AND 4.3 OF THE AFFILIATION AGREEMENT), OR THE LOAN OF \$1.0

MILLION OR MORE TO MHMH MADE OR GUARANTEED BY ANY MEMBER OR ANY AFFILIATE

OF ANY MEMBER; AND

I) THE STANDARD AS TO WHAT CONSTITUTES A "MATERIAL AMENDMENT OR VARIATION"

FROM AN APPROVED ANNUAL BUDGET (AS CONTEMPLATED IN SECTION 3.04(E) OF

MHMH'S CODE OF REGULATIONS).

IN ADDITION, THE MCCULLOUGH-HYDE MEMORIAL HOSPITAL TRUST SOLELY SHALL HAVE

THE POWER TO APPROVE ANY ACTION OF MHMH THAT WOULD NOT BE CONSISTENT WITH

THE 1966 ORDER OF THE BUTLER COUNTY COMMON PLEAS COURT OR THE 1989 ORDER OF

THE BUTLER COUNTY PROBATE COURT RELATING TO THE IT.

TRIHEALTH, INC. SHALL HAVE SOLE AUTHORITY TO APPROVE THE FOLLOWING MATTERS,

AFTER RECEIVING A RECOMMENDATION FROM THE BOARD OF DIRECTORS (OR, IN THE

CASE OF THE APPOINTMENT OF THE CEO, THE CEO SELECTION COMMITTEE).

A) APPOINTMENT OF THE PRESIDENT AND CHIEF EXECUTIVE OFFICER ("CEO");

B) TERMINATION OF THE CEO;

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MCCULLOUGH-HYDE MEMORIAL HOSPITAL

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C) AN INITIAL FIVE-YEAR FINANCIAL PLAN ("THE "FINANCIAL PLAN") FOR
MAINTAINING AND IMPROVING THE KEY FINANCIAL INDICATORS OF MHMH(ON A
STAND-ALONE BASIS) IN A MANNER DETERMINED TO BE IN MHMH'S BEST INTERESTS
CONSISTENT WITH PRUDENT HOSPITAL OPERATIONS. THE KEY FINANCIAL INDICATORS
INCLUDED IN THE FINANCIAL PLAN WILL BE SELECTED BASED ON INDICATORS
REPORTED BY RATING AGENCIES IN THEIR HOSPITAL METRIC REPORTS;

D) ANNUAL CAPITAL AND OPERATING BUDGETS FOR MHMH;

E) ANY MATERIAL AMENDMENT OR DEVIATION FROM AN APPROVED CAPITAL OR
OPERATING BUDGET; AND

F) ANY AMENDMENT OF THE FINANCIAL PLAN OR ACTION THAT WOULD CAUSE A
DEVIATION FROM THE FINANCIAL PLAN SUCH THAT THE KEY FINANCIAL INDICATORS
SPECIFIED IN THE FINANCIAL PLAN ARE NOT PROJECTED TO BE ATTAINED.
EXCEPT AS SPECIFIED IN SECTION 7.02(E) OF MHMH'S CODE OF REGULATIONS,
TRIHEALTH, INC. MAY APPROVE SUCH ACTION AS IT SEES FIT AFTER RECEIVING THE
RECOMMENDATION OF THE BOARD.

FORM 990, PART VI, SECTION B, LINE 11:

THE GOVERNING BODY RECEIVES AN ELECTRONIC COPY OF THE FORM 990 INCLUDING
REQUIRED SCHEDULES, AS ULTIMATELY FILED WITH THE INTERNAL REVENUE SERVICE,
FOR REVIEW AND APPROVAL PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

ALL BOARD MEMBERS ARE REQUIRED TO ANNUALLY DISCLOSE CERTAIN FINANCIAL

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Schedule O (Form 990 or 990-EZ) (2014)

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INTERESTS AND FIDUCIARY RELATIONSHIPS. THE EXECUTIVE COMMITTEE AND
 CORPORATE COUNSEL REVIEW RESPONSES, CONDUCT FURTHER INVESTIGATION, IF
 NECESSARY, AND DETERMINE WHEN A CONFLICT EXISTS WITH RESPECT TO A CERTAIN
 TRANSACTION. IF A CONFLICT EXISTS, THE TRANSACTION IS NOT TO BE ENTERED
 INTO UNLESS ALTERNATIVES ARE FULLY INVESTIGATED AND, IN THEIR ABSENCE, THE
 BOARD, WITHOUT PARTICIPATION OF THE INTERESTED MEMBER(S), DETERMINES THAT
 THE TRANSACTION IS IN THE BEST INTEREST OF THE ORGANIZATION. PLANS TO
 MANAGE THE CONFLICT DURING THE RELATIONSHIP ARE IMPLEMENTED. ALL
 DISCUSSIONS ARE APPROPRIATELY DOCUMENTED.

ALL DIRECTORS AND MANAGERS, WHICH INCLUDE OFFICERS AND KEY EMPLOYEES, ARE
 REQUIRED TO ANNUALLY DISCLOSE ANY CIRCUMSTANCES, INCLUDING FAMILY AND
 BUSINESS RELATIONSHIPS, THAT MAY CAUSE A CONFLICT OF INTEREST FOR THE
 ORGANIZATION. THESE RESPONSES ARE REVIEWED AND ACTED UPON BY A CONFLICT OF
 INTEREST COMMITTEE.

FORM 990, PART VI, SECTION B, LINE 15:

IN DETERMINING COMPENSATION OF MCCULLOUGH-HYDE MEMORIAL HOSPITAL'S OFFICERS
 AND DIRECTORS, THE ANNUAL PROCESS PERFORMED BY TRIHEALTH, INC. (A RELATED
 ORGANIZATION WHO PAID THE INDIVIDUALS) INCLUDED:

- * COMPENSATION COMMITTEE;
- * INDEPENDENT COMPENSATION CONSULTANT;
- * COMPENSATION SURVEY OR STUDY;
- * APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE

ADDITIONALLY, ALL DISCUSSIONS AND DECISIONS ARE CONTEMPORANEOUSLY
 DOCUMENTED.

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MCCULLOUGH-HYDE MEMORIAL HOSPITAL

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FORM 990, PART VI, SECTION C, LINE 19:

MCCULLOUGH-HYDE MEMORIAL HOSPITAL'S GOVERNING DOCUMENTS, CONFLICTS OF

INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST. IN

ADDITION, THE FINANCIAL STATEMENTS ARE PRESENTED TO THE CITY COUNCIL OF

OXFORD ANNUALLY AT A MEETING THAT IS OPEN TO THE PUBLIC.

FORM 990, PART IX, LINE 11G, OTHER FEES:

MISCELLANEOUS:

PROGRAM SERVICE EXPENSES 2,552,921.

MANAGEMENT AND GENERAL EXPENSES 1,094,109.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 3,647,030.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 3,647,030.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

NONCONTROLLING INTEREST IN MCCULLOUGH-HYDE MEMORIAL

HOSPITAL 11,300,000.

FORM 990, PART XII, LINE 2C

THE FINANCIAL STATEMENTS OF MCCULLOUGH-HYDE MEMORIAL HOSPITAL ARE

AUDITED AS PART OF TRIHEALTH, INC. AND ITS SUBSIDIARIES AND AFFILIATES

("TRIHEALTH"). TRIHEALTH HAS A COMMITTEE THAT ASSUMES THE

RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF BOTH ITS AND ITS

SUBSIDIARIES AND AFFILIATES FINANCIAL STATEMENTS AS WELL AS THE

SELECTION OF THE INDEPENDENT AUDITOR.

DURING THE TAX YEAR, THERE WAS NOT A CHANGE IN THE PROCESS OF AUDIT

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OVERSIGHT AND/OR SELECTION OF AN INDEPENDENT AUDITOR BY TRIHEALTH.

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.

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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

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
TRIHEALTH, INC. - 31-1438846							
619 OAK STREET-ACCOUNTING 3 WEST	SUPPORT TO AFFILIATED		SECTION	SCHEDULE A,			
CINCINNATI, OH 45206	HOSPITALS	OHIO	501(C)(3)	LINE 11B	N/A		X
MCCULLOUGH-HYDE MEMORIAL HOSPITAL ENDOWMENT	OBTAIN CHARITABLE						
- 23-7374256, 110 NORTH POPLAR, OXFORD, OH	CONTRIBUTIONS, MANAGE THEM		SECTION	SCHEDULE A,			
45056	AND DISBURSE BY BOARD	OHIO	501(C)(3)	LINE 11A	N/A		X
GOOD SAMARITAN HOSPITAL FREE CLINIC -							
27-3893817, 619 OAK STREET-ACCOUNTING 3			SECTION	SCHEDULE A,			
WEST, CINCINNATI, OH 45206	HEALTHCARE SERVICES	OHIO	501(C)(3)	LINE 7	TRIHEALTH, INC.	X	
TRIHEALTH PHYSICIAN ENTERPRISE CORP -							
31-1383365, 619 OAK STREET-ACCOUNTING 3			SECTION	SCHEDULE A,			
WEST, CINCINNATI, OH 45206	PHYSICIAN PRACTICES	OHIO	501(C)(3)	LINE 9	TRIHEALTH, INC.	X	

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

SEE PART VII FOR CONTINUATIONS

Schedule R (Form 990) 2014

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)**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)	MCCULLOUGH-HYDE MEMORIAL HOSPITAL ENDOWMENT	C	1,000,000.CASH	
(2)	MCCULLOUGH-HYDE MEMORIAL HOSPITAL ENDOWMENT	C	22,565.CASH	
(3)	TRIHEALTH, INC.	C	3,500,000.CASH	
(4)	TRIHEALTH, INC.	M	200,923.COST	
(5)	MCCULLOUGH-HYDE MEMORIAL HOSPITAL ENDOWMENT	Q	101,701.COST	
(6)				

Part VII Supplemental Information

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

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:**NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:**

FERNSIDE, INC.: A CENTER FOR GRIEVING CHILDREN

EIN: 31-1179234

619 OAK STREET-ACCOUNTING 3 WEST

CINCINNATI, OH 45206

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

GOOD SAMARITAN COLLEGE OF NURSING AND HEALTH SCIENCE

EIN: 31-1778403

619 OAK STREET-ACCOUNTING 3 WEST

CINCINNATI, OH 45206

DIRECT CONTROLLING ENTITY: THE GOOD SAMARITAN HOSPITAL OF CINCINNATI, OHIO

NAME OF RELATED ORGANIZATION:

COMMUNITY LIMITED CARE DIALYSIS CENTER

DIRECT CONTROLLING ENTITY: THE GOOD SAMARITAN HOSPITAL OF CINCINNATI, OHIO