

For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form **990** (2016)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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

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

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

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

If "Yes," describe these changes on Schedule O

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

4a	(Code)	(Expenses \$ 785,418,653	including grants of \$ 1,697,935)(Revenue \$ 904,297,012)
	See Additional Data			

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

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

4d	Other program services (Describe in Schedule O)	(Expenses \$	including grants of \$)(Revenue \$)
-----------	--	--------------	------------------------	----------------

4e	Total program service expenses ▶	785,418,653		
-----------	----------------------------------	-------------	--	--

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b Yes	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 Yes	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	No
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23 Yes	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a Yes	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	No
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	No
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	No
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	No
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26	No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b Yes	
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c Yes	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	No
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33 Yes	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34 Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a Yes	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b Yes	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	No
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38 Yes	

Part V Statements Regarding Other IRS Filings and Tax 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.	442	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	5,172	
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).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	Yes	
b	If "Yes," enter the name of the foreign country: CJ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
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?		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
d	If "Yes," indicate the number of Forms 8282 filed during the year.		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12.		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders.		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
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.		
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.		
c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	13	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	9	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	Yes
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ 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.
▶ TED SCHERPENBERG 2139 AUBURN AVENUE CINCINNATI, OH 45219 (513) 263-1572

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Roger L Howe DIRECTOR	1 0 1 0	X						0	0	0
(2) R Glen Mayfield DIRECTOR	1 0 1 0	X						0	0	0
(3) Donald J Raithe MD DIRECTOR	1 0 1 0	X						0	0	0
(4) Alfred Kahn III MD DIRECTOR (THRU 7/2016)	40 0 1 0	X						766,267	0	14,004
(5) ERIC STAMLER MD DIRECTOR	1 0 1 0	X						394,120	0	0
(6) Robert Heimann Director	1 0 1 0	X						0	0	0
(7) KATY BARCLAY DIRECTOR	1 0 1 0	X						0	0	0
(8) R Kerry Clark DIRECTOR	1 0 1 0	X						0	0	0
(9) Victoria B Gluckman DIRECTOR	1 0 1 0	X						0	0	0
(10) Jeb Head DIRECTOR	1 0 1 0	X						0	0	0
(11) Thomas R Gerdes Treasurer	1 0 1 0	X		X				0	0	0
(12) Deborah P Majoras Secretary	1 0 0 0	X		X				0	0	0
(13) George H Vincent Board Chairman	1 0 1 0	X		X				0	0	0
(14) Michael K Keating President & CEO	40 0 1 0	X		X				993,333	0	123,657
(15) Scott Hamlin THRU 6/2017 Senior Vice Pre & CFO	40 0 1 0			X				661,926	0	90,682
(16) Slobodan Stanisc MD PHYSICIAN	40 0 0 0					X		1,480,860	0	25,506
(17) Patrick Kirk MD PHYSICIAN	40 0 0 0					X		1,400,549	0	26,506

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) Robert Cody MD PHYSICIAN	40 0 0 0					X		1,446,151	0	14,004
(19) EDWARD LIM MD Physician	40 0 0 0					X		1,401,057	0	23,864
(20) MARC SCHNEIDER MD PHYSICIAN	40 0 0 0					X		1,461,703	0	25,506
(21) Chris Bergman VICE PRE & CFO (THRU 11/2015)	40 0 1 0						X	354,223	0	13,226
(22) Thomas Broderick MD Director (Thru 9/2015)	40 0 1 0						X	619,053	0	-21,240

1b Sub-Total	▶			
c Total from continuation sheets to Part VII, Section A	▶			
d Total (add lines 1b and 1c)	▶	10,979,242	0	335,715

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 ▶ 11

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
UNIVERSITY OF CINCINNATI, PO BOX 670573 CINCINNATI, OH 45267	HEALTHCARE SERVICES	4,259,835
DANIS BUILDING CONSTRUCTION CO, 3233 NEWARK DRIVE MIAMISBURG, OH 45342	CONSTRUCTION	24,574,058
CONIFER HEALTH SOLUTIONS LLC, 12020 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693	FINANCIAL SERVICES	6,837,000
SODEXO INC, 4880 PAYSHERE CIRCLE CHICAGO, IL 60674	CATERING SERVICES	7,156,720
CBTS, 1507 SOLUTIONS CENTER CHICAGO, IL 60677	FINANCIAL SERVICES	4,267,975

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 ▶ 96

Part VIII **Statement of Revenue**

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

**Contributions, Gifts, Grants
and Other Similar Amounts**

	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
1a Federated campaigns	1a			
b Membership dues	1b			
c Fundraising events	1c	0		
d Related organizations	1d			
e Government grants (contributions)	1e	46,253		
f All other contributions, gifts, grants, and similar amounts not included above	1f	2,116,336		
g Noncash contributions included in lines 1a-1f \$		0		
h Total. Add lines 1a-1f		2,162,589		

Program Service Revenue

	Business Code				
2a Net Patient Service Reven	621990	880,523,436	880,490,118	33,318	0
b Physician Revenue	621110	1,580,314	1,580,314	0	0
c Pharmacy Sales	446110	4,028,245	4,028,245	0	0
d All other program service	621990	2,436,959	2,436,959	0	0
e					
f All other program service revenue					
g Total. Add lines 2a-2f		888,568,954			

Other Revenue

3 Investment income (including dividends, interest, and other similar amounts)		7,447,976			7,447,976
4 Income from investment of tax-exempt bond proceeds		0			
5 Royalties		0			
6a Gross rents	(i) Real	(ii) Personal			
	2,539,280				
b Less rental expenses					
c Rental income or (loss)	2,539,280	0			
d Net rental income or (loss)		2,539,280			2,539,280
7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
b Less cost or other basis and sales expenses		424,562			
c Gain or (loss)		-424,562			
d Net gain or (loss)		-424,562			-424,562
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	a	0			
b Less direct expenses	b	0			
c Net income or (loss) from fundraising events		0			
9a Gross income from gaming activities See Part IV, line 19	a	0			
b Less direct expenses	b	0			
c Net income or (loss) from gaming activities		0			
10a Gross sales of inventory, less returns and allowances	a	0			
b Less cost of goods sold	b	0			
c Net income or (loss) from sales of inventory		0			
Miscellaneous Revenue	Business Code				
11a CPCI REVENUE	900099	1,579,335	1,579,335	0	0
b CAFETERIA/VENDING REVENUE	722210	3,091,238	0	0	3,091,238
c CPC+ Revenue	900099	2,096,531	2,096,531	0	0
d All other revenue		12,052,192	12,052,192	0	
e Total. Add lines 11a-11d		18,819,296			
12 Total revenue. See Instructions		919,113,533	904,263,694	33,318	12,653,932

Part IX Statement of Functional Expenses

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

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

**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	1,697,935	1,697,935		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	0	0		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	0	0		
4 Benefits paid to or for members.	0	0		
5 Compensation of current officers, directors, trustees, and key employees.	2,528,061	2,022,448	505,613	0
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	965,262	772,210	193,052	0
7 Other salaries and wages.	369,080,873	295,264,698	73,816,175	0
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	7,932,105	6,345,684	1,586,421	0
9 Other employee benefits.	36,721,576	29,377,261	7,344,315	0
10 Payroll taxes.	22,471,954	17,977,563	4,494,391	0
11 Fees for services (non-employees):				
a Management.	0	0	0	0
b Legal.	2,015,630	1,612,504	403,126	0
c Accounting.	465,948	372,758	93,190	0
d Lobbying.	4,500	3,600	900	0
e Professional fundraising services. See Part IV, line 17.	0			0
f Investment management fees.	1,077,431	861,945	215,486	0
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	86,370,382	69,096,306	17,274,076	0
12 Advertising and promotion.	3,003,084	2,402,467	600,617	0
13 Office expenses.	2,978,897	2,383,118	595,779	0
14 Information technology.	12,222,527	9,778,022	2,444,505	0
15 Royalties.	0	0	0	0
16 Occupancy.	26,373,149	21,098,519	5,274,630	0
17 Travel.	389,056	311,245	77,811	0
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.	0	0	0	0
19 Conferences, conventions, and meetings.	1,325,825	1,060,660	265,165	0
20 Interest.	18,026,024	14,420,819	3,605,205	0
21 Payments to affiliates.	0	0	0	0
22 Depreciation, depletion, and amortization.	53,453,189	42,762,551	10,690,638	0
23 Insurance.	578,561	462,849	115,712	0
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a Medical Supplies.	245,193,784	245,193,784	0	0
b Due & Subscriptions.	11,410,699	9,128,559	2,282,140	0
c Rental & Lease of Equip.	10,750,415	8,600,332	2,150,083	0
d Printing & publications.	1,027,286	821,829	205,457	0
e All other expenses.	1,986,234	1,588,987	397,247	
25 Total functional expenses. Add lines 1 through 24e.	920,050,387	785,418,653	134,631,734	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).	0			

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		50,178,140	1	46,619,696
	2	Savings and temporary cash investments		9,806,749	2	752,395
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		131,810,085	4	123,009,738
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L.		0	6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		19,384,325	8	18,870,336
	9	Prepaid expenses and deferred charges		13,454,897	9	13,236,741
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D.	10a 1,202,280,200			
	b	Less: accumulated depreciation	10b 645,398,794	553,017,396	10c	556,881,406
	11	Investments—publicly traded securities		295,362,008	11	320,382,069
	12	Investments—other securities. See Part IV, line 11		0	12	0
	13	Investments—program-related. See Part IV, line 11		0	13	0
	14	Intangible assets		35,715,124	14	12,748,985
	15	Other assets. See Part IV, line 11		41,516,933	15	45,471,169
16	Total assets. Add lines 1 through 15 (must equal line 34)		1,150,245,657	16	1,137,972,535	
Liabilities	17	Accounts payable and accrued expenses		111,389,979	17	128,735,195
	18	Grants payable		0	18	0
	19	Deferred revenue		0	19	0
	20	Tax-exempt bond liabilities		411,219,465	20	405,016,580
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		9,595,244	23	9,274,836
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.		108,111,284	25	75,852,844
	26	Total liabilities. Add lines 17 through 25		640,315,972	26	618,879,455
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		506,853,416	27	519,093,080
	28	Temporarily restricted net assets		3,076,269	28	0
	29	Permanently restricted net assets		0	29	0
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		509,929,685	33	519,093,080
34	Total liabilities and net assets/fund balances		1,150,245,657	34	1,137,972,535	

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	919,113,533
2	Total expenses (must equal Part IX, column (A), line 25)	2	920,050,387
3	Revenue less expenses Subtract line 2 from line 1	3	-936,854
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	509,929,685
5	Net unrealized gains (losses) on investments	5	9,096,289
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	1,003,960
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	519,093,080

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

Software ID:
Software Version:
EIN: 31-0538525
Name: THE CHRIST HOSPITAL

Form 990 (2016)

Form 990, Part III, Line 4a:

The Christ hospital ("TCH") is an Ohio nonprofit corporation formed in June of 1891. TCH is tax-exempt under section 501(c)(3) of the internal revenue code ("the code") and functions as a hospital organization as described in section 509(a)(1) and 170(b)(1)(a)(iii) of the code. TCH's mission for the 125 years of its operations has been to improve the health of our community and to be a regional exemplar in creating patient value through exceptional outcomes and patient experience provided at an affordable and responsible cost that ensures access to all members of our community without regard to financial status or other factors such as race, ethnicity, beliefs or gender. Through its main hospital campus in Mt. Auburn, TCH is dedicated to its urban-hospital roots, remaining steadfast in commitment to diverse and economically challenged neighborhoods in the uptown section of Cincinnati, Ohio, while maintaining this urban commitment through its base operations, TCH has also developed a network of outpatient centers and physician practices that ensure access to care throughout the greater Cincinnati region, including suburban and rural regions of the area that serve ten counties located in three states. TCH has organized and maintains an accredited staff of more than 1,200 physicians, and offers advanced services and technologies through executive leadership of seven key service lines: cardiovascular care, orthopaedic and spine treatment, women's health, oncology, special surgery, comprehensive medicine AND PRIMARY CARE. TCH maintains its sacred trust with the community and governmental oversight partners in earning and maintaining the privilege and responsibilities of tax-exemption. These core commitments include activities that are not undertaken for economic gain, but in fact are performed at a loss or are wholly unreimbursed and are performed as a matter of public trust and commitment. These core commitments include: 1. charity care & care provided under governmental assistance programs - access to care regardless of ability to pay and full participation in Medicare and Medicaid programs wherein entitlement payments are insufficient to cover the costs of services provided; 2. medical education - assurance of sufficient numbers and competency of trained and licensed medical professionals to meet the needs of our community. This includes residency and fellowship training for physicians that are operated at a financial loss, and formal undergraduate degree training through its college of nursing that requires subsidization through philanthropy and private support; 3. research & innovation - through the Carl & Edyth Lindner center for research and education at the Christ hospital, TCH invests substantial internal and philanthropic resources in supporting the advancement of medical discovery and improvement for the public good through an array of clinical trials and other application research. The above activities are the enduring and sacred commitment and responsibility of TCH. Year in and year out these commitments will serve to demonstrate how TCH has earned and maintains its tax-exempt privilege. For the past 18 years, TCH has been recognized by U.S. news & world report as one of the nation's top hospitals and has been named Cincinnati's most preferred hospital for 22 consecutive years by national research corporation. TCH has been granted magnet recognition from the American nurses credentialing center for excellence in nursing care. Additionally, TCH was recognized by IBM Watson Health for eight consecutive years. While maintaining its commitments to the community, TCH is in a period of rapid growth, including the expansion of an ambulatory outpatient strategy consisting of an employed primary care and specialty physician network, numerous outpatient centers offering a variety of services, and other community initiatives. With a staff of more than 1,200 physicians, TCH offers advanced services and technologies in cardiovascular care, orthopaedic and spine treatment, women's health, oncology, specialty surgery, and a host of outpatient services such as physician practices, imaging, testing, physical and occupational therapy, wound healing, diabetes care, and more. For the fiscal year ended June 30, 2017, TCH's inpatient admissions were approximately 31,000 and its outpatient visits exceeded 530,000. TCH centers of excellence: TCH takes pride in its self-designated centers of excellence, which include heart and vascular, musculoskeletal, women's health, oncology, and comprehensive medicine. Each specialized center of excellence offers comprehensive care and is staffed by a team of skilled physicians, nurses and other healthcare practitioners who participate in specialty training in their respective medical and/or surgical area of expertise on an ongoing basis. Heart and Vascular: TCH provides care to thousands of cardiovascular patients every year and offers comprehensive programs in areas such as heart valve disease, advanced heart failure, heart rhythm disturbances, coronary artery disease and a robust clinical research program through the Lindner research center. For 14 consecutive years TCH has been named one of the nation's 50 top cardiovascular hospitals by Truven Health Analytics, formerly Thomson Reuters. The study examined the performance of more than 1,000 hospitals by analyzing outcomes for patients with heart failure, heart attacks, and those who received coronary bypass surgery and percutaneous coronary interventions. This is the 12th time TCH has been recognized with this honor. TCH's ranking reflects decades of experience in performing complex heart and vascular procedures, the unparalleled skill of its physicians and the expertise of its staff. Additionally, TCH received the gold quality achievement award from the American heart association. The recognition signifies that TCH has achieved at least two years of 85% or higher adherence to the guidelines of care recommended by the American heart association/American college of cardiology. Musculoskeletal: TCH offers comprehensive orthopaedic and spine services provided by expert specialists who provide a comprehensive range of services that focus on the prevention, diagnosis, treatment and rehabilitation of musculoskeletal disorders. Our nationally recognized joint & spine center has become a destination for those seeking joint replacement and spine surgery. TCH uses a multi-disciplinary approach to diagnosing and treating back and neck problems through its team of orthopaedic surgeons, neurosurgeons, interventional radiologists, pain management physicians and physical therapists who work collaboratively to ensure that patients receive the best possible care from the experts best suited to provide it. TCH's physicians and surgeons have performed more spine procedures than any other hospital in the greater Cincinnati area. TCH is not only committed to bringing exceptional medicine to our communities today - we also invest in the resources, technologies and services needed to support the healthcare needs of our community well into the future. That's why we HAVE constructed a \$265 million expansion and improvement of our main campus in Mt. Auburn, the centerpiece of which includes the development of a unique facility dedicated solely to orthopaedic and spine care - the Christ hospital joint & spine center. The new facility supports physicians, patients and families in an efficient, healing and technologically advanced environment. It is the only one locally, and one of only a few in the country, to offer a single purpose facility with a focus on comprehensive orthopaedic and spine services and research. Women's Health: TCH offers a wide range of specialized services for women, including a dedicated women's surgery center, as well as a multidisciplinary team of physicians dedicated to treating urogynecology and pelvic floor disorders. TCH is committed to providing patients with exceptional experiences. Oncology: TCH includes a newly renovated cancer center that offers a full range of the most advanced cancer services available, including a robust research program and a resource center for patients. TCH provides comprehensive outpatient services, a 30-bed dedicated inpatient medical oncology unit and hospice services, as well as a dedicated suite for high dose rate (HDR) radiation therapy. The hospital is accredited by the American College of Surgeons (ACOS), an agency that evaluates quality and outcome data for cancer centers across the nation, and a member of the Association of Community Cancer Centers (ACCC), the leading education and advocacy organization of the cancer team. The organization's other centers of excellence also have unique characteristics that differentiate the level of quality and service for greater Cincinnati. Successful patient-centered programs such as palliative care are also drawing the attention of payors in the m

SCHEDULE A (Form 990 or 990-EZ)	Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ▶ Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 .	OMB No 1545-0047 2016 Open to Public Inspection
	Department of the Treasury Internal Revenue Service Name of the organization THE CHRIST HOSPITAL	Employer identification number 31-0538525

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.
The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))
- 3 ☒ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 11 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f Enter the number of supported organizations _____
- g Provide the following information about the supported organization(s) _____

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, 8, or 9 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")						
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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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 2016 (line 6, column (f) divided by line 11, column (f))					14	
15 Public support percentage for 2015 Schedule A, Part II, line 14					15	
16a 33 1/3% support test—2016. 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—2015. 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—2016. 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—2015. 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"/>						

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

(Complete only if you checked the box on line 10 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2016. 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—2015. 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 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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? <i>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.</i>	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>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.</i>	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>	5a	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>	9a	
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	9b	
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>	9c	
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	10a	
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	10b	

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? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		
11a		
11b		
11c		

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? <i>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.</i>		
1		
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? <i>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.</i>		
2		

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)? <i>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).</i>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
2		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
3		

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.		
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? <i>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.</i>		
2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
2b		
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? <i>Provide details in Part VI.</i>		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
3b		

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

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

Section A - Adjusted Net Income

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

Section B - Minimum Asset Amount

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

Section C - Distributable Amount

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

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 2016 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-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

Part VI **Supplemental Information.**

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

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-

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

2016

**Open to Public
Inspection**

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

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

Name of the organization THE CHRIST HOSPITAL	Employer identification number 31-0538525
---	---

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 7202 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-
2				
3				
4				
5				
6				

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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	0
d	Mailings to members, legislators, or the public?		No	0
e	Publications, or published or broadcast statements?		No	0
f	Grants to other organizations for lobbying purposes?	Yes		4,500
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	0
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	0
i	Other activities?		No	0
j	Total Add lines 1c through 1i			4,500
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
PART II-B, LINE 1F	LOBBYING ACTIVITIES THE CHRIST HOSPITAL PAID MEMBERSHIP DUES TO THE OHIO HOSPITAL ASSOCIATION A PERCENTAGE OF THE DUES RELATED TO LOBBYING TOTAL DUES EXPENDITURES RELATED TO LOBBYING WERE THE FOLLOWING OHIO HOSPITAL ASSOCIATION \$4,500

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on 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

2016

Open to Public Inspection

Name of the organization
THE CHRIST HOSPITAL

Employer identification number
31-0538525

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on 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?

☐ Yes ☐ No

6

Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes ☐ No

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

1

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

☐ Preservation of land for public use (e g , recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

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

3

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

4

Number of states where property subject to conservation easement is located ►

5

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

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►

7

Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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 on 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 on Form 990, Part VIII, line 1

► \$

b

Assets included in Form 990, Part X

► \$

Part III

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

3

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

a☐ Public exhibition

b☐ Scholarly research

c☐ Preservation for future generations

d☐ Loan or exchange programs

e☐ Other

4

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

5

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

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on 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

☐ No

b

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

☐

Part V

Endowment Funds. Complete if the organization answered "Yes" on 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	7,959,000	64,391,000	122,377,000	147,542,000	150,886,000
b Contributions	8,181,000	1,739,000	5,507,000	24,959,000	2,766,000
c Net investment earnings, gains, and losses	25,000	14,000	352,000	255,000	164,000
d Grants or scholarships					
e Other expenditures for facilities and programs	3,209,000	55,232,000	63,120,000	44,255,000	5,545,000
f Administrative expenses	1,721,000	2,953,000	725,000	1,027,000	729,000
g End of year balance	11,235,000	7,959,000	64,391,000	127,474,000	147,542,000

2

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

a Board designated or quasi-endowment 0 %

b Permanent endowment 9 000 %

c Temporarily restricted endowment 91 000 %

The percentages on 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)		No
3a(ii)	Yes	
3b	Yes	

b

If "Yes" on 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' on 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	0	48,801,834		48,801,834
b Buildings	0	435,180,693	117,360,799	317,819,894
c Leasehold improvements	0	28,635,183	5,900,054	22,735,129
d Equipment	0	537,361,093	435,512,470	101,848,623
e Other	0	152,301,397	86,625,471	65,675,926
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				556,881,406

Part VII

Investments—Other Securities. Complete if the organization answered 'Yes' on 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. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶		

Part VIII

Investments—Program Related. Complete if the organization answered 'Yes' on 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. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶		

Part IX

Other Assets. Complete if the organization answered 'Yes' on 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' on 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	0
DEFERRED PENSION	77,368,798
DUE FROM THRID PARTY PAYORS	-1,518,452
OTHER LIABILITIES	2,498
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	75,852,844

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 ☒

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

Complete if the organization answered 'Yes' on 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' on Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 31-0538525
Name: THE CHRIST HOSPITAL

Supplemental Information

Return Reference	Explanation
PART V, LINE 4	INTENDED USE OF ENDOWMENT FUNDS ALL FUNDS RECEIVED BY THE CHRIST HOSPITAL AND THE CHRIST HOSPITAL FOUNDATION, BOTH PERMANENTLY AND TEMPORARILY RESTRICTED, ARE USED IN LINE WITH THE DONOR'S INTENT ALL FUNDS ARE MONITORED BY THE CHRIST HOSPITAL FOUNDATION AND GENERAL ACCOUNTING AND IF EXPENSES ARE IDENTIFIED AS APPROPRIATE TO THE FUND, THE FUND WILL BE CHARGED FOR THE EXPENDITURE FOR PERMANENTLY RESTRICTED FUNDS, INVESTMENT INCOME WILL BE ALLOCATED BETWEEN INCREASING THE FUND'S CORPUS AND BENEFITING THE PROGRAM AS SPECIFIED BY THE DONOR

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	FIN 48 FOOTNOTE (ASC 740) THE CHRIST HOSPITAL (TCH) IS RECOGNIZED AS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE AS A CHARITABLE ORGANIZATION QUALIFYING UNDER INTERNAL REVENUE CODE SECTION 501(C)(3) TCH COMPLETED AN ANALYSIS OF UNCERTAIN TAX POSITIONS IN ACCORDANCE WITH APPLICABLE ACCOUNTING GUIDANCE AT JUNE 30, 2017 AND 2016, AND DETERMINED NO AMOUNTS WERE REQUIRED TO BE RECOGNIZED IN THE CONSOLIDATED FINANCIAL STATEMENTS AT JUNE 30, 2017 AND 2016

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization
THE CHRIST HOSPITAL

Statement of Activities Outside the United States

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

► Attach to Form 990. ► See separate instructions.

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

OMB No 1545-0047

2016

**Open to Public
Inspection**

Employer identification number

31-0538525

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

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☐ Yes ☐ No

- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

- 3** Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
See Add'l Data					
3a Sub-total		2			17,294,261
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)		2			17,294,261

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

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

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

Part III	Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
-----------------	---

Part III can be duplicated if additional space is needed.

[illegible]

Part IV Foreign Forms

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

Part V **Supplemental Information**

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

Return Reference	Explanation
PART 1, LINE 3 COLUMNN (F)	ACCOUNTING METHOD EXPENDITURES WERE ACCOUNTED FOR USING THE ACCRUAL METHOD OF ACCOUNTING

Additional Data

Software ID:

Software Version:

EIN: 31-0538525

Name: THE CHRIST HOSPITAL

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean		1	Program services	GEN & PROF LIAB	4,647,122
Central America and the Caribbean		1	Investments, program-relate		12,647,139

efile GRAPHIC print - DO NOT PROCESSAs Filed Data -DLN: 93493135047948

SCHEDULE H
(Form 990)

Hospitals

OMB No 1545-0047

2016

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

Name of the organization

THE CHRIST HOSPITAL

Employer identification number

31-0538525

► Complete if the organization answered "Yes" on 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.

Part IFinancial Assistance and Certain Other Community Benefits at Cost

1a

Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a

1a

Yes

1b

If "Yes," was it a written policy?

1b

Yes

2

If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year

☐ Applied uniformly to all hospital facilities

☐ Applied uniformly to most hospital facilities

☐ Generally tailored to individual hospital facilities

3

Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year

a

Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care

3a

Yes

b

Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care

3b

Yes

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

Yes

5a

Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?

5a

Yes

b

If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?

5b

Yes

c

If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?

5c

No

6a

Did the organization prepare a community benefit report during the tax year?

6a

No

b

If "Yes," did the organization make it available to the public?

6b

Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H

7Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			2,451,190	3,932,505	-1,481,315	0 %
b Medicaid (from Worksheet 3, column a)			98,244,106	61,092,576	37,151,530	4 000 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			100,695,296	65,025,081	35,670,215	4 000 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			648,605		648,605	0 070 %
f Health professions education (from Worksheet 5)			20,876,576	9,035,255	11,841,321	1 290 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)			5,762,353	3,689,658	2,072,695	0 230 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			216,202		216,202	0 020 %
j Total. Other Benefits			27,503,736	12,724,913	14,778,823	1 610 %
k Total. Add lines 7d and 7j			128,199,032	77,749,994	50,449,038	5 610 %

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

Cat No 50192T

Schedule H (Form 990) 2016

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

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

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	30,739,230	
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3	416,500	
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME).	5	145,304,842
6 Enter Medicare allowable costs of care relating to payments on line 5.	6	185,928,679
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7	-40,623,837
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.		
<input type="checkbox"/> Cost accounting system	<input checked="" type="checkbox"/> Cost to charge ratio	<input type="checkbox"/> Other

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

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

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

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

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year?
1

Name, address, 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)

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

Part V Facility Information (continued)**Section B. Facility Policies and Practices**(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
THE CHRIST HOSPITAL**Name of hospital facility or letter of facility reporting group** _____**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** _____

1

Community Health Needs Assessment

	Yes	No
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	3	Yes
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C) _____		
4 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>15</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	Yes
6 a 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	Yes
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	Yes
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7	Yes
a <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>SEE SECTION C</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	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>16</u>	10	Yes
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? a If "Yes" (list url) <u>SEE SECTION C</u>	10b	
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on 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)

		THE CHRIST HOSPITAL	
Name of hospital facility or letter of facility reporting group			
		Yes	No
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	13	Yes
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 150 % and FPG family income limit for eligibility for discounted care of 300 %		
b	<input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input type="checkbox"/> Medical indigency		
e	<input type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	14	Yes
15	Explained the method for applying for financial assistance? 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)	15	Yes
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16	Yes
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) SEE SECTION C		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) SEE SECTION C		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) SEE SECTION C		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)**Billing and Collections**

THE CHRIST HOSPITAL

Name of hospital facility or letter of facility reporting group

		Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted			
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?	19		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications d <input checked="" type="checkbox"/> Made presumptive eligibility determinations e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> None of these efforts were made			

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21	Yes	
If "No," indicate why			
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C)			

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

THE CHRIST HOSPITAL

Name of hospital facility or letter of facility reporting group _____**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 a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☒ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

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
23		No
24		No

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, 16j, 18e, 19e, 20e, 21c, 21d, 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.

[illegible]

Part V **Facility Information** *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 169

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

Part VI Supplemental Information

Provide the following information

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

Form and Line Reference	Explanation
PART I, LINE 7	<p>THE CHRIST HOSPITAL (TCH) APPLIES A COST-TO-CHARGE RATIO FROM WORKSHEET 2 OF THE FORM 990, SCHEDULE H INSTRUCTIONS TO DETERMINE FINANCIAL ASSISTANCE PROVIDED AT COST. PART I, LINE 7, COLUMN F BAD DEBTS ARE NETTED AGAINST NET REVENUES IN PART VIII, AND SUCH ARE NOT INCLUDED IN THE TOTAL EXPENSES IN ORDER TO CALCULATE THE PERCENTAGE REPORTED IN COLUMN F ON SCHEDULE H, PART I AND PART II. PART III, LINES 2 AND 4 NET PATIENT ACCOUNTS RECEIVABLE AND NET PATIENT SERVICE REVENUE LESS THE PROVISION FOR BAD DEBTS ARE RECORDED AT ESTIMATED AMOUNTS EXPECTED TO BE COLLECTED. THESE ESTIMATED AMOUNTS ARE SUBJECT TO FURTHER ADJUSTMENTS UPON REVIEW BY THIRD-PARTY PAYORS. THE PROVISION FOR BAD DEBTS IS BASED UPON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS CONSIDERING CURRENT BUSINESS AND ECONOMIC CONDITIONS, TRENDS IN HEALTH CARE COVERAGE AND OTHER COLLECTION INDICATORS. PERIODICALLY THROUGHOUT THE YEAR, MANAGEMENT ASSESSES THE ADEQUACY OF THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS BASED UPON HISTORICAL WRITE-OFF EXPERIENCE OF SELF-PAY ACCOUNTS RECEIVABLE INCLUDING THOSE BALANCES AFTER INSURANCE PAYMENTS AND NOT COVERED BY INSURANCE. THE RESULTS OF THIS REVIEW ARE THEN USED TO MAKE ANY MODIFICATIONS TO THE PROVISION FOR BAD DEBTS TO ESTABLISH AN APPROPRIATE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS. THE ESTIMATED AMOUNT FOR THE HOSPITAL'S BAD DEBT EXPENSE (AT COST) ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER TCH'S CHARITY CARE POLICY REPORTED ON PART III, LINE 3 WAS DETERMINED USING MANAGEMENT'S BEST ESTIMATE BASED ON AVAILABLE PATIENT DATA. PART III, LINE 8 COSTS REPORTED ON LINE 6 ARE OBTAINED FROM THE MEDICARE COST REPORT WHICH IS BASED ON A COST TO CHARGE RATIO. PART III, LINE 9B PATIENTS KNOWN TO QUALIFY FOR CHARITY CARE AND FINANCIAL ASSISTANCE ARE NOT SENT TO COLLECTORS UNLESS A DETERMINATION IN ACCORDANCE WITH THE FINANCIAL ASSISTANCE POLICY HAS BEEN MADE THAT THE PATIENT HAS THE FINANCIAL RESOURCES TO PAY SOME PORTION OF THEIR BILL BUT REFUSES TO DO SO. PART VI NEEDS ASSESSMENT OUR FIRST STEP IN CONDUCTING OUR 2016 COMMUNITY HEALTH NEEDS ASSESSMENT WAS TO DEFINE THE COMMUNITY WE SERVE. TO DO SO WE CONSIDERED A NUMBER OF RELEVANT FACTS AND CIRCUMSTANCES, INCLUDING THE GEOGRAPHIC AREA WE SERVE, THE TARGET POPULATIONS WE SERVE, AND OUR PRINCIPAL FUNCTIONS AS A HOSPITAL, WHICH INCLUDE OUR SERVICE LINES. IN DEFINING THE COMMUNITY WE SERVE, WE SPECIFICALLY INCLUDED THE MEDICALLY UNDERSERVED, LOW INCOME AND THE MINORITY POPULATIONS WHO LIVE IN THE GEOGRAPHIC AREA FROM WHICH WE DRAW PATIENTS. IN ADDITION, WE INCLUDED ALL PATIENTS WITHOUT REGARD TO WHETHER (OR HOW MUCH) THEY OR THEIR INSURERS PAY FOR CARE RECEIVED OR WHETHER THEY ARE ELIGIBLE FOR ASSISTANCE UNDER OUR FINANCIAL ASSISTANCE POLICY. WE ASSESSED THE HEALTH NEEDS OF THE COMMUNITY IN COLLABORATION WITH OTHER NONPROFIT HOSPITALS WHOSE COMMUNITIES OVERLAPPED WITH OURS AND THE HEALTH COLLABORATIVE. THE HEALTH COLLABORATIVE IS A NONPROFIT ORGANIZATION SERVING THE GREATER CINCINNATI AREA. IT WORKS WITH ITS MEMBER HOSPITALS ON HEALTH CARE IMPROVEMENT PROJECTS AND SHARES BEST PRACTICES. THE HEALTH COLLABORATIVE BROUGHT 20 HOSPITALS TOGETHER, INCLUDING THE CHRIST HOSPITAL, TO CONDUCT A COMPREHENSIVE, COLLABORATIVE COMMUNITY HEALTH NEEDS ASSESSMENT (COLLABORATIVE CHNA). THE COLLABORATIVE CHNA ALSO PROVIDES A DETAILED DESCRIPTION OF (1) HOW THE COLLABORATIVE CHNA TEAM SOLICITED AND TOOK INTO ACCOUNT INPUT RECEIVED FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY, INCLUDING THOSE WITH SPECIAL KNOWLEDGE OF, OR EXPERTISE IN, PUBLIC HEALTH, (2) HOW AND OVER WHAT PERIOD OF TIME SUCH INPUT WAS PROVIDED, (3) THE NAMES OF ORGANIZATIONS PROVIDING INPUT AND THE NATURE AND EXTENT OF THE ORGANIZATIONS INPUT, (4) DESCRIPTIONS OF THE MEDICALLY UNDERSERVED, LOW INCOME OR MINORITY POPULATIONS BEING REPRESENTED BY ORGANIZATIONS OR INDIVIDUALS THAT PROVIDED INPUT. IN ADDITION, THE CHRIST HOSPITAL REVIEWED ANY WRITTEN COMMENTS RECEIVED REGARDING THE 2013 COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION STRATEGY. TO DATE, TO THE BEST OF OUR KNOWLEDGE, NO WRITTEN COMMENTS HAVE BEEN RECEIVED AND, THUS, WRITTEN COMMENTS WERE NOT AVAILABLE FOR CONSIDERATION IN THIS ASSESSMENT. FOR EASE OF REFERENCE, THE FOLLOWING PROVIDES AN EXECUTIVE OVERVIEW OF SOME OF THE PROCESSES, METHODS AND DATA INPUT COLLECTION AND ANALYSIS USED TO CONDUCT THE COLLABORATIVE CHNA. REPRESENTATIVES FROM 11 HEALTHCARE SYSTEMS (REPRESENTING 20 HOSPITALS), INCLUDING THE CHRIST HOSPITAL, MET FIVE TIMES AND COMPRISED THE COLLABORATIVE CHNA COMMITTEE. THIS GROUP ASSISTED IN PROCESS DESIGN, PROVIDED FEEDBACK TO THE CONSULTANT AND THE HEALTH COLLABORATIVE AND SHARED BEST PRACTICES WITH EACH OTHER. THE COLLABORATIVE CHNA COMMITTEE ALSO INCLUDED REPRESENTATIVES FROM THE CINCINNATI HEALTH DEPARTMENT, HAMILTON COUNTY PUBLIC HEALTH, INTERACT FOR HEALTH (A REGIONAL PHILANTHROPIC ORGANIZATION) AND A PHYSICIAN/PROFESSOR FROM XAVIER UNIVERSITY. CONSISTENT SOURCES OF COMPARABLE DATA WERE AVAILABLE ONLY AT THE S</p>

Form and Line Reference	Explanation
PART I, LINE 7	<p>TATE AND COUNTY LEVELS, AND THEREFORE EACH PARTICIPATING HOSPITAL IDENTIFIED WHICH COUNTIE S CONTAINED THEIR SERVICES AREAS SERVICE AREAS SPANNED 19 COUNTIES OVER THREE STATES THE CINCINNATI-MIDDLETOWN METROPOLITAN STATISTICAL AREA INCLUDES AN ADDITIONAL FOUR COUNTIES (BRACKEN, GALLATIN, GRANT, AND PENDLETON), AND SO THE COLLABORATIVE CHNA ASSESSED THE NEED S OF CITIZENS FOR 23 COUNTIES IN TOTAL RESULTS IN THE COLLABORATIVE CHNA INCLUDE DATA FRO M A STRUCTURED SURVEY, QUALITATIVE DATA FROM MULTIPLE FOCUS GROUPS, AN ANALYSIS OF AVAILAB LE SECONDARY DATA AND FINDINGS FROM HEALTH DEPARTMENT INTERVIEWS AND SURVEYS THE CHNA TEA M COLLECTED 106 MEASURES FROM PUBLICLY AVAILABLE SOURCES, STARTING WITH THE COUNTY HEALTH RANKINGS CRITERIA FOR INCLUSION INCLUDED AVAILABILITY OF TREND DATA AT THE COUNTY LEVEL A ND EASE OF COMPARISON AND UPDATING PRIMARY DATA COLLECTION INVOLVED INTERVIEWS OF PUBLIC HEALTH OFFICIALS, ONLINE AND PAPER SURVEYS, AND COMMUNITY FOCUS GROUPS THERE WERE FOUR DI STINCT STAKEHOLDER GROUPS WITH SEPARATE ANALYSIS FOR COMPARISON (1) CONSUMERS AND ORGANIZ ATIONS WHICH ATTENDED MEETINGS, (2) INDIVIDUALS SURVEYED, (3) ORGANIZATIONS SURVEYED AND (4) HEALTH DEPARTMENTS (COLLECTIVELY, STAKEHOLDERS) ALL RESPONDENTS ANSWERED QUESTIONS ABO UT SERIOUS HEALTH ISSUES, ISSUES HANDLED WELL, ISSUES NOT ADDRESSED ENOUGH, AND BARRIERS T O CARE HOSPITALS INVITED NONPROFIT AGENCIES AND ORGANIZATIONS SERVING THE MEDICALLY UNDER SERVED, LOW-INCOME, AND MINORITY POPULATIONS TO ATTEND MEETINGS AND COMPLETE SURVEYS MORE THAN 80 SENT REPRESENTATIVES TO PARTICIPATE IN FOCUS GROUPS PARTICIPATING ORGANIZATIONS PROVIDED THE NAME OF, AND AREAS SERVED BY, THEIR ORGANIZATION SURVEY RESPONDENTS ALSO IDE NTIFIED THE TYPES OF VULNERABLE POPULATIONS SERVED MEETING ATTENDEES SHARED THE NAMES OF THE INDIVIDUALS REPRESENTING EACH ORGANIZATION IN TOTAL, MORE THAN 600 PEOPLE PROVIDED IN PUT FOR THE REGIONAL COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS IMPORTANTLY, THIS COMPREHE NSIVE COMMUNITY HEALTH NEEDS ASSESSMENT WAS CONDUCTED IN CLOSE COORDINATION WITH A BROADER COLLECTIVE IMPACT ON HEALTH REGIONAL EFFORT, ALSO LED BY THE HEALTH COLLABORATIVE COLLEC TIVE IMPACT ON HEALTH INCLUDED A SIGNIFICANT MICROSIMULATION MODELING PROCESS FOR NOT ONLY UNDERSTANDING THE CURRENT STATE, BUT ALSO FOR MODELING WHAT THE COMMUNITY COULD HOPE TO A CCOMPLISH TOGETHER OVER A LONGER PERIOD OF TIME TO IMPROVE HEALTH, HEALTHCARE AND AFFORDAB ILITY (E G THE TRIPLE AIM) AT PRESENT, THREE ACTION TEAMS ARE DEVELOPING PRIORITIZED REG IONAL INTERVENTIONS STRATEGIES AND AN OPTIMAL MEASURE SET FOR ASSESSING PROGRESS OVER TIME PATIENT EDUCATION OF ELIGIBILITY AND ASSISTANCE TCH POSTS ITS CHARITY CARE POLICY AND FI NANCIAL ASSISTANCE CONTRACT INFORMATION IN ADMISSIONS AREAS, EMERGENCY DEPARTMENT, AND OTH ER AREAS OF THE ORGANIZATION'S FACILITIES IN WHICH ELIGIBLE PATIENTS ARE LIKELY TO BE PRES ENT TCH PROVIDES A COPY OF THE POLICY, OR SUMMARY THEREOF, AND FINANCIAL ASSISTANCE CONTA CT INFORMATION TO PATIENTS AS PART OF THE INTAKE PROCESS AND WITH DISCHARGE MATERIALS ADD ITIONALLY, A COPY OF THE POLICY OR A SUMMARY ALONG WITH THE FINANCIAL ASSISTANCE CONTACT I NFORMATION IS INCLUDED IN THE PATIENT BILLS TCH DISCUSSES WITH THE PATIENT THE AVAILABILI TY OF VARIOUS GOVERNMENT BENEFITS, SUCH AS MEDICAID OR STATE PROGRAMS, WHERE APPLICABLE A DDITIONALLY, TCH ASSISTS PATIENTS IN OBTAINING MEDICAL BENEFITS THROUGH FEDERAL, STATE, AN D HOSPITAL PROGRAMS TCH REPRESENTATIVES WILL PROVIDE THE FOLLOWING SERVICES AT NO COST TO THE PATIENT - EXPLORE ELIGIBILITY, - FILE APPLICATION ON PATIENT'S BEHALF, - SCHEDULE AN D ATTEND APPOINTMENTS, - PROVIDE TRANSPORTATION WHEN NECESSARY, - PROVIDE MEDICAL DOCUMENT ATION TO SOCIAL SECURITY ADMINISTRATION FOR DISABILITY CLAIMS THROUGHOUT THE REGISTRATION AND DISCHARGE PROCESS, PATIENTS AND THEIR COUNSELORS LOOK AT WHAT OPTIONS ARE AVAILABLE TCH UNDERSTANDS THAT NOT EVERYONE CAN PAY FOR HEALTHCARE SERVICES TCH REPRESENTATIVES ARE AVAILABLE TO OFFER OPTIONS AND ASSISTAN</p>

Additional Data

Software ID:

Software Version:

EIN: 31-0538525

Name: THE CHRIST HOSPITAL

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 1		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	THE CHRIST HOSPITAL 2139 AUBURN AVENUE CINCINNATI, OH 45219 www.thechristhospital.com	X	X		X			X			

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

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

Form and Line Reference	Explanation
PART V, SECTION B, LINEs 6a and 6b	SEE NARRATIVE FOR PART V, SECTION B, LINE 11 PART V, SECTION B, LINE 6B ADAMS COUNTY REGIONAL MEDICAL CENTER THE CHRIST HOSPITAL HEALTH NETWORK CINCINNATI CHILDRENS HOSPITAL MEDICAL CENTER DEARBORN COUNTY HOSPITAL LINDNER CENTER OF HOPE MARGARET MARY HEALTH MERCY HEALTH MERCY HEALTH ANDERSON HOSPITAL MERCY HEALTH CLERMONT HOSPITAL MERCY HEALTH FAIRFIELD HOSPITAL THE JEWISH HOSPITAL - MERCY HEALTH MERCY HEALTH WEST HOSPITAL MCCULLOUGH-HYDE MEMORIAL HOSPITAL PREMIER HEALTH ATRIUM MEDICAL CENTER TRIHEALTH BETHESDA NORTH HOSPITAL BETHESDA BUTLER HOSPITAL GOOD SAMARITAN HOSPITAL TRIHEALTH EVENDALE HOSPITAL UC HEALTH DANIEL DRAKE CENTER FOR POST-ACUTE CARE UNIVERSITY OF CINCINNATI MEDICAL CENTER WEST CHESTER HOSPITAL PART V, SECTION B, LINE 7 THE URL FOR THE COMMUNITY HEALTH NEEDS ASSESSMENT IS HTTP /WWW THECHRISTHOSPITAL COM/NEWS-AND-COMMUNITY/CHNA PART V, SECTION B, LINE 10A THE URL FOR THE ORGANIZATION'S MOST RECENTLY ADOPTED IMPLEMENTATION STRATEGY IS HTTP /WWW THECHRISTHOSPITAL COM/NEWS-AND-COMMUNITY/CHNA

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, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
PART V, SECTION B, LINE 11	<p>THE CHRIST HOSPITAL CONDUCTED A COMMUNITY HEALTH NEEDS ASSESSMENT IN FISCAL YEAR 2016 (JUL Y 1, 2015 JUNE 30, 2016) AND SOUGHT INPUT FROM A VARIETY OF COMMUNITY PARTNERS IN ORDER TO GAIN VALUABLE INSIGHT INTO THE OVERALL HEALTH AND WELL-BEING OF THE COMMUNITY WE SERVE O NE OF OUR PRIMARY PARTNERS IN THIS ENDEAVOR WAS THE HEALTH COLLABORATIVE, A NONPROFIT ORGA NIZATION THAT WORKS WITH ITS MEMBER HOSPITALS ON HEALTHCARE IMPROVEMENT PROJECTS AND SHARE S BEST PRACTICES THE HEALTH COLLABORATIVE BROUGHT 20 HOSPITALS TOGETHER, INCLUDING THE CH RIST HOSPITAL, AND LED THE EFFORT TO BETTER UNDERSTAND THE HEALTH NEEDS OF THE COMMUNITY ALONG WITH THE DATA PRODUCED BY THE HEALTH COLLABORATIVE, WE ANALYZED A NUMBER OF DATA SOU RCES INCLUDING PUBLIC HEALTH DATA, HEALTH RISK FACTOR SURVEYS, SOCIOECONOMIC NEEDS ASSESSM ENTS, ENVIRONMENTAL STANDARDS AND EXISTING PROGRAMS THAT HAD BEEN DEVELOPED FOR RESIDENTS IN THE GREATER CINCINNATI REGION IN ADDITION, THE CHRIST HOSPITAL ALSO SOUGHT TO REVIEW A NY WRITTEN COMMENTS RECEIVED REGARDING COMMUNITY HEALTH NEEDS IN THE PREVIOUS ASSESSMENT TO DATE, TO THE BEST OF OUR KNOWLEDGE, NO WRITTEN COMMENTS HAVE BEEN RECEIVED AND, THUS, W RITTEN COMMENTS WERE NOT AVAILABLE FOR CONSIDERATION IN THIS IMPLEMENTATION STRATEGY THE PREVALENT HEALTH CONCERNS IDENTIFIED IN THE HAMILTON COUNTY AREA THROUGH THIS NEEDS ASSESS MENT INCLUDE - ACCESS TO CARE - DIABETES AND OBESITY - INFANT MORTALITY - LUNG CANCER - M ENTAL HEALTH THROUGH A COLLABORATIVE AND WELL-THOUGHT-OUT PROCESS, THE CHRIST HOSPITAL AND ITS COMMUNITY PARTNERS HAVE REVIEWED THE MOST PREVALENT HEALTH CONCERNS IN HAMILTON COUNT Y AND HAVE ESTABLISHED A COURSE OF ACTION THIS PLAN FOCUSES ON PROGRAMS, RESEARCH AND EDU CATION THAT SPECIFICALLY TARGET SOME OF THE MOST PRESSING HEALTH CONCERNS FACING THE RESID ENTS OF HAMILTON COUNTY WITH THE HOPE OF MAKING MEASURABLE IMPACT ON THE HEALTH OF OUR COM MUNITY WE RECOGNIZE THAT COMMUNITY HEALTH NEEDS ARE BROAD AND COMPREHENSIVE, AND WHILE WE BRING OUR EXPERTISE AND LEADERSHIP TO ADDRESSING SELECT NEEDS, WE ALSO UNDERSTAND THAT ON E ENTITYS EXPERTISE CANNOT BE BROAD ENOUGH TO BE THE SOLE ANSWER BECAUSE OF THIS, COLLABO RATIONS AND PARTNERSHIPS ARE KEY TO MEETING THOSE NEEDS, AND WE PARTNER WITH COMMUNITY ORG ANIZATIONS THAT COMPLEMENT OUR RESOURCES THIS IMPLEMENTATION PLAN WAS APPROVED BY THE CHR IST HOSPITAL BOARD OF DIRECTORS IN 2016 TO INCREASE ACCESS TO CARE, THE CHRIST HOSPITAL W ILL SEEK TO DEVELOP A COMMUNITY PARAMEDICINE PROGRAM IN PARTNERSHIP WITH THE CINCINNATI FI RE DEPARTMENT THAT PROVIDES POST-ACUTE CHECKS TO PATIENTS WITH A HIGH RISK OF REHOSPITALIZ ATION PRIMARY COLLABORATION WILL BE WITH THE CINCINNATI FIRE DEPARTMENT, WHO WILL PROVIDE THE COMMUNITY PARAMEDICS, VEHICLES, AND EQUIPMENT TO DELIVER MEDICAL SERVICES TO PATIENTS MEDICAL SERVICES WILL INCLUDE IN-PERSON HEALTH ASSESSMENTS OF PATIENTS IN THEIR HOMES, C OMPLIANCE WITH DISCHARGE ORDERS AND MEDICATIONS, PATIENT SAFETY AT HOME, AND MONITORING FO R ANY CHANGES THAT COULD RESUL</p>

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, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
PART V, SECTION B, LINE 11	<p>T IN PREVENTABLE HOSPITAL READMISSION SECONDARY COLLABORATION WILL OCCUR WITH LOCAL SOCIAL SERVICES SUCH AS THE UNITED WAY AND COUNCIL ON AGING, WHO WILL SERVE AS A REFERRAL SOURCE TO PROVIDE NON-MEDICAL RESOURCES NEEDED TO IMPROVE PATIENT INDEPENDENCE, EXPERIENCE, AND OUTCOMES. DIABETES AND EDUCATION SERVICES AT THE CHRIST HOSPITAL PROVIDE EDUCATION FOR BOTH BLOOD SUGAR CONTROL AND OBESITY WITHIN THE DIABETIC POPULATION, RESULTING IN IMPROVED HEALTH METRICS AND REDUCED COMPLICATIONS. THE DIABETES AND EDUCATION SERVICES WILL HOST CLASSES AND EMPLOY SPECIALLY TRAINED NURSES AND REGISTERED DIETICIANS. THE DIABETES AND EDUCATION SERVICES CURRENTLY HAVE OVER 70 FULL-TIME EMPLOYEES ("FTES") WHO SUPPORT PATIENTS WITH DIABETES. THIS INCLUDES INPATIENT AND OUTPATIENT NURSES AND DIETICIANS WHO ARE CERTIFIED DIABETES EDUCATORS. THEY WILL CONTINUE TO USE THESE EMPLOYEES TO HOST CLASSES, PROVIDE ONE-ON-ONE CONSULTATIONS AND CONTINUED SUPPORT FOR PATIENTS NEEDING ASSISTANCE IN MANAGING THEIR DIABETES. ADDITIONALLY, THESE NURSES AND DIETICIANS HELP COORDINATE THE EFFORTS OF BOTH INPATIENT AND OUTPATIENT EDUCATION. THEY VERIFY AMERICAN DIABETES ASSOCIATION COMPLIANCE AS IT RELATES TO THE SUBJECT OF CLASSES AND INFORMATION PROVIDED TO PATIENTS. CLASSES PROVIDED BY THESE INDIVIDUALS INCLUDE SPECIFIC SUBJECT MATTER SUCH AS GESTATIONAL DIABETES, PREDIABETES, MEDICAL NUTRITION THERAPY AND DIABETES SELF-MANAGEMENT TRAINING. PARTICIPATION IN OPPORTUNITIES TO EDUCATE PATIENTS AND THE COMMUNITY ON INFANT MORTALITY AND SAFE SLEEP PRACTICES WILL LEAD TO SAFE SLEEP COMPLIANCE FOR FAMILIES WITH NEW BABIES. CURRENTLY, 95% OF PARENTS WITHIN THE CHRIST HOSPITAL ARE PRACTICING SAFE SLEEP TECHNIQUES. THE GOAL IS TO REACH 99% COMPLIANCE BY FISCAL YEAR 2018. THE CHRIST HOSPITAL WILL UTILIZE A COORDINATED TEAM OF EDUCATORS, NURSES, NURSE PRACTITIONERS AND MEDICAL DIRECTORS TO IMPROVE EDUCATION REGARDING INFANT MORTALITY AND DISSEMINATE THAT INFORMATION IN A TIMELY MANNER. THIS TEAM WILL ALSO COLLABORATIVELY WORK WITH CRADLE CINCINNATI, THE MARCH OF DIMES, THE NATIONAL INSTITUTE FOR HEALTH AND THE CINCINNATI HEALTH DEPARTMENT AS WELL AS CRIBS FOR KIDS TO ASSIST FAMILIES IN NEED AND EDUCATE THE PUBLIC AND HEALTHCARE PROVIDERS ALIKE. THIS WILL OCCUR IN THE HOSPITAL SETTING AS WELL AS IN CHILDBIRTH EDUCATION CLASSES AND IN VARIOUS COMMUNITY OUTREACH SETTINGS. THE PARTNERSHIPS WITH THESE ORGANIZATIONS ASSIST US IN ACQUIRING EDUCATIONAL MATERIALS FOR STAFF AS WELL AS FOR THE PUBLIC, AND ASSIST US IN ACQUIRING SUPPLIES AS WELL. THE CHRIST HOSPITAL WILL INCREASE THE NUMBER OF LOW-DOSE CT LUNG CANCER SCREENINGS IN OUR PRIMARY CARE OFFICES AND MONITOR THE PERCENT OF PATIENTS SCREENED. CURRENTLY THE NUMBER OF LOW-DOSE CT LUNG CANCER SCREENINGS IS 27 PER YEAR, WITH THE GOAL OF IMPROVING THAT TO 52 PER YEAR. THERE WILL ALSO BE UTILIZATION OF THE LUNG NODULE PROGRAM TO MONITOR PATIENTS AT HIGH RISK FOR LUNG CANCER, AND TO FOLLOW HIGH RISK PATIENTS REGULARLY TO FACILITATE EARLY DETECTION FOR THEM.</p>

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, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
PART V, SECTION B, LINE 11	<p>OSE WHO DEVELOP LUNG CANCER THE CHRIST HOSPITAL WILL IMPLEMENT THESE STRATEGIES WITH THE COLLABORATION OF ORGANIZATIONS SUCH AS AMERICAN LUNG ASSOCIATION, LUNG CANCER ALLIANCE, A MERICAN LUNG ASSOCIATION, CANCER FAMILY CARE, CANCER SUPPORT COMMUNITY, AMERICAN CANCER SO CIETY, NATIONAL CANCER INSTITUTE, NATIONAL COALITION FOR CANCER SURVIVORSHIP AND NATIONAL COMPREHENSIVE CANCER NETWORK THE CHRIST HOSPITAL WILL WORK TO CREATE A COMPREHENSIVE OUTPATIENT PROGRAM THAT ADDRESSES THE NEEDS OF PATIENTS WITH MENTAL HEALTH CONDITIONS THIS PROGRAM WILL INCLUDE EDUCATIONAL SERVICES, FACILITATION OF SUPPORT GROUPS AND MORE SPECIFIC SERVICES TO ADDRESS MENTAL HEALTH CONCERNS THIS PROGRAM WILL ALLOW THE CHRIST HOSPITAL TO TREAT THE MENTAL HEALTH POPULATION WITH CARE APPROPRIATE FOR THEIR CONDITIONS THIS TARGETED CARE WILL ALSO CONTRIBUTE TO THE OVERALL UNDERSTANDING OF MENTAL HEALTH NEEDS, HELPING TO DEBUNK MYTHS AND MISUNDERSTANDINGS A TEAM OF COORDINATED PRACTITIONERS, INCLUDING CLINICAL THERAPISTS, NURSE PRACTITIONERS, PSYCHIATRISTS AND MEDICAL DIRECTORS WILL WORK TO IMPROVE ACCESS TO MENTAL HEALTH SERVICES FOR PATIENTS AND MAKE CARE RECEIVED MORE COMPREHENSIVE OUR ONGOING WORK HAS YIELDED FAVORABLE RESULTS ACROSS ALL SECTORS PROGRESS IS BEING MADE TO MEET OUR GOALS SPECIFICALLY, THE DIABETES CENTER PATIENTS BMI AVERAGE AND A1C SCORES HAVE DECREASED FROM FY15 THERE WAS 100% PARTICIPATION IN SAFE SLEEP PRACTICES AND TECHNIQUES IN THE LAST 3 QUARTERS OF FY 2017 THIS IS AN 18% INCREASE OVER FY 2015 QUARTER 4 REPORT AND HAS EXCEEDED GOAL BY 3% ADDITIONALLY, THERE HAS BEEN AN INCREASE IN THE NUMBER OF LOW DOSE CT SCREENINGS PROVIDED BY OUR PRIMARY CARE OFFICES LASTLY, A COMPREHENSIVE OUTPATIENT PROGRAM HAS BEEN CREATED AND THE GOAL HAS BEEN MET PART V, SECTION B, LINES 16A, 16B AND 16C THE FAP, FAP APPLICATION FORM AND A PLAIN LANGUAGE SUMMARY OF THE FAP WAS WIDELY AVAILABLE AT THE FOLLOWING WEBSITE HTTPS://WWW.THECHRISTHOSPITAL.COM/PATIENT-RESOURCES/BILLPAY-INFO PART V, SECTION B, LINE 22D INDIVIDUALS ELIGIBLE FOR FINANCIAL ASSISTANCE - HOSPITAL DETERMINATION OF THE MAXIMUM AMOUNTS THAT CAN BE CHARGED TO FAP-ELIGIBLE INDIVIDUALS FOR EMERGENCY OR MEDICALLY NECESSARY CARE TCH MAINTAINS A FINANCIAL ASSISTANCE PROGRAM POLICY THAT OUTLINES THE MAXIMUM AMOUNT THAT CAN BE CHARGED TO FINANCIAL ASSISTANCE PROGRAM ELIGIBLE INDIVIDUALS FOR EMERGENCY OR OTHER MEDICALLY NECESSARY CARE THE AMOUNT CHARGED TO FINANCIAL ASSISTANCE PROGRAM ELIGIBLE INDIVIDUALS FOR EMERGENCY OR MEDICALLY NECESSARY CARE IS REPRESENTATIVE OF AN ANNUAL COMPUTATION OF AMOUNTS GENERALLY BILLED (AGB) TO INDIVIDUALS WHO HAVE INSURANCE COVERING SUCH CARE TCH PROVIDES FURTHER ADJUSTMENTS TO AMOUNTS CHARGED BASED ON A VARIETY OF FACTORS, INCLUDING PATIENT INCOME INFORMATION AND OTHER SOURCES WHEN INADEQUATE INFORMATION IS PROVIDED BY THE PATIENT TO QUALIFY UNDER TCH'S CHARITY PROGRAMS TCH WORKS WITH ALL PATIENTS BASED ON THEIR INDIVIDUAL SITUATION TO ENSURE OUR MISSION IS BEING CARRIED OUT</p>

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

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

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

Name and address	Type of Facility (describe)
Outpatient Center - Auburn MOB 2123 Auburn Avenue STE A-28 Cincinnati, OH 45219	Outpatient Center
PhysOccupational Therapy - Montgomery A 11140 Montgomery Road STE 1200 Montgomery, OH 45249	Phys/Occupational Therapy
PhysOccupational Therapy - Wilder PT 1400 Gloria Terrell Drive Wilder, KY 41076	Phys/Occupational Therapy
PhysOccupational Therapy - Ft Wright A 1949-2001 Dixie Highway STE J Ft Wright, KY 41011	Phys/Occupational Therapy
PhysOccupational Therapy - Auburn MOB 2123 Auburn Avenue STE 224 Cincinnati, OH 45219	Phys/Occupational Therapy
PhysOccupational Therapy - Cincinnati S 3950 Red Bank Road Cincinnati, OH 45227	Phys/Occupational Therapy
PhysOccupational Therapy - Mason PT 5382-A Cox Smith Road Mason, OH 45040	Phys/Occupational Therapy
PhysOccupational Therapy - Harrison Gre 5649 Harrison Avenue Cincinnati, OH 45248	Phys/Occupational Therapy
PhysOccupational Therapy - Anderson AOC 7545 Beechmont Avenue STE E Cincinnati, OH 45255	Phys/Occupational Therapy
PhysOccupational Therapy - Milford PT 970 974 Lila Avenue Milford, OH 45150	Phys/Occupational Therapy
The Christ Hospital Physicians 11140 Montgomery Road STE 1300 Montgomery, OH 45249	Physician Office
The Christ Hospital Physicians 1949-2001 Dixie Highway STE E1 Ft Wright, KY 41011	Physician Office
The Christ Hospital Physicians 2123 Auburn Avenue Cincinnati, OH 45219	Physician Office
The Christ Hospital Physicians 2123 Auburn Avenue STE 137 Cincinnati, OH 45219	Physician Office
The Christ Hospital Physicians 321 Mitchell Avenue Batesville, IN 47006	Physician Office

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

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

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

Name and address	Type of Facility (describe)
The Christ Hospital Physicians 4440 Red Bank Expressway STE 200 Cincinnati, OH 45227	Physician Office
The Christ Hospital Physicians 5885 Harrison Avenue STE 1900 Cincinnati, OH 45248	Physician Office
The Christ Hospital Physicians 630 West Main Street STE 300 Wilmington, OH 45177	Physician Office
The Christ Hospital Physicians 7335 Yankee Road STE A Liberty Township, OH 45044	Physician Office
The Christ Hospital Physicians 7545 Beechmont Avenue STE D-1 Cincinnati, OH 45255	Physician Office
The Christ Hospital Physicians 98 Elm Street STE PIH Lawrenceburg, IN 47025	Physician Office
The Christ Hospital Physicians 11140 Montgomery Road STE 2500 Montgomery, OH 45249	Physician Office
The Christ Hospital Physicians 1200 Cottonwood Lane Cincinnati, OH 45140	Physician Office
The Christ Hospital Physicians 1838 Florence Pike STE B Burlington, KY 41005	Physician Office
The Christ Hospital Physicians 1949-2001 Dixie Highway STE D Ft Wright, KY 41011	Physician Office
The Christ Hospital Physicians 1949-2001 Dixie Highway STE L1 Ft Wright, KY 41011	Physician Office
The Christ Hospital Physicians 2123 Auburn Avenue STE 200 Cincinnati, OH 45219	Physician Office
The Christ Hospital Physicians 2123 Auburn Avenue STE 204 Cincinnati, OH 45219	Physician Office
The Christ Hospital Physicians 2123 Auburn Avenue Cincinnati, OH 45219	Physician Office
The Christ Hospital Physicians 2123 Auburn Avenue STE 331 Cincinnati, OH 45219	Physician Office

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

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

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

Name and address	Type of Facility (describe)
The Christ Hospital Physicians 2123 Auburn Avenue STE 334 Cincinnati, OH 45219	Physician Office
The Christ Hospital Physicians 2123 Auburn Avenue STE 440 Cincinnati, OH 45219	Physician Office
The Christ Hospital Physicians 2123 Auburn Avenue STE 520 Cincinnati, OH 45219	Physician Office
The Christ Hospital Physicians 2123 Auburn Avenue STE A-41 Cincinnati, OH 45219	Physician Office
The Christ Hospital Physicians 2156 Chamber Center Drive Ft Mitchell, KY 41017	Physician Office
The Christ Hospital Physicians 24 Compton Rd Cincinnati, OH 45216	Physician Office
The Christ Hospital Physicians 312 Walnut Street STE 1160 Cincinnati, OH 45202	Physician Office
The Christ Hospital Physicians 3805 Edwards Road STE 130 Cincinnati, OH 45209	Physician Office
The Christ Hospital Physicians 3805 Edwards Road STE 300 Cincinnati, OH 45209	Physician Office
The Christ Hospital Physicians 3805 Edwards Road Cincinnati, OH 45209	Physician Office
The Christ Hospital Physicians 3805 Edwards Road STE 350 Cincinnati, OH 45209	Physician Office
The Christ Hospital Physicians 3805 Edwards Road STE 360 Cincinnati, OH 45209	Physician Office
The Christ Hospital Physicians 4440 Red Bank Expressway STE 210 Cincinnati, OH 45227	Physician Office
The Christ Hospital Physicians 4460 Red Bank Expressway STE 100 Cincinnati, OH 45227	Physician Office
The Christ Hospital Physicians 4803 Montgomery Road STE 114 Norwood, OH 45212	Physician Office

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

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

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

Name and address	Type of Facility (describe)
The Christ Hospital Physicians 4803 Montgomery Road STE 120 Norwood, OH 45212	Physician Office
The Christ Hospital Physicians 4900 Babson Place STE 400 Cincinnati, OH 45227	Physician Office
The Christ Hospital Physicians 5314 Delhi Pike STE 1 Cincinnati, OH 45238	Physician Office
The Christ Hospital Physicians 5680 Bridgetown Road Cincinnati, OH 45248	Physician Office
The Christ Hospital Physicians 5714 Signal Hill Court STE C Milford, OH 45150	Physician Office
The Christ Hospital Physicians 5885 Harrison Avenue STE 2500 Cincinnati, OH 45248	Physician Office
The Christ Hospital Physicians 5885 Harrison Avenue STE 3200 Cincinnati, OH 45248	Physician Office
The Christ Hospital Physicians 5885 Harrison Avenue STE 3500 Cincinnati, OH 45248	Physician Office
The Christ Hospital Physicians 6620 Clough Pike Cincinnati, OH 45244	Physician Office
The Christ Hospital Physicians 7335 Yankee Road STE 202 Liberty Township, OH 45044	Physician Office
The Christ Hospital Physicians 7451 Mason Montgomery Road STE 3 Mason, OH 45040	Physician Office
The Christ Hospital Physicians 7545 Beechmont Avenue STE A Cincinnati, OH 45255	Physician Office
The Christ Hospital Physicians 7545 Beechmont Avenue STE C Cincinnati, OH 45255	Physician Office
The Christ Hospital Physicians 7545 Beechmont Avenue STE K Cincinnati, OH 45255	Physician Office
The Christ Hospital Physicians 7545 Beechmont Avenue STE N Cincinnati, OH 45255	Physician Office

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

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

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

Name and address	Type of Facility (describe)
The Christ Hospital Physicians 7589 Tylers Place Boulevard West Chester, OH 45069	Physician Office
The Christ Hospital Physicians 8041 Hosbrook Road STE 200 Cincinnati, OH 45236	Physician Office
The Christ Hospital Physicians 11140 Montgomery Road STE 1100 Montgomery, OH 45249	Physician Office
The Christ Hospital Physicians 1949-2001 Dixie Highway STE K Ft Wright, KY 41011	Physician Office
The Christ Hospital Physicians 368 Bielby Road STE 140 Lawrenceburg, IN 47025	Physician Office
The Christ Hospital Physicians 3950 Red Bank Road Cincinnati, OH 45227	Physician Office
The Christ Hospital Physicians 4460 Red Bank Expressway Cincinnati, OH 45227	Physician Office
The Christ Hospital Physicians 4850 Red Bank Road Cincinnati, OH 45227	Physician Office
The Christ Hospital Physicians 5885 Harrison Avenue STE 2300 Cincinnati, OH 45248	Physician Office
The Christ Hospital Physicians 7545 Beechmont Avenue STE J Cincinnati, OH 45255	Physician Office
The Christ Hospital Physicians 9250 Blue Ash Road STE Cincinnati, OH 45242	Physician Office
The Christ Hospital Physicians 2123 Auburn Avenue STE 723 Cincinnati, OH 45219	Physician Office
Auburn MOB 2123 Auburn Avenue Cincinnati, OH 45219	Physician Office/Business Cent
Auburn MOB 2123 Auburn Avenue STE 428 Cincinnati, OH 45219	Physician Office/Business Cent
Auburn MOB 2123 Auburn Avenue STE 528 Cincinnati, OH 45219	Physician Office/Business Cent

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

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

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

Name and address	Type of Facility (describe)
Montgomery AOC 11140 Montgomery Road STE 1100 Montgomery, OH 45249	Specialty Center
Montgomery AOC 11140 Montgomery Road STE 2100 Montgomery, OH 45249	Specialty Center
Montgomery AOC 11140 Montgomery Road STE 2200 Montgomery, OH 45249	Specialty Center
Montgomery AOC 11140 Montgomery Road STE 2300 Montgomery, OH 45249	Specialty Center
Montgomery AOC 11140 Montgomery Road STE 2400 Montgomery, OH 45249	Specialty Center
Montgomery AOC 11140 Montgomery Road STE G400 Montgomery, OH 45249	Specialty Center
Montgomery AOC 11140 Montgomery Road Montgomery, OH 45249	Specialty Center
Montgomery Surgery Center 11150 Montgomery Road STE 1000 Cincinnati, OH 45249	Specialty Center
Montgomery Surgery Center 11150 Montgomery Road STE 1100 Cincinnati, OH 45249	Specialty Center
Harpers Pointe 11340 Montgomery Road STE 208 Cincinnati, OH 45249	Specialty Center
Ft Wright AOC 1949-2001 Dixie Highway STE C Ft Wright, KY 41011	Specialty Center
Ft Wright AOC 1949-2001 Dixie Highway STE E1 Ft Wright, KY 41011	Specialty Center
Ft Wright AOC 1949-2001 Dixie Highway STE G Ft Wright, KY 41011	Specialty Center
Ft Wright AOC 1949-2001 Dixie Highway STE M Ft Wright, KY 41011	Specialty Center
TCHMS Reading Road 2055 Reading Road STE 480 Cincinnati, OH 45202	Specialty Center

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

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

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

Name and address	Type of Facility (describe)
Auburn MOB 2123 Auburn Avenue STE 108 Cincinnati, OH 45219	Specialty Center
Auburn MOB 2123 Auburn Avenue STE 120 Cincinnati, OH 45219	Specialty Center
Auburn MOB 2123 Auburn Avenue STE 208 Cincinnati, OH 45219	Specialty Center
Auburn MOB 2123 Auburn Avenue STE 209 Cincinnati, OH 45219	Specialty Center
Auburn MOB 2123 Auburn Avenue STE 210 Cincinnati, OH 45219	Specialty Center
Auburn MOB 2123 Auburn Avenue STE 232 Cincinnati, OH 45219	Specialty Center
Auburn MOB 2123 Auburn Avenue STE 238 Cincinnati, OH 45219	Specialty Center
Auburn MOB 2123 Auburn Avenue STE 242 Cincinnati, OH 45219	Specialty Center
Auburn MOB 2123 Auburn Avenue STE 300 Cincinnati, OH 45219	Specialty Center
Auburn MOB 2123 Auburn Avenue STE 307 Cincinnati, OH 45219	Specialty Center
Auburn MOB 2123 Auburn Avenue STE 308 Cincinnati, OH 45219	Specialty Center
Auburn MOB 2123 Auburn Avenue STE 322 Cincinnati, OH 45219	Specialty Center
Auburn MOB 2123 Auburn Avenue STE 624 Cincinnati, OH 45219	Specialty Center
Auburn MOB 2123 Auburn Avenue STE 720 Cincinnati, OH 45219	Specialty Center
Auburn MOB 2123 Auburn Avenue Cincinnati, OH 45219	Specialty Center

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

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

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

Name and address	Type of Facility (describe)
TCHMS Norwood 2355 Norwood Avenue Floor 1 Cincinnati, OH 45212	Specialty Center
Red Bank Crossing I 4460 Red Bank Expressway STE 130 Cincinnati, OH 45227	Specialty Center
Red Bank Crossing I 4460 Red Bank Expressway STE 200 Cincinnati, OH 45227	Specialty Center
Red Bank Crossing I 4460 Red Bank Expressway STE 220 Cincinnati, OH 45227	Specialty Center
Linden Pointe Bldg E 4805 Montgomery Road STE 154 Cincinnati, OH 45212	Specialty Center
Green Township AOC 5885 Harrison Avenue STE 2900 Cincinnati, OH 45248	Specialty Center
Green Township AOC 5885 Harrison Avenue STE 3100 Cincinnati, OH 45248	Specialty Center
Green Township AOC 5885 Harrison Avenue STE 3200 Cincinnati, OH 45248	Specialty Center
Green Township AOC 5885 Harrison Avenue STE 3300 Cincinnati, OH 45248	Specialty Center
Green Township AOC 5885 Harrison Avenue STE 3700 Cincinnati, OH 45248	Specialty Center
Mason MOB 608 Reading Road STE B Mason, OH 45040	Specialty Center
Mason MOB 608 Reading Road STE C Mason, OH 45040	Specialty Center
Mason MOB 608 Reading Road STE D Mason, OH 45040	Specialty Center
Clinton Memorial Hospital 630 West Main Street STE 309 Wilmington, OH 45177	Specialty Center
Anderson AOC 7545 Beechmont Avenue STE B Cincinnati, OH 45255	Specialty Center

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

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

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

Name and address	Type of Facility (describe)
Anderson AOC 7545 Beechmont Avenue STE G Cincinnati, OH 45255	Specialty Center
Anderson AOC 7545 Beechmont Avenue STE K Cincinnati, OH 45255	Specialty Center
Anderson AOC 7545 Beechmont Avenue STE M Cincinnati, OH 45255	Specialty Center
Five Mile 7691 Five Mile Road STE 214 Cincinnati, OH 45230	Specialty Center
Five Mile 7691 Five Mile Road STE 215 Cincinnati, OH 45230	Specialty Center
University Pointe Medical Office Condomi 7759 University Drive Unit E West Chester, OH 45069	Specialty Center
University Pointe Medical Office Condomi 7777 University Drive STE H West Chester, OH 45069	Specialty Center
Eastgate Medical Office Building 796 Old State Route 74 STE 101 Cincinnati, OH 45245	Specialty Center
Winton Road 8250 Winton Road STE 210 Cincinnati, OH 45236	Specialty Center
Montgomery Surgery Center 11150 Montgomery Road STE 1100 Cincinnati, OH 45249	Specialty Center
Ft Wright AOC 1949-2001 Dixie Highway STE A Ft Wright, KY 41011	Specialty Center
Ft Wright AOC 1949-2001 Dixie Highway STE H Ft Wright, KY 41011	Specialty Center
Auburn MOB 2123 Auburn Avenue STE 105 Cincinnati, OH 45219	Specialty Center
Auburn MOB 2123 Auburn Avenue STE 234 Cincinnati, OH 45219	Specialty Center
Auburn MOB 2123 Auburn Avenue STE 303 Cincinnati, OH 45219	Specialty Center

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

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

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

Name and address	Type of Facility (describe)
Auburn MOB 2123 Auburn Avenue STE 335 Cincinnati, OH 45219	Specialty Center
Auburn MOB 2123 Auburn Avenue STE 341 Cincinnati, OH 45219	Specialty Center
Auburn MOB 2123 Auburn Avenue STE G-3 Cincinnati, OH 45219	Specialty Center
Red Bank Crossing I 4460 Red Bank Expressway STE 230 Cincinnati, OH 45227	Specialty Center
Babson 4900 Babson Place STE 500 Cincinnati, OH 45227	Specialty Center
Babson 4900 Babson Place Cincinnati, OH 45227	Specialty Center
Babson 4900 Babson Place STE 600 Cincinnati, OH 45227	Specialty Center
Green Township AOC 5885 Harrison Avenue STE 2100 Cincinnati, OH 45248	Specialty Center
Anderson AOC 7545 Beechmont Avenue STE L Cincinnati, OH 45255	Specialty Center
Surgery Center - Auburn MOB 2123 Auburn Avenue STE 201 Cincinnati, OH 45219	Surgery Center
Surgery Center - Green Township AOC 5885 Harrison Avenue STE 3300 Cincinnati, OH 45248	Surgery Center
Montgomery Surgery Center 11150 Montgomery Road STE G-100 Cincinnati, OH 45249	Surgery Center
Imaging Center - Montgomery AOC 11140 Montgomery Road STE G200 Montgomery, OH 45249	Testing & Imaging Center
Imaging Center - Ft Wright AOC 1949-2001 Dixie Highway STE E2 Ft Wright, KY 41011	Testing & Imaging Center
Imaging Center - Auburn MOB 2123 Auburn Avenue STE 324 Cincinnati, OH 45219	Testing & Imaging Center

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

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

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

Name and address	Type of Facility (describe)
Imaging Center - Red Bank Crossing II 4440 Red Bank Expressway STE 100 Cincinnati, OH 45227	Testing & Imaging Center
Imaging Center - Green Township AOC 5885 Harrison Avenue STE 1100 Cincinnati, OH 45248	Testing & Imaging Center
Imaging Center - Anderson AOC 7545 Beechmont Avenue Cincinnati, OH 45255	Testing & Imaging Center
Testing Center - Montgomery AOC 11140 Montgomery Road STE G200 Montgomery, OH 45249	Testing & Imaging Center
Testing Center - Ft Wright AOC 1949-2001 Dixie Highway STE E2 Ft Wright, KY 41011	Testing & Imaging Center
Testing Center - Green Township AOC 5885 Harrison Avenue STE 1100 Cincinnati, OH 45248	Testing & Imaging Center
Testing Center - Liberty Commons Medical 7335 Yankee Road STE A Liberty Township, OH 45044	Testing & Imaging Center
Testing Center - Anderson AOC 7545 Beechmont Avenue STE X Cincinnati, OH 45255	Testing & Imaging Center
Testing Center - Auburn MOB 2123 Auburn Avenue STE 130 Cincinnati, OH 45219	Testing & Imaging Center
Testing Center - Mason MOB 608 Reading Road STE B Mason, OH 45040	Testing & Imaging Center
Testing Center - Montgomery AOC 11140 Montgomery Road STE G300 Montgomery, OH 45249	Testing & Imaging Center
Testing Center - Ft Wright AOC 1949-2001 Dixie Highway STE B Ft Wright, KY 41011	Testing & Imaging Center
Testing Center - Auburn MOB 2123 Auburn Avenue STE 124 Cincinnati, OH 45219	Testing & Imaging Center
Testing Center - Rookwood Tower 3805 Edwards Road Cincinnati, OH 45209	Testing & Imaging Center
Testing Center - Red Bank Crossing II 4440 Red Bank Expressway STE 120 Cincinnati, OH 45227	Testing & Imaging Center

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

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

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

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

Name and address	Type of Facility (describe)
Testing Center - Green Township AOC 5885 Harrison Avenue STE 1700 Cincinnati, OH 45248	Testing & Imaging Center
Testing Center - Anderson AOC 7545 Beechmont Avenue STE F Cincinnati, OH 45255	Testing & Imaging Center
Urgent Care - Ft Wright AOC 1949-2001 Dixie Highway STE F Ft Wright, KY 41011	Urgent Care
Urgent Care - Red Bank Crossing II 4440 Red Bank Expressway STE 110 Cincinnati, OH 45227	Urgent Care

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493135047948

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
THE CHRIST HOSPITAL

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

Complete if the organization answered "Yes," on 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

2016

Open to Public Inspection

Employer identification number
31-0538525

Part I

General Information on Grants and Assistance

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

☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 17

3 Enter total number of other organizations listed in the line 1 table 4

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on 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
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

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

Additional Data

Software ID:
Software Version:
EIN: 31-0538525
Name: THE CHRIST HOSPITAL

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR CLOSING THE HEALTH GAP 3120 BURNETT AVENue CINCINNATI, OH 45229	20-0902286	501(c)(3)	200,000				GENERAL SPONSORSHIP
AMERICAN HEART ASSOCIATION INC 5211 MADISON ROAD CINCINNATI, OH 452271411	13-5613797	501(c)(3)	213,750				GENERAL SPONSORSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
BEACON ORTHOPAEDICS & EDUCATION FOUNDATION INC 500 E BUSINESS WAY CINCINNATI, OH 45241	27-0643210	501(c)(3)	259,138				GENERAL SPONSORSHIP
CINCINNATI SPORTS MALL 3950 RED BANK ROAD CINCINNATI, OH 45227	31-1249621		125,283				GENERAL SPONSORSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
ARTHRITIS FOUNDATION 7124 MIAMI AVENUE CINCINNATI, OH 45243	27-4014550	501(c)(3)	69,000				GENERAL SPONSORSHIP
CRADLE CINCINNATI 3333 BURNET AVE CINCINNATI, OH 45229	31-0833936	501(c)(3)	40,000				GENERAL SPONSORSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REDI CINCINNATI 3 EAST FOURTH STREET CINCINNATI, OH 45202	47-2090230		27,083				GENERAL SPONSORSHIP
OAK HILLS LOCAL SCHOOL DISTRICT 6325 RAPID RUN ROAD CINCINNATI, OH 45233	31-6000742	GOVT	182,459				GENERAL SPONSORSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
PRINCETON CITY SCHOOLS 3900 COTTINGHAM DRIVE CINCINNATI, OH 45241	31-6006941	GOVT	10,000				GENERAL SPONSORSHIP
MADEIRA CITY SCHOOL DISTRICT 7465 LOANNES DRIVE cincinnati, OH 45243	31-6000862	GOVT	62,378				GENERAL SPONSORSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
PROCAMPS INC 4600 MCAULEY PLACE CINCINNATI, OH 45242	45-2562041		15,000				GENERAL SPONSORSHIP
ST VINCENT DE PAUL 1125 BANK STREET CINCINNATI, OH 45214	31-0537510	501(C)(3)	10,000				GENERAL SPONSORSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR RESPITE CARE 1615 REPUBLIC CINCINATTI, OH 45202	20-2544994	501(c)(3)	100,000				GENERAL SPONSORSHIP
THE HEALTH COLLABORATIVE 615 ELSINORE PLACE CINCINATTI, OH 45202	31-1449807	501(c)(3)	60,250				GENERAL SPONSORSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
WYOMING CITY SCHOOL DISTRICT 420 SPRINGFIELD PIKE WYOMING, OH 45215	31-6001020	501(c)(3)	46,769				GENERAL SPONSORSHIP
KINGS HAMMER SOCCER CLUB 1018 TOWN DRIVE WILDER, KY 41076	31-1213703	501(c)(3)	12,500				GENERAL SPONSORSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
MELANOMA KNOW MORE 10945 REED HARTMAN HWY SUITE 309 CINCINNATI, OH 45242	26-0505222	501(c)(3)	19,500				GENERAL SPONSORSHIP
CITY OF CINCINNATI 801 PLUM STREET CINCINNATI, OH 45202	31-6000064	Govt	15,000				GENERAL SPONSORSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
MOELLER HIGH SCHOOL ATHLETICS 9100 MONTGOMERY ROAD CINCINNATI, OH 45242	31-0624667	501(c)(3)	5,333				GENERAL SPONSORSHIP
AFRICAN AMERICAN CHAMBER OF COMMERCE OF GR CINTI 2945 GILBERT AVENUE CINCINNATI, OH 45206	31-1504758	501(c)(6)	7,500				GENERAL SPONSORSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
CROHN'S & COLITIS FOUNDATION OF AMERICA 4015 EXECUTIVE PARK DRIVE SUITE 35 CINCINNATI, OH 45241	13-6193105	501(c)(3)	7,500				GENERAL SPONSORSHIP

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization THE CHRIST HOSPITAL	Employer identification number 31-0538525
---	--

Part I

Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div>		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment?	4a	Yes
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c	No
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization?	5a	No
b Any related organization? If "Yes," on line 5a or 5b, describe in Part III.	5b	No
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization?	6a	No
b Any related organization? If "Yes," on line 6a or 6b, describe in Part III.	6b	No
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	No
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

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

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

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

Part III **Supplemental Information**

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

Return Reference	Explanation
Part I, Line 4A	Upon separation from service, Mr. Bergman was eligible for a twelve month salary continuance plan. Part I, Line 4B: THE CHRIST HOSPITAL HAS A 457 (F) NON-QUALIFIED DEFERRED COMPENSATION PLAN FOR CERTAIN SENIOR EXECUTIVES. THE FOLLOWING INDIVIDUALS HAVE AN ACCRUAL REPORTED IN PART II, COLUMN (C): CHRIS BERGMAN \$(4,087); SCOTT HAMLIN \$64,176; THOMAS BRODERICK \$(41,184); MICHAEL KEATING \$97,151. Part II, Column C, Negative Compensation: A change in discount rate resulted in a decrease to the present value of deferred compensation.

Additional Data

Software ID:
Software Version:
EIN: 31-0538525
Name: THE CHRIST HOSPITAL

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1Alfred Kahn III MD DIRECTOR (THRU 7/2016)	(i)	742,783	0	23,484	0	14,004	780,271	0
	(ii)	0	0	0	0	0	0	0
1Slobodan Stanisic MD PHYSICIAN	(i)	1,461,150	0	19,710	0	25,506	1,506,366	0
	(ii)	0	0	0	0	0	0	0
2ERIC STAMLER MD DIRECTOR	(i)	372,756	0	21,364	0	0	394,120	0
	(ii)	0	0	0	0	0	0	0
3Chns Bergman VICE PRE & CFO (THRU 11/2015)	(i)	354,223	0	0	-4,087	17,313	367,449	352,091
	(ii)	0	0	0	0	0	0	0
4Patrick Kirk MD PHYSICIAN	(i)	1,395,647	0	4,902	0	26,506	1,427,055	0
	(ii)	0	0	0	0	0	0	0
5Scott Hamlin THRU 62017 Senior Vice Pre & CFO	(i)	472,839	166,185	22,902	64,176	26,506	752,608	0
	(ii)	0	0	0	0	0	0	0
6Robert Cody MD PHYSICIAN	(i)	1,438,627	0	7,524	0	14,004	1,460,155	0
	(ii)	0	0	0	0	0	0	0
7EDWARD LIM MD Physician	(i)	1,375,533	0	25,524	0	23,864	1,424,921	0
	(ii)	0	0	0	0	0	0	0
8MARC SCHNEIDER MD PHYSICIAN	(i)	1,441,993	0	19,710	0	25,506	1,487,209	0
	(ii)	0	0	0	0	0	0	0
9Thomas Brodenck MD Director (Thru 9/2015)	(i)	614,151	0	4,902	-41,184	19,944	597,813	0
	(ii)	0	0	0	0	0	0	0
10Michael K Keating President & CEO	(i)	659,809	308,000	25,524	97,151	26,506	1,116,990	0
	(ii)	0	0	0	0	0	0	0

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service
Name of the organization
THE CHRIST HOSPITAL

Supplemental Information on Tax Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
► Attach to Form 990.
► Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Employer identification number
31-0538525

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

Part II		Proceeds									
				A		B		C		D	
1	Amount of bonds retired			6,410,000		6,699,900					
2	Amount of bonds legally defeased			0		0					
3	Total proceeds of issue			334,095,250		30,021,765					
4	Gross proceeds in reserve funds			0		0					
5	Capitalized interest from proceeds			27,741,427		0					
6	Proceeds in refunding escrows			0		0					
7	Issuance costs from proceeds			5,073,444		0					
8	Credit enhancement from proceeds			1,607,333		0					
9	Working capital expenditures from proceeds			0		0					
10	Capital expenditures from proceeds			172,541,278		30,021,765					
11	Other spent proceeds			127,109,132		0					
12	Other unspent proceeds			0		0					
13	Year of substantial completion			2016		2012					
				Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?			X			X				
15	Were the bonds issued as part of an advance refunding issue?				X		X				
16	Has the final allocation of proceeds been made?				X		X				
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?			X		X					

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

Part III

Private Business Use (Continued)

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

Part IV

Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . .	X			X				
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?								
b Exception to rebate?								
c No rebate due?			X					
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X	X					
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X	X					
b Name of provider	0		FIFTH THIRD BANK					
c Term of hedge			990 %					
d Was the hedge superintegrated?				X				
e Was the hedge terminated?				X				

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
Part I, Line A, Column F	DIFFERENCE ISSUE PRICE AND TOTAL PROCEEDS THE DIFFERENCE BETWEEN PART I, COLUMN (E) AND PART II IS DUE TO HOSPITAL FACILITIES FIXED RATE REVENUE BONDS (SERIES 2012 BONDS) WERE USED TO FUND THE CONSTRUCTION OF THE CHRIST HOSPITAL ORTHOPAEDIC AND SPINE CENTER PROJECT, PAY DOWN PRIOR BORROWINGS, AND PAY THE RELATED COST OF ISSUANCE THE DIFFERENCE BETWEEN PART I, COLUMN(E) AND PART II IS DUE TO INVESTMENT EARNINGS OF \$663,255

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

Return Reference	Explanation
PART IV, LINE 2C, COLUMN B	REBATE COMPUTATION WAS PERFORMED ON MAY 28, 2013

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
THE CHRIST HOSPITAL

Employer identification number
31-0538525

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

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

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

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) CINCINNATI SPINE INSTITUTE LLC	ALFRED KAHN, DIRECTOR	335,000	COMPENSATION - SEE PART V		No
(2) DEBORAH GERDES	FAMILY MEMBER	190,599	COMPENSATION - SEE PART V		No
(3) PAIGE A DEBUYS	FAMILY MEMBER	132,855	COMPENSATION - SEE PART V		No

Part V Supplemental Information

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

Return Reference	Explanation
Business Transactions	TCH PAID \$335,000 TO THE CINCINNATI SPINE INSTITUTE, LLC FOR ITS ENGAGEMENT TO PROVIDE A MUSCULOSKELETAL SERVICE LINE EXECUTIVE MEDICAL DIRECTOR AT TCH THROUGH A DESIGNATED PHYSICIAN DEBORAH GERDES, DAUGHTER OF THOMAS GERDES (DIRECTOR OF THE CHRIST HOSPITAL), IS EMPLOYED AS A PHYSICIAN BY THE CHRIST HOSPITAL PHYSICIANS, LLC (TCHP) MS GERDES RECEIVED COMPENSATION OF \$190,599 DURING THE CALENDAR YEAR ENDED DECEMBER 31, 2016 TCHP IS A DISREGARDED ENTITY FOR TAX PURPOSES PAIGE A DEBUYS, SISTER OF ROBERT HEIMANN (DIRECTOR OF TCH), IS EMPLOYED AS A PHYSICIAN BY TCHP MS DEBUYS RECEIVED COMPENSATION OF \$132,855 DURING THE CALENDAR YEAR ENDED DECEMBER 31, 2016 TCHP IS A DISREGARDED ENTITY FOR TAX PURPOSES

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
THE CHRIST HOSPITAL

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.

OMB No 1545-0047

2016

Open to Public Inspection

Employer identification number

31-0538525

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART VI, LINES 6, 7A & 7B	DESCRIPTION OF CLASSES OF MEMBERS OR STOCKHOLDERS THE SOLE VOTING MEMBER OF THE CHRIST HOSPITAL (TCH) IS THE CHRIST HOSPITAL, INC (TCHI) TCHI HAS THE FOLLOWING AUTHORITY WITH RESPECT TO TCH 1) TO APPOINT MEMBERS TO THE GOVERNING BOARD OF TCH, 2) TO RECEIVE THE NET ASSETS OF TCH UPON DISSOLUTION AND 3) TO APPROVE SIGNIFICANT DECISIONS OF THE GOVERNING BOARD OF TCH SIGNIFICANT DECISIONS INCLUDE THOSE WITH THE POTENTIAL TO IMPACT THE MISSION AND VISION OF TCH THE ELIZABETH GAMBLE DEACONESS HOME ASSOCIATION (EGDHA) IS A CONSENTING MEMBER OF TCH EGDHA MUST CONSENT TO THE DISSOLUTION, MERGER, OR SALE OR DISPOSITION OF MATERIAL ASSETS OF TCH

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART VI, LINE 11B	PROCESS USED TO REVIEW FORM 990 THE FORM 990 IS PREPARED AND REVIEWED BY AN OUTSIDE ACCOUNTING FIRM THE FORM 990 IS THEN REVIEWED BY THE CONTROLLER, The CFO AND CEO THE FORM IS THEN PRESENTED TO THE AUDIT AND RISK MANAGEMENT COMMITTEE AND BOARD FOR FINAL REVIEW

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART VI, LINE 12C	DESCRIPTION OF PROCESS TO MONITOR TRANSACTIONS FOR CONFLICT OF INTEREST CONFLICT OF INTEREST (COI) DISCLOSURE FORMS ARE DISTRIBUTED ANNUALLY TO CERTAIN POTENTIALLY AFFECTED INDIVIDUALS INDIVIDUALS ARE UNDER A DUTY TO DISCLOSE ANY POTENTIAL CONFLICTS THAT MAY ARISE BETWEEN THE ANNUAL FILINGS OF THE DISCLOSURE FORM INDIVIDUALS COVERED UNDER THE CONFLICT OF INTEREST POLICY INCLUDE OFFICERS AND DIRECTORS CONFLICTS OF INTEREST ARE DETERMINED BASED ON RESPONSES TO THE COI ANNUAL CERTIFICATION THESE ARE REVIEWED BY LEGAL SERVICES AND CORPORATE COMPLIANCE AND FORWARDED TO SENIOR MANAGEMENT BASED ON THE NATURE OF THE JOB DUTIES AND SPECIFIC DISCLOSURES IN THE CERTIFICATION, FURTHER CLARIFICATION MAY BE REQUESTED AND/OR A DECISION TO IMPLEMENT ALTERNATIVE PROCEDURES THAT WILL ELIMINATE THE POTENTIAL CONFLICT OF INTEREST WILL BE MADE

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART VI, LINES 15A AND 15B	COMPENSATION DETERMINATION PROCESS COMPENSATION OF THE ORGANIZATION'S CEO & VICE PRESIDENT 'S IS REVIEWED ANNUALLY BY THE COMPENSATION AND GOVERNANCE COMMITTEE OF THE BOARD OF DIRECTORS THE REVIEW WAS LAST PERFORMED IN APRIL OF 2017 THE COMPENSATION COMMITTEE AND GOVERNANCE COMMITTEE IS COMPRISED OF INDEPENDENT BOARD MEMBERS AND PERFORMS THE REVIEW WITH THE ASSISTANCE OF, AND COMPARABLE DATA PROVIDED BY, MERCER COMPENSATION ARRANGEMENTS HAVE BEEN DETERMINED REASONABLE AND CONTEMPORANEOUSLY DOCUMENTED

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART VI, LINE 19	<p>AVAIL OF GOV DOCS, CONFLICT OF INTEREST POLICY AND FIN STMTS TO PUBLIC THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILA BLE TO THE PUBLIC UPON A REASONABLE REQUEST AND AS REQUIRED PART VII, COLUMN (B) AVERAGE HOURS PER WEEK OFFICERS, DIRECTORS, TRUSTEES, KEY EMPLOYEES AND HIGHEST COMPENSATED EMPLOY EES DEVOTE SIGNIFICANT TIME AND EFFORT TO THE OPERATIONS AND OVERSIGHT OF TCH FROM TIME T O TIME, AS SITUATIONS DICTATE, THESE INDIVIDUALS MAY DEVOTE SIGNIFICANTLY MORE TIME TO THE OPERATIONS AND OVERSIGHT OF THE ORGANIZATION THAN IS REPORTED ON FORM 990, PART VII PART XI, LINE 9 OTHER CHANGES IN NET ASSETS CHANGES IN PENSIONS \$22,434,000 OTHER (\$1,905,040) Divesture of interest on TCH/USP Surgery Centers, LLC (\$19,525,000) ----- TOTAL \$ 1,003,960</p>

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493135047948

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
THE CHRIST HOSPITAL

Employer identification number
31-0538525

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

See Additional Data Table					
(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
(1)THE CHRIST HOSPITAL INC 2139 AUBURN AVENUE CINCINNATI, OH 45219 31-1080885	HC SYS PARENT	OH	501(c)(3)	11a	EDGHA		No
(2)CHRIST HOSPITAL EDU & CLINICAL RESEARCH 31-1226561 CINCINNATI, OH 45219 31-1226561	SUPPORT TCH	OH	501(c)(3)	11a	TCH	Yes	
(3)ELIZABETH GAMBLE DEACONESS HOME ASSOC 2139 AUBURN AVENUE CINCINNATI, OH 45219 31-1082756	SUPPORT TCH	OH	501(c)(3)	11a	NA		No
(4)THE CHRIST HOSPITAL COLLEGE OF NURSING 2139 AUBURN AVENUE CINCINNATI, OH 45219 20-3823825	SUPPORT TCH	OH	501(c)(3)	2	TCH	Yes	
(5)THE CHRIST HOSPITAL FOUNDATION 2139 AUBURN AVENUE CINCINNATI, OH 45219 26-4165492	SUPPORT TCH	OH	501(c)(3)	7	TCH	Yes	
(6)GAMBLE REALTY 2139 AUBURN AVENUE CINCINNATI, OH 45219 31-1080683	REAL ESTATE	OH	501(c)(3)	N/A	TCH	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) TCHUSP SURG CENTER 15305 DALLAS PKWY SUITE 1600 DALLAS, TX 45219 27-1482322	MEDICAL PRACTICE	OH	TCH	Related	2,109,605	0		No			No	50 100 %
(2) THE CHRIST HOSP SPINE SURGERY 4020 SMITH ROAD CINCINNATI, OH 75001 27-1482322	MEDICAL PRACTICE	OH	TCHUSP			0					No	25 500 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
(1) THE CHRIST HOSPITAL HEALTH SERVICES CORP 2139 AUBURN AVENUE CINCINNATI, OH 45219 31-1066981	MEDICAL SERVICES	OH	TCH INC	C Corp				Yes	
(2) EXCEL INSURANCE COMPANY 2139 AUBURN AVENUE CINCINNATI, OH 45219 98-0386259	INSURANCE	CJ	TCH	C Corp	6,149,137	13,879,989	100 000 %	Yes	

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		No
b Gift, grant, or capital contribution to related organization(s)		No
c Gift, grant, or capital contribution from related organization(s)	Yes	
d Loans or loan guarantees to or for related organization(s)		No
e Loans or loan guarantees by related organization(s)		No
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)		No
l Performance of services or membership or fundraising solicitations for related organization(s)		No
m Performance of services or membership or fundraising solicitations by related organization(s)		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		No
o Sharing of paid employees with related organization(s)		No
p Reimbursement paid to related organization(s) for expenses		No
q Reimbursement paid by related organization(s) for expenses	Yes	
r Other transfer of cash or property to related organization(s)		No
s Other transfer of cash or property from related organization(s)		No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) THE COLLEGE OF NURSING	j	1,267,256	FMV
(2) THE COLLEGE OF NURSING	q	100,000	FMV
(3) ELIZABETH GAMBLE DEACONNESS HOME ASSOCIATION	j	482,356	FMV
(4) THE CHRIST HOSPITAL FOUNDATION	c	2,116,336	FMV

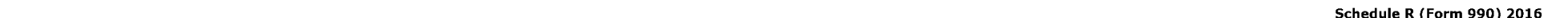
Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation
PART I, IDENTIFICATION OF DISREGARDED ENTITIES	Year-end income and assets shown for The Christ Hospital Physicians, LLC ("TCH PHYS") includes income and assets for other disregarded entities listed



Additional Data

Software ID:

Software Version:

EIN: 31-0538525

Name: THE CHRIST HOSPITAL

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income	(e) End-of-year assets	(f) Direct Controlling Entity
(1) THE CHRIST HOSPITAL MEDICAL ASSOC LLC 2139 AUBURN AVENUE CINCINNATI, OH 45219 26-1332866	MEDICAL PRACT	OH			TCH PHYS
(1) TCH MEDICAL SPECIALIST LLC 2139 AUBURN AVENUE CINCINNATI, OH 45219 45-2681845	MEDICAL PRACT	OH			TCH PHYS
(2) HPL REALTY CO LLC 2139 AUBURN AVENUE CINCINNATI, OH 45219 45-4013544	REAL ESTATE	OH			TCH
(3) TCH MEDICAL ASSOCIATES II LLC 2139 AUBURN AVENUE CINCINNATI, OH 45219 27-3999894	MEDICAL PRACT	OH			TCH PHYS
(4) TCH MEDICAL ASSOCIATES III LLC 2139 AUBURN AVENUE CINCINNATI, OH 45219 27-5467250	MEDICAL PRACT	OH			TCH PHYS
(5) TCH CLINICALLY INTEGRATED NETWORK LLC 2139 AUBURN AVENUE CINCINNATI, OH 45219 45-4209314	PHO	OH			TCH
(6) TCH CARDIOVASCULAR ASSOCIATES LLC 2139 AUBURN AVENUE CINCINNATI, OH 45219 26-3070266	MEDICAL PRACT	OH			TCH PHYS
(7) TCH ORTHOPAEDIC ASSOCIATES LLC 2139 AUBURN AVENUE CINCINNATI, OH 45219 27-2352575	MEDICAL PRACT	OH			TCH PHYS
(8) TCH ORTHOPAEDIC ASSOCIATES II LLC 2139 AUBURN AVENUE CINCINNATI, OH 45219 27-3088756	MEDICAL PRACT	OH			TCH PHYS
(9) TCH ORTHOPAEDIC ASSOCIATES III LLC 2139 AUBURN AVENUE CINCINNATI, OH 45219 27-3088817	MEDICAL PRACT	OH			TCH PHYS
(10) TCH MEDICAL SPECIALIST II LLC 2139 AUBURN AVENUE CINCINNATI, OH 45219 27-0577733	MEDICAL PRACT	OH			TCH PHYS
(11) PROFESSIONAL DIAGNOSTIC SERVICES LLC 2139 AUBURN AVENUE CINCINNATI, OH 45219 27-3081840	MEDICAL SERVI	OH			TCH
(12) LINDNER CTR RSRSCH&EDU AT TCH LLC 2139 AUBURN AVENUE CINCINNATI, OH 45219 26-3885165	MED RESEARCH	OH	244,261	2,109,967	TCH
(13) THE CHRIST HOSPITAL PHYSICIANS LLC 2139 AUBURN AVENUE CINCINNATI, OH 45219 27-3841691	MEDICAL PRACT	OH	66,752,659	53,826,000	TCH

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1) 2139 AUBURN AVENUE CINCINNATI, OH 45219 31-1080885	HC SYS PARENT	OH	501(c)(3)	11a	EDGHA		No
(1) 31-1226561 CINCINNATI, OH 45219 31-1226561	SUPPORT TCH	OH	501(c)(3)	11a	TCH	Yes	
(2) 2139 AUBURN AVENUE CINCINNATI, OH 45219 31-1082756	SUPPORT TCH	OH	501(c)(3)	11a	NA		No
(3) 2139 AUBURN AVENUE CINCINNATI, OH 45219 20-3823825	SUPPORT TCH	OH	501(c)(3)	2	TCH	Yes	
(4) 2139 AUBURN AVENUE CINCINNATI, OH 45219 26-4165492	SUPPORT TCH	OH	501(c)(3)	7	TCH	Yes	
(5) 2139 AUBURN AVENUE CINCINNATI, OH 45219 31-1080683	REAL ESTATE	OH	501(c)(3)	N/A	TCH	Yes	