

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2018, and ending 06-30-2019

B Check if applicable
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
THE CHRIST HOSPITAL

% Ted Scherpenberg
Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite
2139 AUBURN AVENUE

City or town, state or province, country, and ZIP or foreign postal code
CINCINNATI, OH 45219

D Employer identification number
31-0538525

E Telephone number
(513) 585-0000

G Gross receipts \$ 1,070,203,354

F Name and address of principal officer
Arturo Polizzi
2139 Auburn Avenue
Cincinnati, OH 45219

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527

J Website: ▶ WWW THECHRISTHOSPITAL COM

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1891

M State of legal domicile OH

Part I Summary

1 Briefly describe the organization's mission or most significant activities
To improve the health of our community and create patient value by providing exceptional outcomes, affordable care, and the finest experiences

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	14
4	Number of independent voting members of the governing body (Part VI, line 1b)	10
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	7,791
6	Total number of volunteers (estimate if necessary)	300
7a	Total unrelated business revenue from Part VIII, column (C), line 12	1,837
7b	Net unrelated business taxable income from Form 990-T, line 34	0

	Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	2,122,334
9	Program service revenue (Part VIII, line 2g)	947,518,004
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	21,603,582
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	51,407,991
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,022,651,911
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,150,023
14	Benefits paid to or for members (Part IX, column (A), line 4)	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	482,215,867
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0	
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	497,219,786
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	981,585,676
19	Revenue less expenses Subtract line 18 from line 12	41,066,235
20	Total assets (Part X, line 16)	1,216,274,502
21	Total liabilities (Part X, line 26)	599,082,585
22	Net assets or fund balances Subtract line 21 from line 20	617,191,917

Part II Signature Block

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

Sign Here Signature of officer: _____ Date: 2020-05-11
ALMA HELPLING VP & CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P01268401
Firm's name ▶ ERNST & YOUNG US LLP			Firm's EIN ▶	
Firm's address ▶ 221 E 4TH ST STE 2900 CINCINNATI, OH 45202			Phone no (513) 612-1400	

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 \$ 844,882,164 including grants of \$ 1,827,171) (Revenue \$ 1,049,816,621)
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 ▶ 844,882,164

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Question text, and Yes/No response. Rows include questions 1 through 22 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 23 through 38 regarding compensation, bond issues, escrow accounts, 501(c)(3) organizations, and other IRS requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	7,791			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	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	3b	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)?	4a	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?	5a		No		
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No		
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c				
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No		
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b				
7 Organizations that may receive deductible contributions under section 170(c).					
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No		
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b				
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No		
d If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g				
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h				
8 Sponsoring organizations maintaining donor advised funds.					
Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8				
9a Did the sponsoring organization make any taxable distributions under section 4966?	9a				
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b				
10 Section 501(c)(7) organizations. Enter					
a Initiation fees and capital contributions included on Part VIII, line 12	10a				
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11 Section 501(c)(12) organizations. Enter					
a Gross income from members or shareholders	11a				
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?					
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a				
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c Enter the amount of reserves on hand	13c				
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		No		
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b				
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N	15		No		
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O	16		No		

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

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (14); 1b Enter the number of voting members included in line 1a, above, who are independent (10); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (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? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (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? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (Yes); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (Yes); b Each committee with authority to act on behalf of the governing body? (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 (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (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 (Yes); b Other officers or key employees of the organization (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? (Yes); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? (No).

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 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-A 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 Contractors

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) R Kerry Clark DIRECTOR	1 0 1 0	X						0	0	0
(2) Victoria B Gluckman DIRECTOR	1 0 1 0	X						0	0	0
(3) Jeb Head DIRECTOR	1 0 1 0	X						0	0	0
(4) Thomas R Gerdes Treasurer	1 0 1 0	X		X				0	0	0
(5) Deborah P Majoras Secretary	1 0 0 0	X		X				0	0	0
(6) George H Vincent Board Chairman	1 0 1 0	X		X				0	0	0
(7) Michael K Keating President & CEO (Thru 10/18)	40 0 1 0	X		X				1,268,417	0	388,338
(8) Roger L Howe DIRECTOR	1 0 1 0	X						0	0	0
(9) R Glen Mayfield DIRECTOR	1 0 1 0	X						0	0	0
(10) Robert Heimann Director	1 0 1 0	X						0	0	0
(11) James Devitt MD Director	1 0 0 0	X						0	0	0
(12) Arturo Polizzi PRESIDENT & CEO (beg 10/18)	40 0 1 0	X		X				469,503	0	550,385
(13) Eric Stamler Director	1 0 0 0	X						0	0	0
(14) Kathleen S Barclay DIRECTOR (thru 7/18)	1 0 0 0	X						0	0	0
(15) ALMA HELPLING CFO & VP	40 0 1 0			X				730,151	0	91,468
(16) Patrick Kirk MD PHYSICIAN	40 0 1 0					X		1,486,115	0	27,144
(17) Robert Cody MD PHYSICIAN	40 0 1 0					X		1,407,577	0	14,570

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) MARC SCHNEIDER MD PHYSICIAN	40 0 1 0					X		1,497,509	0	26,294
(19) Slobodan Stanisic MD PHYSICIAN	40 0 1 0					X		1,295,806	0	26,294
(20) John Roberts MD PHYSICIAN	40 0 1 0					X		1,279,485	0	14,570
1b Sub-Total ▶										
1c Total from continuation sheets to Part VII, Section A ▶										
1d Total (add lines 1b and 1c) ▶								9,434,563	0	1,139,063

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 ▶ 602

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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
QUEST DIAGNOSTICS INC, PO BOX 530458 ATLANTA, GA 30374	HEALTHCARE SERVICES	6,070,438
laboratory corporation, PO box 2270 BURLINGTON, NC 27216	HEALTHCARE SERVICES	3,073,877
Ensemble RCM LLC, PO Box 639076 CINCINNATI, OH 45263	Financial Services	7,047,527
RJ Beischel Building Co, PO Box 32067 CINCINNATI, OH 45232	Construction	6,393,230
Medical Recovery Systems Inc, 2055 Reading Rd Suite 500 CINCINNATI, OH 45202	Financial Services	2,830,062

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 ▶ 125

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a			
	b Membership dues	1b			
	c Fundraising events	1c			
	d Related organizations	1d	544,490		
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f			
	g Noncash contributions included in lines 1a - 1f \$ _____		0		
h Total. Add lines 1a-1f		544,490			

Program Service Revenue			Business Code				
	2a Net Patient Service Rev		621990	993,979,234	993,977,397	1,837	0
b Pharmacy Sales		446110	10,853,755	10,853,755	0	0	0
c _____							
d _____							
e _____							
f All other program service revenue							
g Total. Add lines 2a-2f			1,004,832,989				

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			13,390,547			13,390,547	
	4 Income from investment of tax-exempt bond proceeds			0			0	
	5 Royalties			0			0	
	6a Gross rents	(i) Real	(ii) Personal					
		2,364,634						
		b Less rental expenses						
		c Rental income or (loss)	2,364,634	0				
	d Net rental income or (loss)			2,364,634			2,364,634	
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		216,035						
		b Less cost or other basis and sales expenses						
		c Gain or (loss)	216,035					
	d Net gain or (loss)			216,035			216,035	
	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 Clinical Excellence Grant			22,495,795	22,495,795	0	0		
b HOSPITAL ANCILLARY REVENUE			3,870,437	0	0	3,870,437		
c AMBULATORY CARE REVENUE			13,830,445	13,830,445	0	0		
d All other revenue			8,657,982	8,657,982	0			
e Total. Add lines 11a-11d			48,854,659					
12 Total revenue. See Instructions			1,070,203,354	1,049,815,374	1,837	19,841,653		

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	1,827,171	1,827,171		
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.	2,998,261	0	2,998,261	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).	305,743	244,594	61,149	
7 Other salaries and wages.	434,003,839	323,514,337	110,489,502	0
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	10,124,133	8,409,539	1,714,594	0
9 Other employee benefits.	42,641,240	34,759,179	7,882,061	0
10 Payroll taxes.	28,139,385	22,347,943	5,791,442	0
11 Fees for services (non-employees)				
a Management.	0	0	0	0
b Legal.	1,013,052	53,705	959,347	0
c Accounting.	507,800	1,155	506,645	
d Lobbying.	5,750	0	5,750	0
e Professional fundraising services. See Part IV, line 17.	0			0
f Investment management fees.	1,592,496		1,592,496	0
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	94,799,493	54,343,854	40,455,639	0
12 Advertising and promotion.	2,597,572	9,765	2,587,807	0
13 Office expenses.	3,371,422	2,248,193	1,123,229	0
14 Information technology.	12,931,967	1,194,161	11,737,806	0
15 Royalties.	0	0	0	0
16 Occupancy.	23,839,474	21,615,934	2,223,540	0
17 Travel.	540,835	217,061	323,774	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.	1,224,401	724,606	499,795	0
20 Interest.	18,226,866	18,226,866	0	0
21 Payments to affiliates.	0	0	0	0
22 Depreciation, depletion, and amortization.	57,413,256	56,956,437	456,819	0
23 Insurance.	6,523,013	5,648,700	874,313	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.	283,400,134	277,563,153	5,836,981	0
b Dues & Subscriptions.	13,550,693	12,085,690	1,465,003	0
c Rental & Lease of Equip.	6,856,712	2,452,586	4,404,126	0
d Printing & Publications.	729,973	384,488	345,485	0
e All other expenses.	455,517	53,047	402,470	
25 Total functional expenses. Add lines 1 through 24e.	1,049,620,198	844,882,164	204,738,034	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).	0			

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	35,575,311	1	72,096,589
	2 Savings and temporary cash investments	48,190,676	2	69,407,402
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	132,021,488	4	134,766,154
	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	26,061,965	8	23,384,065
	9 Prepaid expenses and deferred charges	12,373,548	9	12,221,319
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 1,308,162,728		
	b Less accumulated depreciation	10b 756,532,361	565,833,203	10c 551,630,367
	11 Investments—publicly traded securities	353,308,644	11	210,381,995
	12 Investments—other securities See Part IV, line 11	0	12	134,708,021
	13 Investments—program-related See Part IV, line 11	0	13	0
	14 Intangible assets	12,559,935	14	12,409,833
	15 Other assets See Part IV, line 11	30,349,732	15	35,276,085
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,216,274,502	16	1,256,281,830	
Liabilities	17 Accounts payable and accrued expenses	138,384,192	17	153,332,642
	18 Grants payable	0	18	0
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	391,260,041	20	325,760,257
	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	11,168,283	23	66,581,437
	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	58,270,069	25	74,343,725
	26 Total liabilities. Add lines 17 through 25	599,082,585	26	620,018,061
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	569,477,860	27	589,508,187
	28 Temporarily restricted net assets	47,714,057	28	46,755,582
	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	617,191,917	33	636,263,769	
34 Total liabilities and net assets/fund balances	1,216,274,502	34	1,256,281,830	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,070,203,354
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,049,620,198
3	Revenue less expenses Subtract line 2 from line 1	3	20,583,156
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	617,191,917
5	Net unrealized gains (losses) on investments	5	15,908,655
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	-17,419,959
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	636,263,769

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990 Cash Accrual 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
 Separate basis Consolidated basis Both consolidated and separate basis
- 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
 Separate basis Consolidated basis Both consolidated and separate basis
- 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
- 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?
- 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	No
2a		No
2b	Yes	
2c	Yes	
3a	Yes	
3b	Yes	

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

Form 990 (2018)

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 NEARLY 130 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, A REMOTE HOSPITAL LOCATION AND PHYSICIAN PRACTICES THAT ENSURE ACCESS TO CARE THROUGHOUT THE GREATER CINCINNATI REGION, INCLUDING SUBURBAN AND RURAL REGIONS OF THE AREA THAT SERVE 14 COUNTIES LOCATED IN THREE STATES. TCH HAS ORGANIZED AND MAINTAINS AN ACCREDITED STAFF OF MORE THAN 1,000 PHYSICIANS, AND OFFERS ADVANCED SERVICES AND TECHNOLOGIES THROUGH EXECUTIVE LEADERSHIP OF 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. TCH HAS CONSISTENTLY BEEN RECOGNIZED BY U.S. NEWS & WORLD REPORT AS ONE OF THE NATION'S TOP HOSPITALS, INCLUDING THE NUMBER ONE HOSPITAL IN THE GREATER CINCINNATI REGION. THE NETWORK RECEIVED THE NRC HEALTH CONSUMER LOYALTY AWARD IN 2019. THE NETWORK RANKED #28 NATIONALLY OUT OF 100 NATIONALLY AND NUMBER ONE IN THE GREATER CINCINNATI REGION (FIRST YEAR GIVEN). TCH HAS BEEN GRANTED MAGNET RECOGNITION FROM THE AMERICAN NURSES CREDENTIALING CENTER FOR EXCELLENCE IN NURSING CARE. ADDITIONALLY, FOR THE 13TH STRAIGHT YEAR, THE NETWORK WAS AWARDED HEALTHGRADES AMERICA'S 50 BEST HOSPITALS FOR BEING IN THE TOP 1% IN THE NATION FOR PROVIDING HIGHEST CLINICAL QUALITY YEAR OVER YEAR. WHILE MAINTAINING ITS COMMITMENTS TO THE COMMUNITY, TCH IS IN A PERIOD OF RAPID GROWTH, INCLUDING THE EXPANSION OF AN AMBULATORY OUTPATIENT STRATEGY CONSISTING OF AN EMPLOYED PRIMARY CARE AND SPECIALTY PHYSICIAN NETWORK, NUMEROUS OUTPATIENT CENTERS OFFERING A VARIETY OF SERVICES, AND OTHER COMMUNITY INITIATIVES. WITH A STAFF OF MORE THAN 1,000 PHYSICIANS, TCH OFFERS ADVANCED SERVICES AND TECHNOLOGIES IN CARDIOVASCULAR CARE, ORTHOPAEDIC AND SPINE TREATMENT, WOMEN'S HEALTH, ONCOLOGY, SPECIALTY SURGERY, AND A HOST OF OUTPATIENT SERVICES SUCH AS PHYSICIAN PRACTICES, IMAGING, TESTING, PHYSICAL AND OCCUPATIONAL THERAPY, WOUND HEALING, DIABETES CARE, AND MORE. FOR THE FISCAL YEAR ENDED JUNE 30, 2019, TCH'S INPATIENT ADMISSIONS WERE APPROXIMATELY 31,000 AND ITS OUTPATIENT VISITS EXCEEDED 630,000. PATIENT SERVICES: THE NETWORK OFFERS A WIDE RANGE OF INPATIENT, OUTPATIENT AND EMERGENCY SERVICES THROUGH VARIOUS REGIONAL, NATIONAL AND COMMUNITY-BASED DISTRIBUTION MODELS. THE NETWORK'S CLINICAL PROGRAMS ARE DIVERSIFIED, ORGANIZED AND DELIVERED ACROSS ITS SEVEN KEY SERVICE LINES, WHICH INCLUDE CARDIOVASCULAR CARE, ORTHOPAEDIC AND SPINE TREATMENT, WOMEN'S HEALTH, ONCOLOGY, SPECIALTY SURGERY, COMPREHENSIVE MEDICINE AND PRIMARY CARE. THE NETWORK MAINTAINS A LEADING OR SECOND LEADING POSITION IN THE GREATER CINCINNATI REGION FOR KEY SERVICE LINES INCLUDING CARDIOVASCULAR, JOINT AND SPINE AND WOMEN'S HEALTH. THE NETWORK'S POSITIONING IN THE MARKET WITHIN THESE KEY SERVICE LINES FURTHER HIGHLIGHTS THE CRITICAL ROLE THE NETWORK PLAYS IN THE DELIVERY OF CARE TO THE COMMUNITY. IT SERVES HEART AND VASCULAR FROM GROUND-BREAKING TREATMENTS OPTIONS - CERTAIN TREATMENTS THE NETWORK'S PHYSICIANS HELPED PIONEER - TO THE DOZEN OF SUBSPECIALIZED PROGRAMS DEVELOPED BY THE NETWORK TO CARE FOR THE VARIED AND COMPLEX CONDITIONS FOR THE HEART. THE NETWORK IS RECOGNIZED AS A LEADER IN CARDIOVASCULAR CARE AS EVIDENCED BY NUMEROUS AWARDS. FOR THE FISCAL YEAR ENDED JUNE 30, 2019, THE NETWORK PERFORMED 569 OPEN HEART SURGERIES, 1,474 ANGIOPLASTIES AND 2,464 CARDIAC CATHETERIZATIONS, MORE THAN ANY OTHER HOSPITAL IN THE GREATER CINCINNATI REGION. FOR 14 CONSECUTIVE YEARS, TCH HAS BEEN NAMED ONE OF THE NATION'S 50 TOP CARDIOVASCULAR HOSPITALS IN THE US BY IBM WATSON HEALTH. IN ADDITION, FOR 3 CONSECUTIVE YEARS TCH HAS BEEN NAMED TO BECKERS HOSPITAL REVIEW'S 100 HOSPITALS AND HEALTH SYSTEMS WITH A GREAT HEART PROGRAM. IN ADDITION TO THE VARIOUS AWARDS LISTED ABOVE, THE NETWORK HAS BEEN CREDITED WITH BEING THE FIRST HOSPITAL IN THE NATION TO PERFORM A NUMBER OF CARDIOVASCULAR PROCEDURES. THANKS TO THE LINDNER CENTER FOR RESEARCH, THE NETWORK'S CARDIOVASCULAR PROGRAM IS AT THE FOREFRONT OF INNOVATION AND HAS BECOME THE INTERNATIONAL LEADER IN CLINICAL CARDIOVASCULAR RESEARCH. IT HAS BEEN RANKED #1 CLINICAL CARDIOVASCULAR RESEARCH CENTER IN THE US FOR TWO CONSECUTIVE YEARS BY THE MEDTRONIC CORPORATION, A WORLD LEADER IN MEDICAL DEVICE DEVELOPMENT. THE IMPACT OF THIS COLLABORATION TRANSFORMS CARDIOVASCULAR CARE AND BRINGS NEW TREATMENTS TO PATIENTS IN THE GREATER CINCINNATI REGION LONG BEFORE THE TREATMENTS ARE AVAILABLE ELSEWHERE IN OUR COUNTRY. MUSCULOSKELETAL THROUGH ITS WORLD CLASS JOINT AND SPINE CENTER, BUILT IN 2015, THE NETWORK'S ORTHOPAEDIC AND SPINE TREATMENT PROGRAMS ATTRACT PATIENTS ACROSS THE US, BUT ULTIMATELY ALLOWING FOR EXCEPTIONAL ORTHOPAEDIC AND SPINE TREATMENT FOR PATIENTS IN THE GREATER CINCINNATI REGION. TCH CONTINUES TO RANK IN THE TOP 20 IN TERMS OF MEDICARE JOINT SURGERY VOLUME, PERFORMING ON AVERAGE 80 TOTAL JOINT REPLACEMENTS PER WEEK. THE NETWORK PARTICIPATES IN MEDICARE'S COMPREHENSIVE CARE FOR JOINT REPLACEMENTS ("CJR") MODEL, WHERE IT HAS EXPERIENCED TOP 10 RESULTS NATIONWIDE, EARNING INCENTIVE PAYMENTS FOR DELIVERY OF JOINT REPLACEMENTS TO MEDICARE SPONSORED PATIENTS, ON THE BASIS OF NOT ONLY AFFORDABLE CARE BUT ALSO QUALITY OUTCOMES ACHIEVED. TCH OFFERS COMPREHENSIVE ORTHOPAEDIC AND SPINE SERVICES PROVIDED BY EXPERT SPECIALISTS WHO PROVIDE A COMPREHENSIVE RANGE OF SERVICES THAT FOCUS ON THE PREVENTION, DIAGNOSIS, TREATMENT AND REHABILITATION OF MUSCULOSKELETAL DISORDERS. THE NETWORK'S PHYSICIANS AND SURGEONS HAVE PERFORMED MORE INPATIENT TOTAL JOINT REPLACEMENT PROCEDURES THAN ANY OTHER HOSPITAL IN THE GREATER CINCINNATI REGION, AND RANKED 17TH IN FEDERAL FISCAL YEAR 2016 BY CMS FOR TOTAL JOINT REPLACEMENT VOLUME. IN ADDITION, THE NETWORK CONTINUES TO DELIVER HIGH QUALITY OUTCOMES, RANKING "HIGH PERFORMING" BY US NEWS & WORLD REPORT. 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. THE NETWORK'S PHYSICIANS AND SURGEONS HAVE PERFORMED MORE INPATIENT SPINE PROCEDURES THAN ANY OTHER HOSPITAL IN THE GREATER CINCINNATI REGION. FULL SUITE OF PATIENT SERVICES: THE NETWORK'S INPATIENT SERVICES INCLUDE ALL MAJOR CATEGORIES OF MEDICINE AND SURGERY, WITH THE EXCEPTION OF T

SCHEDULE A
(Form 990 or
990EZ)

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.

▶ Go to www.irs.gov/Form990 for the latest information.

2018

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), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc (see instructions)					12	

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2017 Schedule A, Part II, line 14	15	

- 16a 33 1/3% support test—2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶
- b 33 1/3% support test—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶
- 17a 10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶
- b 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶

Part 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 2018 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. 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—2017. 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? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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? If "Yes," provide detail in Part VI .		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
	10b		

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>		

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>		
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>		

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>		

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?		
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>		
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>		

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>	Yes	No
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>		
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>		
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>		

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

- Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **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 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

Software ID:

Software Version:

EIN: 31-0538525

Name: THE CHRIST HOSPITAL

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-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018
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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
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ _____
- 3 Volunteer hours for political campaign activities (see instructions) _____

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

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

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1				
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) 2015	(b) 2016	(c) 2017	(d) 2018	(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		5,750
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			5,750
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 RELATED TO LOBBYING WERE THE FOLLOWING OHIO HOSPITAL ASSOCIATION \$5,750

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.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047
2018
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 Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, 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
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" 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	63,057,000	11,235,000	7,959,000	64,391,000	122,377,000
b Contributions	31,808,000	79,175,000	8,181,000	1,739,000	5,507,000
c Net investment earnings, gains, and losses	403,000	349,000	25,000	14,000	352,000
d Grants or scholarships	53,000				
e Other expenditures for facilities and programs	28,457,000	27,702,000	3,209,000	55,232,000	63,120,000
f Administrative expenses	0		1,721,000	2,953,000	725,000
g End of year balance	66,758,000	63,057,000	11,235,000	7,959,000	64,391,000

- 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 ▶ 12 380 %
 - c** Temporarily restricted endowment ▶ 87 620 %
- 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
- | | Yes | No |
|--|-----|----|
| (i) unrelated organizations | | No |
| (ii) related organizations | Yes | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | Yes | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" 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	48,801,835		48,801,835
b Buildings	0	496,466,520	154,400,993	342,065,527
c Leasehold improvements	0	29,376,201	10,326,451	19,049,750
d Equipment	0	579,991,694	481,111,315	98,880,379
e Other	0	153,526,478	110,693,602	42,832,876
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				551,630,367

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) LIMITED LIABILITY COMPANY	134,708,021	F
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	134,708,021	

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.

(a) Description of liability	(b) Book value
(1) Federal income taxes	0
Deferred Pension	69,468,273
Other Liabilities	2,500
DUE TO RELATED PARTY	4,872,952
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	74,343,725

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 department 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, 2019 AND 2018, AND DETERMINED NO AMOUNTS WERE REQUIRED TO BE RECOGNIZED IN THE CONSOLIDATED FINANCIAL STATEMENTS AT JUNE 30, 2019 AND 2018

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No 1545-0047

2018

Open to Public Inspection

- ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization
THE CHRIST HOSPITAL

Employer identification number

31-0538525

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

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

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

3 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			14,168,119
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)		2			14,168,119

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 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, don't file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990)* Yes No

Part V Supplemental Information

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

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART 1, LINE 3 COLUMN (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	2,277,144
Central America and the Caribbean		1	Investments, program-relate		11,890,975

SCHEDULE H (Form 990)
 Department of the Treasury
 Internal Revenue Service

Hospitals

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990EZ for instructions and the latest information.**

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
 THE CHRIST HOSPITAL

Employer identification number
 31-0538525

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

7 Financial Assistance and Certain Other Community Benefits at Cost

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			3,346,999		3,346,999	0.320 %
b Medicaid (from Worksheet 3, column a)			107,346,214	63,412,276	43,933,939	4.190 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			110,693,213	63,412,276	47,280,938	4.510 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			679,037		679,037	0.060 %
f Health professions education (from Worksheet 5)			16,936,113	9,507,387	7,428,726	0.710 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)			5,329,666	2,989,747	2,339,919	0.220 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			169,759		169,759	0.020 %
j Total. Other Benefits			23,114,575	12,497,134	10,617,441	1.010 %
k Total. Add lines 7d and 7j			133,807,788	75,909,410	57,898,379	5.520 %

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	37,392,774
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	568,578
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	160,649,830
6	Enter Medicare allowable costs of care relating to payments on line 5.	6	196,407,349
7	Subtract line 6 from line 5. This is the surplus (or shortfall).	7	-35,757,519
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)

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

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group _____

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): _____ 1

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		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		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)	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 <u>20 18</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 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	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	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	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)	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	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 19</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) <u>SEE SECTION C</u>	Yes	
a			
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)?		No
12b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
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 <u>150</u> % and FPG family income limit for eligibility for discounted care of <u>300</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input checked="" 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) <u>SEE SECTION C</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>SEE SECTION C</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>SEE SECTION C</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input 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 nonpayment?	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? If "Yes," check all actions in which the hospital facility or a third party engaged	19		No
a	<input type="checkbox"/> Reporting to credit agency(ies)			
b	<input type="checkbox"/> Selling an individual's debt to another party			
c	<input type="checkbox"/> 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 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? If "No," indicate why	21	Yes	
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
b	<input type="checkbox"/> The hospital facility's policy was not in writing			
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	<input type="checkbox"/> Other (describe in Section C)			

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

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 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
See Add'l Data	

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? 194

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, column F	<p>BAD DEBTS ARE NETTED AGAINST REVENUES IN PART VIII, AND AS SUCH ARE NOT INCLUDED IN THE TOTAL EXPENSES IN ORDER TO CALCULATE THE PERCENTAGE REPORTED IN COLUMN F ON SCHEDULE H, PART I AND PART II PART I, LINE 7 THE CHRIST HOSPITAL (TCH) APPLIES A COST-TO-CHARGE RATIO FROM WORKSHEET 2 OF THE FORM 990, SCHEDULE H INSTRUCTIONS TO DETERMINE FINANCIAL ASSISTANCE PROVIDED AT COST PART III, LINES 2 AND 4 The provision for bad debts is based upon management's assessment of historical and expected net collections considering historical business and economic conditions, trends in health care coverage, and other collection indicators Periodically throughout the year, management assesses the adequacy of the allowance for uncollectible accounts based upon historical write-off experience by payor category The results of this review are then used to make modifications to the provision for bad debts to establish an appropriate allowance for uncollectible accounts As a result of certain changes required by ASU 2014-09, the majority of the Network's provision for bad debts is recorded as a direct reduction to net patient service revenue instead of being presented as a separate line on the consolidated statements of operations and changes in net assets The adoption of ASU 2014-09 has no impact on the Network's patient accounts receivable as it was historically recorded net of the allowance for uncollectible accounts and contractual adjustments on the consolidated balance sheets PART III, LINE 8 COSTS REPORTED ON LINE 6 ARE OBTAINED FROM THE MEDICARE COST REPORT WHICH IS BASED ON A COST TO CHARGE RATIO PART III, LINE 9B PATIENTS KNOWN TO QUALIFY FOR CHARITY CARE AND FINANCIAL ASSISTANCE ARE NOT SENT TO COLLECTIONS UNLESS A DETERMINATION IN ACCORDANCE WITH THE FINANCIAL ASSISTANCE POLICY HAS BEEN MADE THAT THE PATIENT HAS THE FINANCIAL RESOURCES TO PAY SOME PORTION OF THE IR BILL BUT REFUSES TO DO SO Part III, section B In addition to hospital-based revenue and allowable cost generated from Medicare (including DSH and IME) eligible participants reported in Part III Section B, The Christ Hospital provides hospital-based services to other Medicare eligible participants, through Medicare plans sponsored by managed care providers (Medicare Managed Care Plans) Medicare Managed Care Plans are Health Maintenance Organizations (HMOs) or Preferred Provider Organizations (PPOs) that provide basic Medicare coverage plus other coverages to fill gaps in Medicare coverage These plans have arrangements with certain physicians, hospitals and health care providers to serve patients who are plan members at a contracted rate Below is the shortfall related to hospital-based revenue and allowable costs under Medicare Managed Care Plans Revenue received from Medicare Managed Care Plans \$108,278,009 Allowable cost of care related to payments from above \$(142,090,408) ----- Shortfall from Medicare Managed Care Plans \$(33,812,399) Also, The Christ Hospital has certain Medicare Part B (physician-based) revenue and allowable cost related to services rendered on behalf of Medicare eligible participants by employed physicians of The Christ Hospital This would include services provided under traditional Medicare, as well as Medicare Managed Care Plans Below is the shortfall related to the disregarded entities of the Hospital Revenue received from Medicare Part B Plans (physician-based) \$100,408,996 Allowable cost of care related to payments from above \$(136,321,364) ----- Shortfall related to the Medicare Part B Plans \$(35,912,368) (physician-based) Part VI NEEDS ASSESSMENT Our first step in conducting our 2019 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 principle 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 by engaging the Health Collaborative to conduct a comprehensive and collaborative Community Health Needs Assessment 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 35 hospitals and 28 local health departments together, including The Christ Hospital, to conduct a comprehensive, collaborative community health needs assessment (Collaborative CHNA) The Collaborative Report also provides a comprehensive and detailed description of (1) how the Collaborat</p>

Form and Line Reference	Explanation
Part I, Line 7, column F	<p>ive CHNA Team solicited and took into account input received from persons who represent th e 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 inp ut, (4) descriptions of the medically underserved, low income or minority populations bein g represented by organizations or individuals that provided input Collectively within 25 counties over 35 hospitals, 28 health departments, including Hamilton County Department of Health, 100 community groups and organizations, and participation of community members O ver 140 data measures were deployed including primary and secondary data over 1400 qualitative surveys The CHNA team reached out to the local health departments in the spring of 2 017 to take the first steps towards the State of Ohio's requirement that health department s and hospitals align their assessments starting in 2020 As a result, the CHNA team has r esearched more secondary data measures, included hospital utilization data, oversampled vu lnerable populations, and engaged more participants A total of 1,416 people or organizati ons completed a survey or attended a meeting A significant part of the increase was due t o local health departments helping to promote and conduct meetings PATIENT EDUCATION OF E LIGIBILITY AND ASSISTANCE TCH POSTS ITS CHARITY CARE POLICY AND FINANCIAL ASSISTANCE CONTR ACT INFORMATION IN ADMISSIONS AREAS, EMERGENCY DEPARTMENT, AND OTHER AREAS OF THE ORGANIZA TION'S FACILITIES IN WHICH ELIGIBLE PATIENTS ARE LIKELY TO BE PRESENT TCH PROVIDES A COPY OF THE POLICY, OR SUMMARY THEREOF, AND FINANCIAL ASSISTANCE CONTACT INFORMATION TO PATIEN TS AS PART OF THE INTAKE PROCESS AND WITH DISCHARGE MATERIALS ADDITIONALLY, A COPY OF THE POLICY OR A SUMMARY ALONG WITH THE FINANCIAL ASSISTANCE CONTACT INFORMATION IS INCLUDED I N THE PATIENT BILLS TCH DISCUSSES WITH THE PATIENT THE AVAILABILITY OF VARIOUS GOVERNMENT BENEFITS, SUCH AS MEDICAID OR STATE PROGRAMS, WHERE APPLICABLE ADDITIONALLY, TCH ASSISTS PATIENTS IN OBTAINING MEDICAL BENEFITS THROUGH FEDERAL, STATE, AND HOSPITAL PROGRAMS TCH REPRESENTATIVES WILL PROVIDE THE FOLLOWING SERVICES AT NO COST TO THE PATIENT - EXPLORE ELIGIBILITY, - FILE APPLICATION ON PATIENT'S BEHALF, - SCHEDULE AND ATTEND APPOINTMENTS, - PROVIDE TRANSPORTATION WHEN NECESSARY, - PROVIDE MEDICAL DOCUMENTATION TO SOCIAL SECURITY ADMINISTRATION FOR DISABILITY CLAIMS THROUGHOUT THE REGISTRATION AND DISCHARGE PROCESS, PATIENTS AND THEIR COUNSELORS LOOK AT WHAT OPTIONS ARE AVAILABLE TCH UNDERSTANDS THAT NOT EVERYONE CAN PAY FOR HEALTHCARE SERVICES TCH REPRESENTATIVES ARE AVAILABLE TO OFFER OPTI ONS AND ASSISTANCE FOR THOSE WHO ARE UNINSURED OR UNDERINSURED COMMUNITY INFORMATION TCH' s primary service area, comprising 86% of inpatient admissions, encompasses seven counties in the greater Cincinnati area including, Hamilton, Clermont, Butler, Warren Counties in Ohio and Kenton, Boone and Campbell Counties in Kentucky TCH's secondary service area, co mprising an additional 9% of the inpatient admissions, encompasses an additional seven cou nties including Adams, Brown, Clinton and Highland counties in Ohio, Grant and Pendleton C ounties in Kentucky and Dearborn County in Indiana TCH largely serves Hamilton County, wh ich has a population of approximately 817,000 with 15% of the population over the age of 6 5 Approximately The 15 4% of the Hamilton County population is living at or less than 100 % of the Federal poverty rate Approximately 65% of Hamilton county's population is Caucas ian, approximately 25% is African American, approximately 3% is Asian, and approximately 3 % is Hispanic, with the remaining 4% of other ethnicities Within Hamilton County, 44% of the household have an average income level of less than \$50,000, approximately an addition al 29% of Household have income between</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	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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART V, SECTION B, LINE 3e	<p>SEE NARRATIVE FOR PART V, SECTION B, LINE 11 PART V, SECTION B, LINE 6B SEE NARRATIVE FOR PART V, SECTION B, LINE 11 PART V, SECTION B, LINE 6B The Christ Hospital Health Network Cincinnati Children's Hospital Medical Center Clinton Memorial Hospital Highpoint Health Kettering Health Network Fort Hamilton Hospital Grandview Medical Center Greene Memorial Hospital Kettering Behavioral Medicine Center Kettering Medical Center Soim Medical Center Southview Medical Center Sycamore Medical Center Lindner Center of HOPE Mercy Health Cincinnati Region Mercy Health - Anderson Hospital Mercy Health - Clermont Hospital Mercy Health - Fairfield Hospital Mercy Health - West Hospital The Jewish Hospital - Mercy Health Mercy Health Springfield Region Mercy Health - Urbana Hospital Springfield Regional Medical Center Premier Health Atrium Medical Center Miami Valley Hospital Miami Valley Hospital North Miami Valley Hospital South Upper Valley Medical Center TriHealth Bethesda Butler Hospital Bethesda North Hospital Good Samaritan Hospital McCullough Hyde Memorial Hospital TriHealth Evendale Hospital UC Health Daniel Drake Center for Post - Acute Care University of Cincinnati Medical Center West Chester Hospital Wayne HealthCare Wilson Health Health Departments Adams County Health Department Brown County Health Department Butler County Health Department Champaign-Urbana County Department Cincinnati Health Department City of Hamilton Health Department Clark County Combined Health District Clermont County Public Health Clinton County Health Department Darke County General Health District Fayette County Public Health Greene County Public Health Hamilton County Public Health Highland County Health Department Miami County Public Health Middletown City Health District Norwood Health Department Piqua City Health Department Preble County Public Health Public Health - Dayton & Montgomery County Sidney Shelby County Health Department Springdale Health Department Warren County Combined Health District 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</p>

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 11	<p>The Christ Hospital (TCH) conducted a community health needs assessment in Fiscal Year 2019 (July 1, 2018 - June 30, 2019) and sought input from a variety of community partners to gain valuable insight into the overall health and well-being of the community we serve. One of our primary partners in this endeavor was The Health Collaborative, a nonprofit organization that works with its member hospitals on healthcare improvement projects and shares best practices. The Health Collaborative brought local hospitals together for the third time and led the effort to better understand the health needs of the community. Their community report shares data for the Southwest Ohio region (including Greater Dayton and Greater Cincinnati), which include Northern Kentucky and Southeastern Indiana. Service areas of hospitals vary, so this approach provides the most thorough picture of health needs locally and regionally. Along with the data produced by The Health Collaborative, TCH has analyzed a variety of data sources including public health data, health risk factor surveys, socioeconomic needs assessments, environmental standards and existing programs that had been developed for residents in the Greater Cincinnati region. In addition, TCH also sought to review any written comments received regarding community health needs in the previous assessment. The priorities were determined by the number of votes in the community meetings, the number of mentions on surveys, and areas where data demonstrated performance worse than state or national benchmarks or trending in the wrong direction and impacting at least 16 counties (secondary data). The 5 identified priorities ranked in the top 8 for all primary data sources. The prevalent health concerns identified in the Hamilton County area through this needs assessment include Substance Abuse Mental Health Access to Care Chronic Heart Disease Healthy Behaviors. Through a collaborative and meticulous process, TCH and its community partners have reviewed the most prevalent health concerns in Hamilton County and have established a course of action. This Implementation Plan focuses on programs, research, and education geared to target the prevalent health concerns facing the residents of Hamilton County. It is TCH's goal to make a measurable impact on the health of our community. We recognize that community health needs are broad and comprehensive. While we bring our expertise and leadership to addressing these needs, we also understand that one entity's expertise cannot be broad enough to be the sole answer. Collaborations and partnerships are key to meeting those needs, and we partner with community organizations that complement our resources. The Implementation Plan was approved by TCH Board of Directors on 10/16/2019. Due to the complexity of substance abuse, the approach to addressing this will be through a partnership and supportive role, which will also include exploration into the underlying problems leading to addict</p>

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 11	<p>ion in order gather insights for prevention and quality treatment TCH will engage TCH staff with the Hamilton County Heroin Task Force, with a goal to reduce the number of deaths from heroin overdoses TCH's partnership with the Hamilton County Heroin Task Force will include a group of hospital members who will engage and proactively work in partnership with the Task Force The main areas of focus and expertise for the Task Force include prevention, treatment, harm reduction, law enforcement, and first responders TCH will implement a Controlled Substance Policy The policy will include a definition of controlled substances, guidance on prescription distribution and fulfillment, patient use of controlled substances and appropriate monitoring of suspicious behavior, with a goal of reducing the prescribing of high dose opiates, which will, in turn, help manage the exposure and distribution of opiates and reduce the availability of substances in the community In July 2019, TCH established an Outpatient Behavioral Health Program, which includes substance abuse treatment with a goal of providing expanded access to treatment and prevention through the hospital Outpatient program As previously noted, TCH opened Behavioral Health Outpatient Clinic at its Mt Auburn campus in July 2019 to serve the needs of patients with mental health and substance abuse conditions This includes partial hospitalization, intensive outpatient services and treatment TCH will also continue the Comprehensive Primary Care Plus program that includes office based Primary Care Behavioral Health services to holistically address patient needs These actions will decrease the rate at which patients are re-admitted to the hospital and revisits to the Emergency Department and will provide a much-needed Outpatient Service to the community The Comprehensive Primary Care Plus program improves access to Primary Care Mental Health professionals in the communities where the patients live Both actions will work in tandem to increase access to care The services will also contribute to the overall understanding of community mental health needs, helping to debunk myths and misunderstandings TCH will work to provide access to Pharmaceuticals to those who are underserved and to those in need with a goal to improve the quality of care for patients who require pharmaceutical treatment TCH will work in collaboration with St Vincent DePaul Pharmacy to provide free pharmacy services to the uninsured and underinsured community TCH will increase medical care access for the homeless by providing after care to the homeless post-discharge from the hospital through collaboration with the Center for Respite Care, Homeless Medical Recovery The mission is to partner in providing quality holistic medical care to homeless people who need a safe place to heal, while assisting them in breaking the cycle of homelessness and reducing the number of readmissions to the hospital TCH will expand partnershi</p>

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 11	<p>ps with ride sharing platforms to provide assistance to patients needing access to our facilities. Additionally, the establishment of the Outpatient Behavioral Health Program increases access to Outpatient Behavioral Health to vulnerable Hamilton County populations. TCH is working in collaboration with the Center for Respite Care, Homeless Medical Recovery, to provide after care when homeless patients are discharged from the hospital. The mission is to partner in providing quality holistic medical care to homeless people who need a safe place to heal, while assisting them in breaking the cycle of homelessness. TCH will provide access to preventative vascular screenings in the community served. Early detection of heart disease through screenings facilitate access to care, and the likelihood of effective intervention and treatment. Additionally, TCH will provide access to innovative technology by offering clinical trials across a wide spectrum of cardiovascular diseases. Offering CTO clinical trials to the community will create options to prevent further disease progression. The TCH Heart Failure Clinic offers advanced heart treatment options to the Hamilton County and rural communities increasing access to specialty care. TCH will actively participate and support the Mount Auburn Gardens Initiative and Collaboration (MAGIC) by attending meetings and work days to drive community engagement in the gardens to offer more healthy food options as well as be a source of physical activity for Mt. Auburn community members. The efforts for in-kind support will address food scarcity in Mt. Auburn and encourage healthy eating among its residents. TCH will provide financial support and participation in Mt. Auburn's 14-week lifestyle modification intervention program, Do Right! Block by Block campaign, which will help improve the lives of the underserved through education and the development of a sustainable culture of health throughout the community. TCH will provide financial support to the American Heart Association/GO Red for Women and Heart Walk which will provide healthy heart tips and education for the community. TCH will offer free physicals at events to help encourage the community to live active lifestyles and promote exercise. Additionally, smoking cessation efforts will decrease incidence of chronic lung disease and multiple cancers.</p>

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

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

Form and Line Reference	Explanation
part v, section b, 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 WITHIN THE COMMUNITY IN WHICH WE SERVE

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)
1 Montgomery AOC 11140 Montgomery Road Montgomery, OH 45249	Specialty Center
1 Montgomery AOC 11140 Montgomery Road 1100 Montgomery, OH 45249	Physician Office
2 Montgomery AOC 11140 Montgomery Road 1100 Montgomery, OH 45249	Specialty Center
3 Montgomery AOC 11140 Montgomery Road 1200 Montgomery, OH 45249	Phys/Occupational Therapy
4 Montgomery AOC 11140 Montgomery Road 1300 Montgomery, OH 45249	Physician Office
5 Montgomery AOC 11140 Montgomery Road 2100 Montgomery, OH 45249	Specialty Center
6 Montgomery AOC 11140 Montgomery Road 2200 Montgomery, OH 45249	Specialty Center
7 Montgomery AOC 11140 Montgomery Road 2300 Montgomery, OH 45249	Specialty Center
8 Montgomery AOC 11140 Montgomery Road 2400 Montgomery, OH 45249	Specialty Center
9 Montgomery AOC 11140 Montgomery Road 2500 Montgomery, OH 45249	Physician Office
10 Montgomery AOC 11140 Montgomery Road 2500 Montgomery, OH 45249	Physician Office
11 Montgomery AOC 11140 Montgomery Road G200 Montgomery, OH 45249	Testing & Imaging Center
12 Montgomery AOC 11140 Montgomery Road G200 Montgomery, OH 45249	Testing & Imaging Center
13 Montgomery AOC 11140 Montgomery Road G300 Montgomery, OH 45249	Testing & Imaging Center
14 Montgomery AOC 11140 Montgomery Road G400 Montgomery, OH 45249	Specialty 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)
16 Montgomery Surgery Center 11150 Montgomery Road 1000 Cincinnati, OH 45249	Specialty Center
1 Montgomery Surgery Center 11150 Montgomery Road 1100 Cincinnati, OH 45249	Specialty Center
2 Montgomery Surgery Center 11150 Montgomery Road G-100 Cincinnati, OH 45249	Surgery Center
3 Harpers Pointe 11340 Montgomery Road 208 Cincinnati, OH 45249	Specialty Center
4 The Medical Arts Bldg- Wilmington 1150 W Locust Street Unit 3 Wilmington, OH 45177	Physician Office
5 Loveland Building 1200 Cottonwood Lane Cincinnati, OH 45140	Physician Office
6 Wilder PT 1400 Gloria Terrell Drive Wilder, KY 41076	Phys/Occupational Therapy
7 TCHMA Burlington 1838 Florence Pike B Burlington, KY 41005	Physician Office
8 Ft Wright AOC 1949-2001 Dixie Highway A Ft Wright, KY 41011	Specialty Center
9 Ft Wright AOC 1949-2001 Dixie Highway B Ft Wright, KY 41011	Testing & Imaging Center
10 Ft Wright AOC 1949-2001 Dixie Highway C Ft Wright, KY 41011	Specialty Center
11 Ft Wright AOC 1949-2001 Dixie Highway C Ft Wright, KY 41011	Specialty Center
12 Ft Wright AOC 1949-2001 Dixie Highway D Ft Wright, KY 41011	Physician Office
13 Ft Wright AOC 1949-2001 Dixie Highway E1 Ft Wright, KY 41011	Physician Office
14 Ft Wright AOC 1949-2001 Dixie Highway E1 Ft Wright, KY 41011	Specialty 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)
31 Ft Wright AOC 1949-2001 Dixie Highway E2 Ft Wright, KY 41011	Testing & Imaging Center
1 Ft Wright AOC 1949-2001 Dixie Highway F Ft Wright, KY 41011	Urgent Care
2 Ft Wright AOC 1949-2001 Dixie Highway G Ft Wright, KY 41011	Specialty Center
3 Ft Wright AOC 1949-2001 Dixie Highway H Ft Wright, KY 41011	Specialty Center
4 Ft Wright AOC 1949-2001 Dixie Highway J Ft Wright, KY 41011	Phys/Occupational Therapy
5 Ft Wright AOC 1949-2001 Dixie Highway K Ft Wright, KY 41011	Physician Office
6 Ft Wright AOC 1949-2001 Dixie Highway K Ft Wright, KY 41011	Physician Office
7 Ft Wright AOC 1949-2001 Dixie Highway L1 Ft Wright, KY 41011	Specialty Center
8 Ft Wright AOC 1949-2001 Dixie Highway M Ft Wright, KY 41011	Specialty Center
9 Ft Wright AOC 1949-2001 Dixie Highway D Ft Wright, KY 41011	Specialty Center
10 Ft Wright AOC 1949-2001 Dixie Highway H Ft Wright, KY 41011	Specialty Center
11 Ft Wright AOC 1949-2001 Dixie Highway H Ft Wright, KY 41011	Specialty Center
12 Ft Wright AOC 1949-2001 Dixie Highway B Ft Wright, KY 41011	Specialty Center
13 Ft Wright AOC 1949-2001 Dixie Highway H Ft Wright, KY 41011	Phys/Occupational Therapy
14 2025 Reading Road 2025 Reading Road Cincinnati, OH 45202	Physician Office

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)
46 TCHMS Reading Road 2055 Reading Road 480 Cincinnati, OH 45202	Physician Office
1 Auburn MOB 2123 Auburn Avenue 105 Cincinnati, OH 45219	Specialty Center
2 Auburn MOB 2123 Auburn Avenue 108 Cincinnati, OH 45219	Specialty Center
3 Auburn MOB 2123 Auburn Avenue 120 Cincinnati, OH 45219	Specialty Center
4 Auburn MOB 2123 Auburn Avenue 124 Cincinnati, OH 45219	Testing & Imaging Center
5 Auburn MOB 2123 Auburn Avenue 130 Cincinnati, OH 45219	Testing & Imaging Center
6 Auburn MOB 2123 Auburn Avenue 136 138 Cincinnati, OH 45219	Specialty Center
7 Auburn MOB 2123 Auburn Avenue 137 Cincinnati, OH 45219	Specialty Center
8 Auburn MOB 2123 Auburn Avenue 201 Cincinnati, OH 45219	Specialty Center
9 Auburn MOB 2123 Auburn Avenue 208 Cincinnati, OH 45219	Specialty Center
10 Auburn MOB 2123 Auburn Avenue 209 Cincinnati, OH 45219	Specialty Center
11 Auburn MOB 2123 Auburn Avenue 210 Cincinnati, OH 45219	Specialty Center
12 Auburn MOB 2123 Auburn Avenue 224 Cincinnati, OH 45219	Specialty Center
13 Auburn MOB 2123 Auburn Avenue 224 Cincinnati, OH 45219	Specialty Center
14 Auburn MOB 2123 Auburn Avenue 231 235 Cincinnati, OH 45219	Physician Office

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)
61 Auburn MOB 2123 Auburn Avenue 242 Cincinnati, OH 45219	Specialty Center
1 Auburn MOB 2123 Auburn Avenue 300 Cincinnati, OH 45219	Specialty Center
2 Auburn MOB 2123 Auburn Avenue 303 Cincinnati, OH 45219	Specialty Center
3 Auburn MOB 2123 Auburn Avenue 307 Cincinnati, OH 45219	Specialty Center
4 Auburn MOB 2123 Auburn Avenue 308 Cincinnati, OH 45219	Specialty Center
5 Auburn MOB 2123 Auburn Avenue 322 Cincinnati, OH 45219	Specialty Center
6 Auburn MOB 2123 Auburn Avenue 324 Cincinnati, OH 45219	Testing & Imaging Center
7 Auburn MOB 2123 Auburn Avenue 334 Cincinnati, OH 45219	Physician Office
8 Auburn MOB 2123 Auburn Avenue 335 Cincinnati, OH 45219	Specialty Center
9 Auburn MOB 2123 Auburn Avenue 341 Cincinnati, OH 45219	Specialty Center
10 Auburn MOB 2123 Auburn Avenue 400 Cincinnati, OH 45219	Specialty Center
11 Auburn MOB 2123 Auburn Avenue 440 Cincinnati, OH 45219	Physician Office
12 Auburn MOB 2123 Auburn Avenue 441 Cincinnati, OH 45219	Specialty Center
13 Auburn MOB 2123 Auburn Avenue 520 Cincinnati, OH 45219	Physician Office
14 Auburn MOB 2123 Auburn Avenue 624 Cincinnati, OH 45219	Specialty 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)
76 Auburn MOB 2123 Auburn Avenue 720 Cincinnati, OH 45219	Specialty Center
1 Auburn MOB 2123 Auburn Avenue 723 Cincinnati, OH 45219	Specialty Center
2 Auburn MOB 2123 Auburn Avenue A-28 Cincinnati, OH 45219	Specialty Center
3 Auburn MOB 2123 Auburn Avenue A-41 Cincinnati, OH 45219	Specialty Center
4 Auburn MOB 2123 Auburn Avenue A-44 Cincinnati, OH 45219	Physician Office
5 Auburn MOB 2123 Auburn Avenue G-3 Cincinnati, OH 45219	Testing & Imaging Center
6 Auburn MOB 2123 Auburn Avenue 300 Cincinnati, OH 45219	Specialty Center
7 Auburn MOB 2123 Auburn Avenue 315 Cincinnati, OH 45219	Specialty Center
8 Auburn MOB 2123 Auburn Avenue Cincinnati, OH 45219	Specialty Center
9 Auburn MOB 2123 Auburn Avenue 200 Cincinnati, OH 45219	Physician Office
10 Auburn MOB 2123 Auburn Avenue 630 Cincinnati, OH 45219	Specialty Center
11 Auburn MOB 2123 Auburn Avenue 204 Cincinnati, OH 45219	Specialty Center
12 Auburn MOB 2123 Auburn Avenue 720 Cincinnati, OH 45219	Specialty Center
13 The Joint and Spine Center 2139 Auburn Avenue C902A Cincinnati, OH 45219	Specialty Center
14 Chamber Center 2156 Chamber Center Drive Ft Mitchell, KY 41017	Specialty 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)
91 TCHVA Adams Cty 1 230 Medical Center Drive Hospital Seaman, OH 45679	Specialty Center
1 TCHMS Norwood 2355 Norwood Avenue Floor 1 Cincinnati, OH 45212	Specialty Center
2 TCHMA Compton 24 Compton Rd Cincinnati, OH 45216	Physician Office
3 TCHMA - Walnut IM 312 Walnut Street 1160 Cincinnati, OH 45202	Specialty Center
4 TCHCVA - Margaret Mary 321 Mitchell Avenue Batesville, IN 47006	Specialty Center
5 Ludlow Hill Professional Building 368 Brielby Road 140 Lawrenceburg, IN 47025	Specialty Center
6 Rookwood Tower 3805 Edwards Road 130 Cincinnati, OH 45209	Physician Office
7 Rookwood Tower 3805 Edwards Road 300 Cincinnati, OH 45209	Physician Office
8 Rookwood Tower 3805 Edwards Road 320 350 Cincinnati, OH 45209	Physician Office
9 Rookwood Tower 3805 Edwards Road 350 Cincinnati, OH 45209	Physician Office
10 Rookwood Tower 3805 Edwards Road 360 Cincinnati, OH 45209	Physician Office
11 Rookwood Tower 3805 Edwards Road Cincinnati, OH 45209	Testing & Imaging Center
12 Red Bank Retail I 4400-4420 Red Bank Expressway Cincinnati, OH 45227	Specialty Center
13 Red Bank Crossing II 4440 Red Bank Expressway 100 Cincinnati, OH 45227	Testing & Imaging Center
14 Red Bank Crossing II 4440 Red Bank Expressway 110 Cincinnati, OH 45227	Urgent Care

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)
106 Red Bank Crossing II 4440 Red Bank Expressway 120 Cincinnati, OH 45227	Testing & Imaging Center
1 Red Bank Crossing II 4440 Red Bank Expressway 210 Cincinnati, OH 45227	Specialty Center
2 Red Bank Crossing I 4460 Red Bank Expressway 100 Cincinnati, OH 45227	Physician Office
3 Red Bank Crossing I 4460 Red Bank Expressway 110 120 Cincinnati, OH 45227	Specialty Center
4 Red Bank Crossing I 4460 Red Bank Expressway 130 Cincinnati, OH 45227	Specialty Center
5 Red Bank Crossing I 4460 Red Bank Expressway 200 Cincinnati, OH 45227	Specialty Center
6 Red Bank Crossing I 4460 Red Bank Expressway 200 Cincinnati, OH 45227	Specialty Center
7 Red Bank Crossing I 4460 Red Bank Expressway 220 Cincinnati, OH 45227	Specialty Center
8 Red Bank Crossing I 4460 Red Bank Expressway 230 Cincinnati, OH 45227	Specialty Center
9 Linden Pointe Bldg D 4803 Montgomery Road 114 Norwood, OH 45212	Physician Office
10 Linden Pointe Bldg D 4803 Montgomery Road 120 Norwood, OH 45212	Physician Office
11 Linden Pointe Bldg D 4803 Montgomery Road 122 Norwood, OH 45212	Specialty Center
12 Linden Pointe Bldg E 4805 Montgomery Road 154 Cincinnati, OH 45212	Specialty Center
13 Linden Pointe Bldg E 4805 Montgomery Road 154 Cincinnati, OH 45212	Specialty Center
14 Red Bank Surgery Center 4850 Red Bank Road Cincinnati, OH 45227	Specialty 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)
121 Babson 4900 Babson Place 400 Cincinnati, OH 45227	Physician Office
1 Babson 4900 Babson Place 500 Cincinnati, OH 45227	Specialty Center
2 Babson 4900 Babson Place 600 Cincinnati, OH 45227	Specialty Center
3 TCHMA Delhi 5314 Delhi Pike 1 Cincinnati, OH 45238	Physician Office
4 Mason PT 5382-A Cox Smith Road Mason, OH 45040	Phys/Occupational Therapy
5 Harrison Greene 5649 Harrison Avenue C Cincinnati, OH 45248	Phys/Occupational Therapy
6 TCHMA - Bridgetown 5680 Bridgetown Road Cincinnati, OH 45248	Physician Office
7 Green Township AOC 5885 Harrison Avenue 1100 Cincinnati, OH 45248	Testing & Imaging Center
8 Green Township AOC 5885 Harrison Avenue 1100 Cincinnati, OH 45248	Testing & Imaging Center
9 Green Township AOC 5885 Harrison Avenue 1700 Cincinnati, OH 45248	Testing & Imaging Center
10 Green Township AOC 5885 Harrison Avenue 1900 Cincinnati, OH 45248	Specialty Center
11 Green Township AOC 5885 Harrison Avenue 2100 Cincinnati, OH 45248	Specialty Center
12 Green Township AOC 5885 Harrison Avenue 2300 Cincinnati, OH 45248	Specialty Center
13 Green Township AOC 5885 Harrison Avenue 2500 Cincinnati, OH 45248	Physician Office
14 Green Township AOC 5885 Harrison Avenue 2900 Cincinnati, OH 45248	Specialty 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)
136 Green Township AOC 5885 Harrison Avenue 3100 Cincinnati, OH 45248	Specialty Center
1 Green Township AOC 5885 Harrison Avenue 3200 Cincinnati, OH 45248	Specialty Center
2 Green Township AOC 5885 Harrison Avenue 3300 Cincinnati, OH 45248	Specialty Center
3 Green Township AOC 5885 Harrison Avenue 3500 Cincinnati, OH 45248	Physician Office
4 Green Township AOC 5885 Harrison Avenue 3700 Cincinnati, OH 45248	Specialty Center
5 Green Township AOC 5885 Harrison Avenue 2700 Cincinnati, OH 45248	Physician Office
6 Green Township AOC 5885 Harrison Avenue 3300 Cincinnati, OH 45248	Specialty Center
7 Green Township AOC 5885 Harrison Avenue 2300 Cincinnati, OH 45248	Rehabilitation
8 Green Township AOC 5885 Harrison Avenue 2300 Cincinnati, OH 45248	Specialty Center
9 Green Township AOC 5885 Harrison Avenue 2900 Cincinnati, OH 45248	Phys/Occupational Therapy
10 Green Township AOC 5885 Harrison Avenue 3300 Cincinnati, OH 45248	Specialty Center
11 Mason MOB 608 Reading Road B Mason, OH 45040	Testing & Imaging Center
12 Mason MOB 608 Reading Road D Mason, OH 45040	Specialty Center
13 Mason MOB 608 Reading Road B Mason, OH 45040	Specialty Center
14 Clinton Memorial Hospital 630 West Main Street 300 Wilmington, OH 45177	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)
151 TCHMA Clough Pike 6620 Clough Pike Cincinnati, OH 45244	Physician Office
1 Liberty Township AOC 6939 Cox Road 1500 Liberty Township, OH 45069	Phys/Occupational Therapy
2 Liberty Township AOC 6939 Cox Road 1500 Liberty Township, OH 45069	Rehabilitation
3 Liberty Township AOC 6939 Cox Road 1535 Liberty Township, OH 45069	Testing & Imaging Center
4 Liberty Township AOC 6939 Cox Road 250 Liberty Township, OH 45069	Specialty Center
5 Liberty Township AOC 6939 Cox Road 260/261 Liberty Township, OH 45069	Specialty Center
6 Liberty Township AOC 6939 Cox Road 260/261 Liberty Township, OH 45069	Specialty Center
7 Liberty Township AOC 6939 Cox Road 260/261 Liberty Township, OH 45069	Specialty Center
8 Liberty Township AOC 6939 Cox Road 270 Liberty Township, OH 45069	Specialty Center
9 Liberty Township AOC 6939 Cox Road 271 Liberty Township, OH 45069	Specialty Center
10 Liberty Township AOC 6939 Cox Road 350 Liberty Township, OH 45069	Specialty Center
11 Liberty Township AOC 6939 Cox Road 360 Liberty Township, OH 45069	Physician Office
12 Liberty Township AOC 6939 Cox Road 370 Liberty Township, OH 45069	Specialty Center
13 Liberty Township AOC 6939 Cox Road 370 Liberty Township, OH 45069	Specialty Center
14 Liberty Township AOC 6939 Cox Road 370 Liberty Township, OH 45069	Specialty 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)
166 Liberty Township AOC 6939 Cox Road 370 Liberty Township, OH 45069	Specialty Center
1 Liberty Commons Medical Center 7335 Yankee Road 202 Liberty Township, OH 45044	Physician Office
2 Liberty Commons Medical Center 7335 Yankee Road A Liberty Township, OH 45044	Specialty Center
3 Liberty Commons Medical Center 7335 Yankee Road Liberty Township, OH 45044	Specialty Center
4 Liberty Commons Medical Center 7335 Yankee Road 202 Liberty Township, OH 45044	Specialty Center
5 TCHMA Mason Montgomery Rd 7451 Mason Montgomery Road 3 Mason, OH 45040	Physician Office
6 Anderson AOC 7545 Beechmont Avenue A Cincinnati, OH 45255	Physician Office
7 Anderson AOC 7545 Beechmont Avenue B Cincinnati, OH 45255	Physician Office
8 Anderson AOC 7545 Beechmont Avenue C Cincinnati, OH 45255	Physician Office
9 Anderson AOC 7545 Beechmont Avenue D-1 Cincinnati, OH 45255	Specialty Center
10 Anderson AOC 7545 Beechmont Avenue D-2 RSF 1828 Cincinnati, OH 45255	Testing & Imaging Center
11 Anderson AOC 7545 Beechmont Avenue E Cincinnati, OH 45255	Phys/Occupational Therapy
12 Anderson AOC 7545 Beechmont Avenue F Cincinnati, OH 45255	Testing & Imaging Center
13 Anderson AOC 7545 Beechmont Avenue G Cincinnati, OH 45255	Specialty Center
14 Anderson AOC 7545 Beechmont Avenue J Cincinnati, OH 45255	Specialty 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)
181 Anderson AOC 7545 Beechmont Avenue L Cincinnati, OH 45255	Specialty Center
1 Anderson AOC 7545 Beechmont Avenue M Cincinnati, OH 45255	Specialty Center
2 Anderson AOC 7545 Beechmont Avenue N Cincinnati, OH 45255	Physician Office
3 Anderson AOC 7545 Beechmont Avenue X Cincinnati, OH 45255	Testing & Imaging Center
4 Anderson AOC 7545 Beechmont Avenue K Cincinnati, OH 45255	Specialty Center
5 Wetherington 7589 Tylers Place Boulevard West Chester, OH 45069	Physician Office
6 Five Mile 7691 Five Mile Road 214 Cincinnati, OH 45230	Specialty Center
7 University Pointe Medical Office Cond 7759 University Drive Unit E West Chester, OH 45069	Physician Office
8 University Pointe Medical Office Cond 7777 University Drive H West Chester, OH 45069	Physician Office
9 Eastgate Medical Office Building 796 Old State Route 74 101 Cincinnati, OH 45245	Specialty Center
10 TCHMA Maderia 8041 Hosbrook Road 200 Cincinnati, OH 45236	Physician Office
11 Winton Road 8250 Winton Road 210 Cincinnati, OH 45236	Specialty Center
12 TCHOA Blue Ash 9250 Blue Ash Road Cincinnati, OH 45242	Physician Office
13 TCHCVA - Dearborn Cty 2 98 Elm Street PIH Lawrenceburg, IN 47025	Physician Office

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

Name of the organization THE CHRIST HOSPITAL

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...
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

Table with 8 columns: (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 noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

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 5

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash 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 BURNET AVE 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)	320,000				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
BEACON ORTHOPAEDICS & EDUCATION FOUNDATION INC 500 E BUSINESS WAY CINCINNATI, OH 45241	27-0643210	501(c)(3)	104,000				GENERAL SPONSORSHIP
CINCINNATI SPORTS MALL 3950 RED BANK ROAD CINCINNATI, OH 45227	31-1249621		75,000				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
Arthritis FOUNDATION 7124 MIAMI AVENUE CINCINNATI, OH 45243	27-4014550	501(c)(3)	20,000				GENERAL SPONSORSHIP
CRADLE CINCINNATI 3333 BURNET AVE CINCINNATI, OH 45229	31-0833936	501(c)(3)	37,500				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
REDI CINCINNATI 3 EAST FOURTH STREET CINCINNATI, OH 45202	47-2090230		37,500				GENERAL SPONSORSHIP
OAK HILLS LOCAL SCHOOL DISTRICT 6325 RAPID RUN ROAD CINCINNATI, OH 45233	31-6000742	GOVT	191,578				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	352,711				GENERAL SPONSORSHIP
MADEIRA CITY SCHOOL DISTRICT 7465 LOANNES DRIVE cincinnati, OH 45243	31-6000862	GOVT	88,922				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
ST VINCENT DE PAUL 1125 BANK STREET CINCINNATI, OH 45214	31-0537510	501(C)(3)	10,000				GENERAL SPONSORSHIP
CENTER FOR RESPITE CARE 1615 REPUBLIC CINCINNATI, OH 45202	20-2544994	501(c)(3)	105,000				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
WYOMING CITY SCHOOL DISTRICT 420 SPRINGFIELD PIKE WYOMING, OH 45215	31-6001020	govt	42,960				GENERAL SPONSORSHIP
KINGS HAMMER SOCCER CLUB 1018 TOWN DRIVE WILDER, KY 41076	31-1213703	501(c)(3)	25,000				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)	8,500				GENERAL SPONSORSHIP
AFRICAN AMERICAN CHAMBER OF COMMERCE 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
lakota local school district 5572 princeton RD Liberty Twp, OH 45011	31-6000897	govt	117,500				General Sponsorship
cincinnati united soccer club 411 circle freeway dr cincinnati, OH 45246	31-1461867	501(c)(3)	25,000				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
west chester liberty chamber alliance 8922 beckett RD west chester, OH 45069	31-0901492	501(c)(3)	11,250				general sponsorship
cincinnati marlins inc 616 WN bend RD cincinnati, OH 45224	31-0725166	501(c)(3)	6,250				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
THE ABERCRUMBIE GROUP 10301 GIVERNY BLVD CINCINNATI, OH 45241	30-0520187		20,000				General Sponsorship
METROPOLITAN CLUB CORPORATION 50 E RIVERCENTER BLVD COVINGTON, KY 41011	61-1188518		6,000				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.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
THE CHRIST HOSPITAL

Employer identification number
31-0538525

Part I Questions Regarding Compensation

		Yes	No		
<p>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</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)				
<p>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</p>	1b	Yes			
<p>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?</p>	2	Yes			
<p>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</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee </td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee			
<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee				
<p>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</p>					
<p>a Receive a severance payment or change-of-control payment?</p>	4a		No		
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b	Yes			
<p>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</p>	4c		No		
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p>					
<p>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</p>					
<p>a The organization?</p>	5a		No		
<p>b Any related organization? If "Yes," on line 5a or 5b, describe in Part III</p>	5b		No		
<p>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</p>					
<p>a The organization?</p>	6a		No		
<p>b Any related organization? If "Yes," on line 6a or 6b, describe in Part III</p>	6b		No		
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7		No		
<p>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</p>	8		No		
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	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				
1 Patrick Kirk MD PHYSICIAN	(i)	1,481,213	0	4,902	0	27,144	1,513,259	0
	(ii)	0	0	0	0	0	0	0
2 Robert Cody MD PHYSICIAN	(i)	1,400,053	0	7,524	0	14,570	1,422,147	0
	(ii)	0	0	0	0	0	0	0
3 MARC SCHNEIDER MD PHYSICIAN	(i)	1,476,422	0	21,087	0	26,294	1,523,803	0
	(ii)	0	0	0	0	0	0	0
4 Michael K Keating President & CEO (Thru 10/18)	(i)	789,443	436,025	42,949	361,043	27,295	1,656,755	80,043
	(ii)	0	0	0	0	0	0	0
5 ALMA HELPLING CFO & VP	(i)	430,189	292,539	7,423	68,026	23,442	821,619	0
	(ii)	0	0	0	0	0	0	0
6 Slobodan Stanisc MD PHYSICIAN	(i)	1,276,096	0	19,710	0	26,294	1,322,100	0
	(ii)	0	0	0	0	0	0	0
7 John Roberts MD PHYSICIAN	(i)	1,216,207	37,754	25,524	0	14,570	1,294,055	0
	(ii)	0	0	0	0	0	0	0
8 Arturo Polizzi PRESIDENT & CEO (beg 10/18)	(i)	167,934	300,000	1,569	546,047	4,338	1,019,888	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Return Reference	Explanation
Part I, 1a	TCH monitors all expense reimbursements for social club dues paid for on behalf of TCH. Should any expenses be deemed for personal use, an appropriate fringe benefit would be included in the employee's compensation for the portion of the social club dues that relate to personal use. part i, line 4b THE CHRIST HOSPITAL HAS A 457(F) NON-QUALIFIED DEFERRED COMPENSATION PLAN FOR CERTAIN SENIOR EXECUTIVES. THE FOLLOWING INDIVIDUALS HAVE AN ACCRUAL REPORTED IN PART II, COLUMN (C) michael k keating \$ 361,043 Alma helping \$ 68,026 arturo polizzi \$ 46,047 The following individual received a payout from the plan Michael K Keating \$ 80,043



Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

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

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

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 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		12-20-2010	30,000,000	SEE PART VI		X		X		X
B HAMILTON COUNTY OHIO	31-6000063	40727TCS7	06-26-2012	333,431,995	SEE PART VI		X		X		X

Part II Proceeds

	A		B		C		D	
1 Amount of bonds retired	10,725,000		20,140,000					
2 Amount of bonds legally defeased	0		0					
3 Total proceeds of issue	30,021,765		334,095,250					
4 Gross proceeds in reserve funds	0		0					
5 Capitalized interest from proceeds	0		27,741,427					
6 Proceeds in refunding escrows	0		0					
7 Issuance costs from proceeds	0		5,073,444					
8 Credit enhancement from proceeds	0		1,607,333					
9 Working capital expenditures from proceeds	0		0					
10 Capital expenditures from proceeds	30,021,765		172,541,278					
11 Other spent proceeds	0		127,109,132					
12 Other unspent proceeds	0		0					
13 Year of substantial completion	2012		2016					
	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 ▶	0 150 %		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 ▶	0 %		1 630 %					
6 Total of lines 4 and 5	0 150 %		1 630 %					
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		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	FIFTH THIRD BANK		0					
c Term of hedge	650 %							
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	The difference between Part I, Column (E) and Part II is due to investment earnings of \$21,765

Return Reference	Explanation
Part I, Line B, Column F	The difference between part I, column (E) and part II is due to investment earnings of \$663,255

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

▶ **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.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization THE CHRIST HOSPITAL	Employer identification number 31-0538525
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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) Deborah Gerdes	Family Member	180,871	Compensation - See Part V		No
(2) Paige A Debuys	Family Member	124,872	Compensation - See Part V		No

Part V Supplemental Information

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

Return Reference	Explanation
Business Transactions	DEBORAH GERDES, DAUGHTER OF THOMAS GERDES (DIRECTOR OF THE CHRIST HOSPITAL), IS EMPLOYED AS A PHYSICIAN BY THE CHRIST HOSPITAL PHYSICIANS, LLC (TCHP) MS GERDES RECEIVED COMPENSATION OF \$180,871 DURING THE CALENDAR YEAR ENDED DECEMBER 31, 2018 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 \$124,872 DURING CALENDAR YEAR ENDED DECEMBER 31, 2018 TCHP IS A DISREGARDED ENTITY FOR TAX PURPOSES

SCHEDULE O
(Form 990 or 990-EZ)

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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury

Name of the organization
THE CHRIST HOSPITAL

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, 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 CHIEF ACCOUNTING OFFICER, THE CFO, AND THE 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 Presidents is reviewed annually by the Compensation and Governance Committee of the Board of Directors The review was last performed in July 2019 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	the organization's governing documents, conflict of interest policy, and financial statements are made available to the public upon a reasonable request and as requested

990 Schedule O, Supplemental Information

Return Reference	Explanation
part vii, column (b)	AVERAGE HOURS PER WEEK OFFICERS, DIRECTORS, TRUSTEES, KEY EMPLOYEES AND HIGHEST COMPENSATED EMPLOYEES DEVOTE SIGNIFICANT TIME AND EFFORT TO THE OPERATIONS AND OVERSIGHT OF TCH FROM TIME TO TIME, AS SITUATIONS DICTATE, THESE INDIVIDUALS MAY DEVOTE SIGNIFICANTLY MORE TIME TO THE OPERATIONS AND OVERSIGHT OF THE ORGANIZATION THAN IS REPORTED ON FORM 990, PART V II

990 Schedule O, Supplemental Information

Return Reference	Explanation
part xi, line 9	other changes in net assets Clinical Excellence Grant Funding Temporarily \$ 24,637,000 restricted as to use at june 30, 2019 clinical excellence grant funding in support \$ (22,495,795) for fy19 strategic investments in operations Clinical excellence grant funding in support \$ (3,099,641) for fy19 strategic investments in capital expenditures Changes in Pension \$ (23,584,672) Equity contributions by TCH to CON \$ (102,463) other changes \$ 7,225,612 ----- Total \$ (17,419,959)

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2018

**Open to Public
Inspection**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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)	12b	EGDHA		No
(2) CHRIST HOSPITAL EDU & CLINICAL RESEARCH 2139 AUBURN AVENUE CINCINNATI, OH 45219 31-1226561	SUPPORT TCH	OH	501(c)(3)	12a	TCH	Yes	
(3) ELIZABETH GAMBLE DEACONESS HOME ASSOC 2139 AUBURN AVENUE CINCINNATI, OH 45219 31-1082756	SUPPORT TCH	OH	501(c)(3)	12a	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)(2)	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	

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) EXCEL INSURANCE COMPANY 2139 AUBURN AVENUE CINCINNATI, OH 45219 98-0386259	INSURANCE	OH	TCH	C Corp			100 000 %	Yes	
(2) THE CHRIST HOSPITAL HEALTH SERVICES CORP 2139 AUBURN AVENUE CINCINNATI, OH 45219 31-1066981	MEDICAL SERVI	OH	TCH INC	C Corp				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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		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 Christ Hospital Foundation	c	544,490	FMV
(2)christ college of nursing & health sciences	j	1,368,034	FMV
(3)christ college of nursing & health sciences	q	100,000	FMV

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 loss and assets shown for The Christ Hospital Physicians, LLC ("TCH PHYS") includes income and assets for other disregarded entities listed

Schedule Form 9020

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	0	0	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	0	0	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) TCHHN URGENT CARE 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	0	0	TCH
(12) LINDNER CTR RSCH & EDU AT TCH LLC 2139 AUBURN AVENUE CINCINNATI, OH 45219 26-3885165	MED RESEARCH	OH	-1,039,215	1,027,464	TCH
(13) THE CHRIST HOSPITAL PHYSICIANS LLC 2139 AUBURN AVENUE CINCINNATI, OH 45219 27-3841691	MEDICAL PRACT	OH	-59,531,266	63,222,550	TCH