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

**Return of Organization Exempt From Income Tax**  
**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)**

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047  
**2008**  
**Open to Public Inspection**

**A For the 2008 calendar year, or tax year beginning 10-01-2008 and ending 09-30-2009**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>Please use IRS label or print or type. See Specific Instructions.</b>	<b>C</b> Name of organization ST ELIZABETH HOSPITAL INC	<b>D</b> Employer identification number 39-0816818
		Doing Business As	<b>E</b> Telephone number (920) 738-2000
		Number and street (or P O box if mail is not delivered to street address) Room/suite 1506 S ONEIDA STREET	<b>G</b> Gross receipts \$ 159,417,115
		City or town, state or country, and ZIP + 4 APPLETON, WI 549151397	
<b>F</b> Name and address of Principal Officer JEFF BADGER 1506 S ONEIDA STREET APPLETON, WI 549151397		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No," attach a list See instructions ) <b>H(c)</b> Group Exemption Number ▶ 0928	
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c) ( 3 ) ◀ (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Web site: ▶ www.affinityhealth.org			
<b>K</b> Type of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> trust <input type="checkbox"/> association <input type="checkbox"/> other ▶		<b>L</b> Year of Formation 1899	<b>M</b> State of legal domicile WI

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities See Additional Data Table		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) . . . . .	<b>3</b>	19
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	<b>4</b>	11
	<b>5</b> Total number of employees (Part V, line 2a) . . . . .	<b>5</b>	1,342
	<b>6</b> Total number of volunteers (estimate if necessary) . . . . .	<b>6</b>	532
	<b>7a</b> Total gross unrelated business revenue from Part VIII, line 12, column (C) . . . . .	<b>7a</b>	124,711
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 . . . . .	<b>7b</b>	-279,840	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) . . . . .	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g) . . . . .	317,362	535,420
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	137,817,241	152,155,495
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,076,964	4,750,880
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	116,763	648,590
		143,328,330	158,090,385
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	222,153	329,054
<b>Expenses</b>	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	61,319,562	66,213,290
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		0
	<b>b</b> (Total fundraising expenses, Part IX, column (D), line 25 <sup>0</sup> )		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	67,661,272	74,209,242
	<b>18</b> Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	129,202,987	140,751,586
	<b>19</b> Revenue less expenses Subtract line 18 from line 12	14,125,343	17,338,799
<b>Net Assets or Fund Balances</b>		<b>Beginning of Year</b>	<b>End of Year</b>
	<b>20</b> Total assets (Part X, line 16)	220,029,678	235,874,261
	<b>21</b> Total liabilities (Part X, line 26)	59,977,153	67,181,684
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20	160,052,525	168,692,577

**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

<b>Please Sign Here</b>	***** Signature of officer	2010-08-12 Date		
	JEFF BADGER CFO Type or print name and title			
<b>Paid Preparer's Use Only</b>	Preparer's signature ▶ TERRI REXRODE CPA	Date 2010-08-12	Check if self-employed <input type="checkbox"/>	Preparer's PTIN (See Gen Inst )
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ WIPFLI LLP PO BOX 12237 GREEN BAY, WI 543072237			EIN ▶
				Phone no ▶ (920) 662-0016

May the IRS discuss this return with the preparer shown above? (See instructions) . . . . .  Yes  No

**Part III Statement of Program Service Accomplishments** (See the instructions.)

**1** Briefly describe the organization's mission

ST ELIZABETH HOSPITAL HAS ADOPTED THE MISSION STATEMENT OF AFFINITY HEALTH SYSTEM THE MISSION OF AFFINITY HEALTH SYSTEM IS TO LIVE OUT THE HEALING MINISTRY OF CHRIST BY PROVIDING SERVICES THAT PROMOTE THE HEALTH AND WELL-BEING OF THE COMMUNITIES WE SERVE, ESPECIALLY THE POOR

**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 exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts 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 \$ 106,756,247 including grants of \$ ) (Revenue \$ 152,155,495 )  
 THE ENTITY BELIEVES THERE IS A STRONG DUTY TO MEET THE NEEDS OF THE POOR, INDIGENT, AND MEDICALLY UNDERSERVED IN THE COMMUNITIES IN KEEPING WITH THE PHILOSOPHY OF EMPOWERMENT AND TRANSFORMATION OF ALL INDIVIDUALS, CARE HAS BEEN PROVIDED TO ALL PATIENTS WITHOUT REGARDS FOR ABILITY TO PAY OTHER SERVICES INCLUDE -FREE MAMMOGRAPHY SCREENING AND BREAST EXAMS FOR LOW INCOME WOMEN-FREE NEWLETTERS FOCUSING ON WOMENS HEALTH ISSUES-FREE HEART DISEASE SCREENING FOR INDIVIDUALS-CHILDREN'S HEALTH AND SAFETY ISSUES-FREE SPEAKERS BAUREAU-WOMENS RUN FOR HEALTH-TEEN PREGNANCY, PARENTING, AND NURTURING PROGRAMS-THROUGH PATHWAY TO PEACE, A COMPREHENSIVE SERVICE FOR PARENTS AND FAMILIES WHO HAVE EXPERIENCED A PREGNANCY LOSS OF AN INFANT-TELEVISED MASS FOR THE HOMEBOUND IN THE COMMUNITY-CHAPLAINCY AND SUPPORT SERVICES FOR THOSE WHO HAVE HAD A FAMILY MEMBER OR FRIEND DIE-FREE BLOOD PRESSURE SCREENING-FREE PROSTATE SCREENING-COMMUNITY BLOOD DRIVES-HEALTH INFORMATION SPOTS ON TELEVISION AND RADIO

**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 \$ 106,756,247 *Must equal Part IX, Line 25, column (B).*

**Part IV Checklist of Required Schedules**

		Yes	No
<b>1</b>	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> 	Yes	
<b>2</b>	Is the organization required to complete Schedule B, Schedule of Contributors? 	Yes	
<b>3</b>	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> 		No
<b>4</b>	Section 501(c)(3) organizations Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i> 	Yes	
<b>5</b>	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
<b>6</b>	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> 		No
<b>7</b>	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		No
<b>8</b>	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> 		No
<b>9</b>	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> 		No
<b>10</b>	Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> 		No
<b>11</b>	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i> 	Yes	
<b>12</b>	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i> 		No
<b>13</b>	Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
<b>14a</b>	Did the organization maintain an office, employees, or agents outside of the U S ?		No
<b>14b</b>	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? <i>If "Yes," complete Schedule F, Part I</i>		No
<b>15</b>	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		No
<b>16</b>	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		No
<b>17</b>	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>		No
<b>18</b>	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		No
<b>19</b>	Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No
<b>20</b>	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i> 	Yes	
<b>21</b>	Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> 	Yes	
<b>22</b>	Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> 		No
<b>23</b>	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i> 	Yes	
<b>24a</b>	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i>		No
<b>24b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>24c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>24d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b>	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> 		No
<b>25b</b>	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i> 		No
<b>26</b>	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> 		No
<b>27</b>	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> 		No

**Part IV Checklist of Required Schedules** *(Continued)*

		Yes	No
<b>28</b>	During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
<b>a</b>	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i> . . . . . 	Yes	
<b>b</b>	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i> . . . . . 		No
<b>c</b>	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i> . . . . . 		No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		No
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .		No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .		No
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .		No
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . . 		No
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . . 	Yes	
<b>35</b>	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . . 		No
<b>36</b>	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . . 		No
<b>37</b>	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . . 		No

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable . . . . .		
	<b>1a</b> 48		
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .		
	<b>1b</b> 0		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	Yes	
<b>2a</b>	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return . . . . .		
	<b>2a</b> 1,342		
<b>b</b>	If at least one is reported in 2a, did the organization file all required federal employment tax returns? . . . . . <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.	Yes	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .	Yes	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .	Yes	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .		No
<b>b</b>	If "Yes," enter the name of the foreign country _____ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .		No
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .		No
<b>c</b>	If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction</i> ? . . . . .		
<b>6a</b>	Did the organization solicit any contributions that were not tax deductible? . . . . .		No
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .		
<b>7</b>	<i>Organizations that may receive deductible contributions under section 170(c).</i>		
<b>a</b>	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more? . . . . .		No
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .		No
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .		
	<b>7d</b>		
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .		No
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .		No
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	Yes	
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .	Yes	
<b>8</b>	<i>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</i> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .		
<b>9</b>	<i>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</i>		
<b>a</b>	Did the organization make any taxable distributions under section 4966? . . . . .		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .		
<b>10</b>	<i>Section 501(c)(7) organizations.</i> Enter		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .		
	<b>10a</b>		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .		
	<b>10b</b>		
<b>11</b>	<i>Section 501(c)(12) organizations.</i> Enter		
<b>a</b>	Gross income from members or shareholders . . . . .		
	<b>11a</b>		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . .		
	<b>11b</b>		
<b>12a</b>	<i>Section 4947(a)(1) non-exempt charitable trusts.</i> Is the organization filing Form 990 in lieu of Form 1041? . . . . .		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .		
	<b>12b</b>		

**Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)**

**Section A. Governing Body and Management**

For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body . . . . .		
<b>1b</b>	Enter the number of voting members that are independent . . . . .		
<b>2</b>	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
<b>3</b>	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
<b>4</b>	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . . . . .		No
<b>5</b>	Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .		No
<b>6</b>	Does the organization have members or stockholders? . . . . .	Yes	
<b>7a</b>	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	Yes	
<b>7b</b>	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .	Yes	
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
<b>8a</b>	the governing body? . . . . .	Yes	
<b>8b</b>	each committee with authority to act on behalf of the governing body? . . . . .	Yes	
<b>9a</b>	Does the organization have local chapters, branches, or affiliates? . . . . .		No
<b>9b</b>	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? . . . . .		
<b>10</b>	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 . . . . .	Yes	
<b>11</b>	Is there any officer, director or 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**

		Yes	No
<b>12a</b>	Does the organization have a written conflict of interest policy? If "No", go to line 13 . . . . .	Yes	
<b>12b</b>	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	Yes	
<b>12c</b>	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .	Yes	
<b>13</b>	Does the organization have a written whistleblower policy? . . . . .	Yes	
<b>14</b>	Does the organization have a written document retention and destruction policy? . . . . .	Yes	
<b>15</b>	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		
<b>15a</b>	The organization's CEO, Executive Director, or top management official? . . . . .	Yes	
<b>15b</b>	Other officers or key employees of the organization? . . . . . Describe the process in Schedule O	Yes	
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .		No
<b>16b</b>	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .		

**Section C. Disclosure**

- 17** List the States with which a copy of this Form 990 is required to be filed WI
- 18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 own website    another's website    upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization.  
 JEFF BADGER  
 1570 Midway Place  
 Menasha, WI 54952  
 (920) 720-1300





**Part VIII Statement of Revenue**

		(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514	
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b> Federated campaigns . . . <b>1a</b> _____					
	<b>b</b> Membership dues . . . . . <b>1b</b> _____					
	<b>c</b> Fundraising events . . . . . <b>1c</b> _____					
	<b>d</b> Related organizations . . . <b>1d</b> _____					
	<b>e</b> Government grants (contributions) <b>1e</b> _____					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above _____ 535,420 <b>1f</b>					
	<b>g</b> Noncash contributions included in lines 1a-1f \$ _____					
	<b>h Total (Add lines 1a-1f)</b> . . . . .	535,420				
<b>Program Service Revenue</b>	<b>2a</b> NET PATIENT REVENUE and Business Code _____ 621,990	151,004,802	151,004,802			
	<b>b</b> CAFETERIA INCOME _____ 722,210	877,659		877,659		
	<b>c</b> MISCELLANEOUS _____ 900,099	148,323		148,323		
	<b>d</b> OUPATIENT LAB REVENUE _____ 621,500	124,711	124,711			
	<b>e</b> _____					
	<b>f</b> All other program service revenue _____					
	<b>g Total. Add lines 2a-2f</b> . . . . . \$ 152,155,495					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest other similar amounts) . . . . .	4,728,806			4,728,806	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .					
	<b>5</b> Royalties . . . . .					
	<b>6a</b> Gross Rents	(i) Real 1,858,040				
		(ii) Personal				
		<b>b</b> Less rental expenses 1,209,450				
		<b>c</b> Rental income or (loss) 648,590				
	<b>d</b> Net rental income or (loss) . . . . .	648,590			648,590	
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other 139,354				
		<b>b</b> Less cost or other basis and sales expenses 117,280				
		<b>c</b> Gain or (loss) 22,074				
<b>d</b> Net gain or (loss) . . . . .	22,074			22,074		
<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 Attach Schedule G if total exceeds \$15,000 . . . . . <b>a</b>						
<b>b</b> Less direct expenses . . . <b>b</b> _____						
<b>c</b> Net income or (loss) from fundraising events . . . . .						
<b>9a</b> Gross income from gaming activities See part IV, line 19 Complete Schedule G if total exceeds \$15,000 <b>a</b>						
<b>b</b> Less direct expenses . . . <b>b</b> _____						
<b>c</b> Net income or (loss) from gaming activities . . . . .						
<b>10a</b> Gross sales of inventory, less returns and allowances . . . <b>a</b>						
<b>b</b> Less cost of goods sold . . . <b>b</b> _____						
<b>c</b> Net income or (loss) from sales of inventory . . . . .						
Miscellaneous Revenue	Business Code					
<b>11a</b> _____						
<b>b</b> _____						
<b>c</b> _____						
<b>d</b> All other revenue _____						
<b>e Total. Add lines 11a-11d</b> . . . . . \$						
<b>12 Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e . . . . .	158,090,385	151,004,802	124,711	6,425,452		

**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) but are not required to complete columns (B), (C), and (D).**

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>		<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b>	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	329,054	329,054		
<b>2</b>	Grants and other assistance to individuals in the U S See Part IV, line 22				
<b>3</b>	Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16				
<b>4</b>	Benefits paid to or for members				
<b>5</b>	Compensation of current officers, directors, trustees, and key employees . . . . .				
<b>6</b>	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b>	Other salaries and wages	52,307,534	40,705,145		
<b>8</b>	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	1,845,700	1,436,303	409,397	
<b>9</b>	Other employee benefits . . . . .	8,788,093	6,838,797	1,949,296	
<b>10</b>	Payroll taxes . . . . .	3,271,963	2,546,205	725,758	
<b>11</b>	Fees for services (non-employees)				
<b>a</b>	Management . . . . .				
<b>b</b>	Legal . . . . .	1,200,000		1,200,000	
<b>c</b>	Accounting . . . . .				
<b>d</b>	Lobbying . . . . .				
<b>e</b>	Professional fundraising See Part IV, line 17 . . . . .				
<b>f</b>	Investment management fees . . . . .				
<b>g</b>	Other . . . . .	14,954,529	7,426,793	7,527,736	
<b>12</b>	Advertising and promotion . . . . .				
<b>13</b>	Office expenses . . . . .	30,201,717	29,359,710	842,007	
<b>14</b>	Information technology . . . . .	10,378	10,378		
<b>15</b>	Royalties . . . . .				
<b>16</b>	Occupancy . . . . .	3,082,690	2,381,321	701,369	
<b>17</b>	Travel . . . . .	233,646	52,825	180,821	
<b>18</b>	Payments of travel or entertainment expenses for any Federal, state or local public officials . . . . .				
<b>19</b>	Conferences, conventions and meetings . . . . .				
<b>20</b>	Interest . . . . .	1,484,746	1,133,584	351,162	
<b>21</b>	Payments to affiliates . . . . .				
<b>22</b>	Depreciation, depletion, and amortization . . . . .	7,710,789	6,114,207	1,596,582	
<b>23</b>	Insurance . . . . .	600,695		600,695	
<b>24</b>	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )				
<b>a</b>	BAD DEBT	8,282,171	8,282,171		
<b>b</b>	OTHER EXPENSES	6,201,553	95,018	6,106,535	
<b>c</b>	DUES AND LICENSES	246,328	44,736	201,592	
<b>f</b>	All other expenses				
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24f	140,751,586	106,756,247	33,995,339	0
<b>26</b>	<b>Joint Costs.</b> Check <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	5,343	<b>1</b>	5,333
	<b>2</b> Savings and temporary cash investments . . . . .	19,366,666	<b>2</b>	14,961,389
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	18,993,971	<b>4</b>	18,457,101
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees or other related parties <i>Complete Part II of Schedule L</i> . . . . .		<b>5</b>	
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) <i>Complete Part II of Schedule L</i> . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .	115,855,419	<b>7</b>	136,272,342
	<b>8</b> Inventories for sale or use . . . . .	2,917,746	<b>8</b>	2,908,476
	<b>9</b> Prepaid expenses and deferred charges . . . . .	243,567	<b>9</b>	265,179
	<b>10a</b> Land, buildings, and equipment cost basis			
		<b>10a</b> 183,568,772		
	<b>b</b> Less accumulated depreciation <i>Complete Part VI of Schedule D</i> . . . . .			
		<b>10b</b> 125,346,204	55,572,192	<b>10c</b> 58,222,568
	<b>11</b> Investments—publicly traded securities . . . . .		<b>11</b>	
	<b>12</b> Investments—other securities See Part IV, line 11 <i>Complete Part VII of Schedule D</i> . . . . .	1,023,825	<b>12</b>	1,205,047
	<b>13</b> Investments—program-related See Part IV, line 11 <i>Complete Part VIII of Schedule D</i> . . . . .		<b>13</b>	
<b>14</b> Intangible assets . . . . .		<b>14</b>		
<b>15</b> Other assets See Part IV, line 11 <i>Complete Part IX of Schedule D</i> . . . . .	6,050,949	<b>15</b>	3,576,826	
<b>16 Total assets. Add lines 1 through 15 (must equal line 34)</b>	220,029,678	<b>16</b>	235,874,261	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	25,201,612	<b>17</b>	28,470,611
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow account liability <i>Complete Part IV of Schedule D</i> . . . . .		<b>21</b>	
	<b>22</b> Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons <i>Complete Part II of Schedule L</i> . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	27,607,395	<b>23</b>	26,736,441
	<b>24</b> Unsecured notes and loans payable . . . . .		<b>24</b>	
	<b>25</b> Other liabilities <i>Complete Part X of Schedule D</i> . . . . .	7,168,146	<b>25</b>	11,974,632
	<b>26 Total liabilities. Add lines 17 through 25</b>	59,977,153	<b>26</b>	67,181,684
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	160,004,149	<b>27</b>	168,644,201
	<b>28</b> Temporarily restricted net assets . . . . .	48,376	<b>28</b>	48,376
	<b>29</b> Permanently restricted net assets . . . . .		<b>29</b>	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	160,052,525	<b>33</b>	168,692,577	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	220,029,678	<b>34</b>	235,874,261	

**Part XI Financial Statements and Reporting**

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990 <input type="checkbox"/> cash <input checked="" type="checkbox"/> accrual <input type="checkbox"/> other		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .		No
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? . . . . .		No
<b>2c</b>	If "Yes" to lines 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? . . . . .		
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .		No
<b>3b</b>	If "Yes," did the organization undergo the required audit or audits? . . . . .		

**SCHEDULE A**  
(Form 990 or 990EZ)

**Public Charity Status and Public Support**

OMB No 1545-0047

**2008**

Department of the Treasury  
Internal Revenue Service

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.  
Attach to Form 990 or Form 990-EZ. See separate instructions.

**Open to Public Inspection**

Name of the organization  
ST ELIZABETH HOSPITAL INC

Employer identification number

39-0816818

**Part I Reason for Public Charity Status** (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization )

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

	Yes	No
<b>11g(i)</b>		
<b>11g(ii)</b>		
<b>11g(iii)</b>		

- (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?
- (ii) a family member of a person described in (i) above?
- (iii) a 35% controlled entity of a person described in (i) or (ii) above?

h Provide the following information about the organizations the organization supports

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (See Instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

**Part II Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Public Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add line 1-3						
<b>5</b> The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
<b>6 Public Support</b> subtract line 5 from line 4						

**Total Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
<b>11 Total Support</b> (Add lines 7 through 10)						
<b>12</b> Gross receipts from related activities, etc (See instructions )					<b>12</b>	
<b>13 First Five Years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b>						<input type="checkbox"/>

**Computation of Public Support Percentage**

<b>14</b> Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))	<b>14</b>	
<b>15</b> Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f	<b>15</b>	
<b>16a 33 1/3% Test - 2008.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization		<input type="checkbox"/>
<b>b 33 1/3% Test - 2007.</b> If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization		<input type="checkbox"/>
<b>17a 10% Facts and Circumstances Test - 2008.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		<input type="checkbox"/>
<b>b 10% Facts and Circumstances Test - 2007.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		<input type="checkbox"/>
<b>18 Private Foundation.</b> If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total</b> Add lines 1-5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
<b>c</b> Total of lines 7a and 7b						
<b>8 Public Support</b> (Subtract line 7c from line 6)						

**Total Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total Support</b> (Add lines 9, 10c, 11 and 12)						
<b>14 First Five Years</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b> <input type="checkbox"/>						

**Computation of Public Support Percentage**

<b>15</b> Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	<b>15</b>	
<b>16</b> Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g	<b>16</b>	

**Computation of Investment Income Percentage**

<b>17</b> Investment Income Percentage for <b>2008</b> (line 10c column (f) divided by line 13 column (f))	<b>17</b>	
<b>18</b> Investment Income Percentage from <b>2007</b> Schedule A, Part IV-A, line 27h	<b>18</b>	

- 19a 33 1/3% Tests - 2008.** 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% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 20 Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

**Part IV** **Supplemental Information.** Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

<b>Facts and Circumstances Test</b>

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax)

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

Name of the organization ST ELIZABETH HOSPITAL INC

Employer identification number

39-0816818

Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations. (See the instructions for Schedule C for details.)

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

Part I-B To be completed by all organizations exempt under section 501(c)(3). (See the instructions for Schedule C for details.)

- 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 in 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 To be completed by all organizations exempt under section 501(c), except section 501(c)(3). (See the instructions for Schedule C for details.)

- 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 internal funds contributed to other organizations for section 527 exempt function activities \$
3 Total of direct and indirect exempt function expenditures Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b \$
4 Did the filing organization file Form 1120-POL for this year? Yes No
5 State the names, addresses and Employer Identification Number (EIN) of all section 527 political organizations to which payments were made Enter the amount paid and indicate if the amount was paid from the filing organization's own internal funds or were political contributions received and 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

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's internal funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.

**Part II-A To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)).** (See the instructions for Schedule C for details.)

- A** Check  if the filing organization belongs to an affiliated group
- B** Check  if the filing organization checked box A and "limited control" provisions apply

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

**4-Year Averaging Period Under Section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 1a through 1f of the instructions.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
<b>2a</b> Lobbying non-taxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots non-taxable amount					
<b>e</b> Grassroots ceiling amount (150% of line d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

**Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)).** (See the instructions for Schedule C for details.)

	(a)		(b)
	Yes	No	Amount
<b>1</b> 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			
<b>a</b> Volunteers?		No	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines c through i)?		No	
<b>c</b> Media advertisements?		No	
<b>d</b> Mailings to members, legislators, or the public?		No	
<b>e</b> Publications, or published or broadcast statements?		No	
<b>f</b> Grants to other organizations for lobbying purposes?		No	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		No	
<b>i</b> Other activities. If "Yes," describe in Part IV	Yes		15,396
<b>j</b> Total lines 1c through 1i			15,396
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
<b>b</b> If "Yes" enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes" enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).** (See the instructions for Schedule C for details.)

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

**Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes."** (See the instructions for Schedule C for details.)

<b>1</b> Dues, assessments and similar amounts from members	1 \$
<b>2</b> Section 162(e) non-deductible lobbying and political expenditures <i>(do not include amounts of political expenses for which the section 527(f) tax was paid).</i>	
<b>a</b> Current Year	2a \$
<b>b</b> Carryover from last year	2b \$
<b>c</b> Total	2c \$
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3 \$
<b>4</b> 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 \$
<b>5</b> Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	5 \$

**Part IV Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
Part II-B, Line 1i	Explanation of Other Lobbying Activities	AHA, WHA & CHA MEMBERSHIP DUES



SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2008

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

Name of the organization ST ELIZABETH HOSPITAL INC

Employer identification number 39-0816818

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and questions about donor advisement.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, number of easements, acreage, and monitoring expenses.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures.

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

**3** Using the organization's 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 XIV

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

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

**b** If "Yes," explain why in Part XIV and complete the following table

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

**2a** Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

**b** If "Yes," explain the arrangement in Part XIV

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
<b>1a</b> Beginning of year balance . . . . .					
<b>b</b> Contributions . . . . .					
<b>c</b> Investment earnings or losses . . . . .					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .					

**2** Provide the estimated percentage of the year end balance held as

- a** Board designated or quasi-endowment
- b** Permanent endowment
- c** Term endowment

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
<b>(i)</b> unrelated organizations . . . . .	<b>3a(i)</b>	
<b>(ii)</b> related organizations . . . . .	<b>3a(ii)</b>	
<b>b</b> If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .	<b>3b</b>	

**4** Describe in Part XIV the intended uses of the organization's endowment funds

**Part VI Investments—Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
<b>1a</b> Land . . . . .		1,379,730		1,379,730
<b>b</b> Buildings . . . . .		79,899,546	45,145,243	34,754,303
<b>c</b> Leasehold improvements . . . . .		2,809,791	2,018,631	791,160
<b>d</b> Equipment . . . . .		91,943,164	78,140,584	13,802,580
<b>e</b> Other . . . . .		7,536,541	41,746	7,494,795
<b>Total.</b> Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				58,222,568



**Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements**

<b>1</b>	Total revenue (Form 990, Part VIII, column (A), line 12)	<b>1</b>	158,090,385
<b>2</b>	Total expenses (Form 990, Part IX, column (A), line 25)	<b>2</b>	140,751,586
<b>3</b>	Excess or (deficit) for the year Subtract line 2 from line 1	<b>3</b>	17,338,799
<b>4</b>	Net unrealized gains (losses) on investments	<b>4</b>	
<b>5</b>	Donated services and use of facilities	<b>5</b>	
<b>6</b>	Investment expenses	<b>6</b>	
<b>7</b>	Prior period adjustments	<b>7</b>	
<b>8</b>	Other (Describe in Part XIV)	<b>8</b>	-8,698,747
<b>9</b>	Total adjustments (net) Add lines 4 - 8	<b>9</b>	-8,698,747
<b>10</b>	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	<b>10</b>	8,640,052

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	158,795,842
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains on investments	<b>2a</b>	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	0
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	158,795,842
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIV)	<b>4b</b>	-705,457
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	-705,457
<b>5</b>	Total Revenue Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 12)	<b>5</b>	158,090,385

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	141,616,813
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Losses reported on Form 990, Part IX, line 25	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV)	<b>2d</b>	1,194,281
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	1,194,281
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	140,422,532
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIV)	<b>4b</b>	329,054
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	329,054
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 18)	<b>5</b>	140,751,586

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier	Return Reference	Explanation
Part XI, Line 8 - Other Adjustments		Unrealized Gain on Securities 6411 PENSION ADJUSTMENT -4336749 TRANSFER OF FRANCISCAN CARE CENTER NET ASSETS -4368409
Part XII, Line 4b - Other Adjustments		RENTAL EXPENSE in revenue -1194281 CONTRIBUTIONS IN NET ASSETS 488824
Part XIII, Line 2d - Other Adjustments		RENTAL EXPENSE IN REVENUE 1194281
Part XIII, Line 4b - Other Adjustments		GRANT TO SPONSOR ORGANIZATION 329054

SCHEDULE H (Form 990)

Department of the Treasury Internal Revenue Service

Hospitals

To be completed by organizations that answer "Yes" to Form 990, Part IV, line 20. Attach to Form 990.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization ST ELIZABETH HOSPITAL INC

Employer identification number

39-0816818

Part I Charity Care and Certain Other Community Benefits at Cost (Optional for 2008)

1a Does the organization have a charity care policy? 1b If "Yes," is it a written policy? 2 If the organization has multiple hospitals... 3 Answer the following based on the charity care eligibility criteria... 4 Does the organization's policy provide free or discounted care to the "medically indigent"? 5a Does the organization budget amounts for free or discounted care... 6a Does the organization prepare an annual community benefit report? 6b If "Yes," does the organization make it available to the public?

7 Charity Care and Certain Other Community Benefits at Cost

Table with 7 columns: (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. Rows include Charity Care and Means-Tested Government Programs and Other Benefits.

**Part II Community Building Activities** (Complete this table if the organization conducted any community building activities) (Optional for 2008)

	(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
<b>1</b> Physical improvements and housing	1	6	514		514	
<b>2</b> Economic development						
<b>3</b> Community support						
<b>4</b> Environmental improvements						
<b>5</b> Leadership development and training for community members						
<b>6</b> Coalition building						
<b>7</b> Community health improvement advocacy						
<b>8</b> Workforce development	1	120	195		195	
<b>9</b> Other						
<b>10 Total</b>	2	126	709		709	

**Part III Bad Debt, Medicare, and Collection Practices** (Optional for 2008)

**Section A—Bad Debt Expense**

		Yes	No
<b>1</b> Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	<b>1</b>		No
<b>2</b> Enter the amount of the organization's bad debt expense (at cost)	<b>2</b>		
<b>3</b> Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	<b>3</b>		
<b>4</b> Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, or rationale for including other bad debt amounts in community benefit			

**Section B—Medicare**

<b>5</b> Enter total revenue received from Medicare (including DSH and IME)	<b>5</b>	54,085,904
<b>6</b> Enter Medicare allowable costs of care relating to payments on line 5	<b>6</b>	54,160,256
<b>7</b> Enter line 5 less line 6—surplus or (shortfall)	<b>7</b>	-74,352
<b>8</b> Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit, and the costing methodology or source used to determine the amount reported on line 6 and indicate which of the following methods was used		
<input checked="" type="checkbox"/> Cost accounting system	<input type="checkbox"/> Cost to charge ratio	<input type="checkbox"/> Other

**Section C—Collection Practices**

<b>9a</b> Does the organization have a written debt collection policy?	<b>9a</b>	Yes	
<b>9b</b> If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI	<b>9b</b>	Yes	

**Part IV Management Companies and Joint Ventures** (Optional for 2008)

(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 %
<b>1</b>				
<b>2</b>				
<b>3</b>				
<b>4</b>				
<b>5</b>				
<b>6</b>				
<b>7</b>				
<b>8</b>				
<b>9</b>				
<b>10</b>				
<b>11</b>				
<b>12</b>				
<b>13</b>				
<b>14</b>				



**Part VI Supplemental Information (Optional for 2008)**

Complete this part to provide the following information

- 1** Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions

Part I, Line 3c It is the policy of St Elizabeth Hospital to provide medically necessary health care services to people in the communities it serves, regardless of their ability to pay Affinity Care financial assistance is granted based upon the patient's inability to pay and to individuals who are uninsured, underinsured or medically indigent Affinity Care works in collaboration with other financial (both public and private) assistance programs This is to ensure holistic wellness of patients by facilitating knowledge of available services and programs for health while practicing good stewardship of funds Key criteria utilized to determine eligibility for Affinity Care financial assistance includes family size, federal poverty income guidelines and available assets The available asset test includes consideration of the amount of equity in a home, automobiles, and savings accounts which are considered part of total allowable income when assessing against the federal poverty income guidelines

Part I, Line 7 Amounts calculated in Part I, Line 7 are determined both on a cost accounting system and a cost-to-charge ratio Other Benefits are determined based on the direct and indirect costs (where allocated) associated with a program net of earned revenue Detail for each program/activity is maintained and determined at the department level Charity care and means-tested programs are determined based on a cost-to-charge ratio consistent with Worksheet 2, Ratio of Patient Care Cost to Charges Prior year cost report settlements are excluded from the shortfall calculation in order to get a true fiscal year shortfall amount

Part III, Line 4 Bad debt expense is recorded in a consistent manner with the organization's collection policies Bad debt expense includes accounts which are written off and estimates made on live accounts based on historical payment trends and account modeling A number of patients are truly unable to pay their out-of-pocket liability, but do not complete the process required to apply for financial assistance under the hospital's Affinity Care policy These patients would qualify for Affinity Care if they completed the charity application, so the bad debt expense associated with treating them should be treated as community benefit The organization does have a presumptive eligibility program in place to help identify indigent patients and minimize the instances of when they become a bad debt

Part III, Line 8 The shortfall associated with Medicare should be considered a community benefit for several reasons First, IRS Rev Rul 69-545, which established the community benefit standard for non-profit hospitals, states that if a hospital serves patients with government health benefits, including Medicare, then this is an indication that the hospital operates to promote the health of the community This implies that treating Medicare patients is a community benefit Second, for-profit specialty hospitals have been carving out certain high-margin services (i.e. cardiac, orthopedics, and oncology), leaving general acute care hospitals with lower-margin Medicare services This indicates that Medicare losses can be a result of rendering these lower-margin services (which benefit the community) rather than inefficient operations Lastly, the community which the organization serves has Medicare as the largest payer The organization must accept these patients regardless of whether they make a surplus or deficit from providing such services If the Medicare participation is premised on this fact, then providing Medicare services promotes access to healthcare services which is a community benefit The demographic of the community is also an aging and underserved population who experience issues with access to healthcare services Without tax-exempt hospitals providing Medicare services, CMS would bear the burden of directly providing services to the elderly

Part III, Line 9b St Elizabeth Hospital has a debt collection policy which sets forth collection practices for patients who are known to qualify or may qualify for financial assistance under the charity care program Sufficient financial counseling support is made available to patients so they can easily access patient financial service representatives and have their questions answered, and gain an understanding of the reasons why they owe a balance Accounts are designated as charity care in the business offices so no additional time is spent on collection efforts

- 2 Needs Assessment.** Describe how the organization assesses the health care needs of the communities it serves

Part VI, Line 2 St Elizabeth Hospital performs community needs assessments as needed Planning workgroups consisting of community partners are formed to define the community and its needs through review of United Way Life Study results, Healthy People Initiatives, census documents, and local government health and welfare agencies Considering other community resources/assets, data collection methods are used to identify particular problems or subgroups and areas known to have high poverty rates and to be underserved The data is analyzed and priorities are set based on trending information which may target a specific need When a need is identified, the hospital develops a plan to implement a program either through community collaboration or individually Outcomes from the programs are measured and considered in subsequent community needs assessments The leadership at Affinity takes their commitment to community benefits very seriously In fact, it is listed as one of the key strategic goals of the health system Senior leaders and management are also highly encouraged to provide direct service to the poor in their communities St Elizabeth and the leadership also subscribe to publications like the Advisory Board to compare national trends to local trends to ensure the hospital is resourcing areas to meet patient needs

- 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 charity care policy

Part VI, Line 3 St Elizabeth Hospital goes to great lengths in order to inform and educate patients/persons who may be billed for patient care about their eligibility for assistance under federal, state or local government programs and under the organization's Affinity Care policy The Affinity Care policy and application is posted on the organization's website Admissions and other key areas contain summary information of the Affinity Care policy As part of the intake/discharge process, patients are provided with a copy of the policy and other information for financial assistance If during the course of the patient registration process, care encounter, treatment, or upon discharge it becomes evident that a patient may need financial assistance, the patient shall be referred to the organization's Affinity Care program Patients may be identified as needing financial assistance at any time during the course of an encounter A referral for consideration of Affinity Care financial assistance can be initiated by any member of the hospital's workforce, including medical staff members, who become aware of the patient's potential need for Affinity Care financial assistance The Affinity Care policy was also translated into dialects prevalent in the community in order to reach out to those that may speak another language (Spanish and Hmong) As part of the Affinity Care process, patients must register with the county public assistance to see if they may qualify under any other federal or state programs

- 4 Community Information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

Part VI, Line 4 St Elizabeth Hospital provided significant charity care and other community benefits as defined by the IRS But in addition, we believe that we provide a critically important community benefit, which is not quantified Our hospital, like most community hospitals, was created and is maintained in order to provide care locally Certain specialized services available include I/P Adult Behavioral Health services, I/P Adolescent Behavioral Health services and Neonatal Intensive Care services

- 5 Community Building Activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the organizations it serves

Part VI, Line 5 Community-building activities include programs that, while not directly related to health care, provide opportunities to address the root causes of health problems, such as poverty, homelessness, and environmental problems These activities support community assets by offering the expertise and resources of the organization Costs for these activities include cash, in-kind donations, and expenditures for the development of a variety of community health programs and partnerships Some examples include "Rebuilding Together" in which managers from St Elizabeth Hospital went out to help low-income elderly members of the community with remodeling projects to improve safety or condition of their homes Another example is Health Career Presentations in which professionals from St Elizabeth Hospital go to career classes at area high schools and talk about their professions (i.e. Physical Therapy, Occupational Therapy)

- 6** Provide any other information important to describing how the organization's hospitals 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.)

Part VI, Line 6 St Elizabeth Hospital's governing board consists primarily of persons who reside within the primary service area They are not employees of the organization The organization strives to further its exempt purposes by the following St Elizabeth Hospital participates in government-sponsored health programs (Medicare, Medicaid, CHAMPUS, General Relief, Specialized County Programs and Area Prisons) St Elizabeth Hospital donates food to area shelters and their dietary department also subsidizes mobile meals programs for the elderly and low income individuals They also donate medical supplies and medications to clinics in third world countries St Elizabeth Hospital Community foundation donated funds to support area organizations that provide services to the following sectors of our population low-income, homeless, physically and mentally challenged and chronically ill St Elizabeth Hospital works with the local Public Health Department to do Needs Assessment for Behavioral Health Services St Elizabeth Hospital provides community health improvement services through health education lectures, health fairs and support groups St Elizabeth Hospital subsidizes YMCA instructors to work with individuals who have rehabilitation needs Also hold free follow-up clinics of infants born in the hospital NICU Discounted care is provided to low income families up to 662% of Federal Poverty Guidelines St Elizabeth Hospital is a Disproportionate Share Hospital with a combined Medicaid and SSI utilization of over 26.5% St Elizabeth Hospital provides a subsidy to UW-Family Practice Physician Residency Program Also subsidize a School of Medical Technology Program St Elizabeth Hospital serves as a sponsor site for clinical training of college students in various health care programs St Elizabeth Hospital helps to subsidize an area community clinic that serves the uninsured and low income members of the community Support consists of cash donations for operations, nursing staff and lab and x-ray services

- 7** 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

Part VI, Line 7 St Elizabeth Hospital, of Appleton, Wisconsin is part of an affiliated health care system called Affinity Health System Affinity Health System also has two other hospitals, Mercy Medical Center, in Oshkosh, WI and Calumet Medical Center, in Chilton, WI The latter hospital qualifies as a Critical Access Hospital In addition to the hospitals, Affinity Health System also has 25 area clinics under the control of Affinity Medical Group The mission of Affinity, as a Catholic health care system, is to live out the healing ministry of by providing services that promote the health and well being of the communities we serve, especially the poor Affinity Health System is sponsored equally by two Catholic health systems, Ministry Health Care, headquartered in Milwaukee, WI and Wheaton Franciscan Health Care, also headquartered in Milwaukee, WI St Elizabeth Hospital and Mercy Medical Center both subsidize area community medical clinics as well as community dental clinics The 3 hospitals and the 25 clinics provide free or minimal cost health education, support and screening services for the populations they serve St Elizabeth Hospital and Mercy Medical Center both provide support for educational programs to educate future health care professionals There is also an expectation that all people in management services at Affinity Health System will provide direct services to the poor St Elizabeth Hospital has a foundation which is not included within the operations of the organization The foundation provides cash donations which help support the mission of the organization and the affiliated health care system Examples of the donations are included in the description for Part VI, Line 6 above

- 8** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Schedule I (Form 990)

OMB No 1545-0047

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

2008

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization ST ELIZABETH HOSPITAL INC

Employer identification number 39-0816818

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 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, (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Row 1: Wheaton Fransican Services Inc, 36-3262111, 329,054, INITIATIVE FOR THE POOR.

2 Enter total number of section 501(c)(3) and government organizations
3 Enter total number of other organizations

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

Use Schedule I-1 (Form 990) if additional space is needed.

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

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation

**Schedule J**  
(Form 990)

**Compensation Information**

OMB No 1545-0047

**2008**

**Open to Public Inspection**

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

▶ **Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.**

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
ST ELIZABETH HOSPITAL INC

**Employer identification number**

39-0816818

**Part I Questions Regarding Compensation**

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- |  |   |
|--|---|
| <input type="checkbox"/> First class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use          |
| <input checked="" type="checkbox"/> Travel for companions          | <input type="checkbox"/> Payments for business use of personal residence          |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)          |

**b** If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input checked="" type="checkbox"/> Written employment contract                     |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a

**a** Receive a severance payment or change of control payment?

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?

**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

**501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.**

**5** For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

**a** The organization?

**b** Any related organization?

If "Yes," to line 5a or 5b, describe in Part III

**6** For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

**a** The organization?

**b** Any related organization?

If "Yes," to line 6a or 6b, describe in Part III

**7** For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

	Yes	No
<b>1b</b>		No
<b>2</b>	Yes	
<b>4a</b>		No
<b>4b</b>		No
<b>4c</b>		No
<b>5a</b>		No
<b>5b</b>		No
<b>6a</b>		No
<b>6b</b>		No
<b>7</b>		No
<b>8</b>		No

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space needed.

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

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Daniel E Neufelder	(i)							
	(ii)	515,690	130,243	13,674	43,655	19,759	723,021	
Frank Chybowski MD	(i)							
	(ii)	529,264		218,215	15,634	19,132	782,245	
Joseph McCormick MD	(i)							
	(ii)	866,396		679	23,200	23,652	913,927	
David Romond MD	(i)							
	(ii)	305,907			33,345	11,551	350,803	
Barbara Strand MD	(i)							
	(ii)	248,415		611	29,511	20,036	298,573	
STACEY SENSOR DO	(i)							
	(ii)	443,456			27,162	16,983	487,601	
nicholas desien	(i)							
	(ii)	923,799		109,453	680,977	20,449	1,734,678	
John Oliverio	(i)							
	(ii)	878,492		2,705,384	110,241	62,777	3,756,894	2,535,213
jeFF BADGER	(i)							
	(ii)	289,114	66,007	19,808	48,812	19,649	443,390	
Travis Andersen	(i)							
	(ii)	248,471	38,298	20,956	29,237	21,582	358,544	
BRIAN HUMPHREY	(i)							
	(ii)	167,092		273	30,390	4,233	201,988	
Nanette Krizenesky	(i)							
	(ii)	157,048		405	32,934	15,719	206,106	
Jennie Gaurkee	(i)							
	(ii)	147,048		13	9,728	17,911	174,700	
Debra Lastofka	(i)							
	(ii)	143,344		482	26,381	6,273	176,480	
	(i)							
	(ii)							



Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

Name of the organization ST ELIZABETH HOSPITAL INC

Employer identification number

39-0816818

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

Table with 3 main columns: (a) Name of disqualified person, (b) Description of transaction, (c) Corrected? (Yes/No)

2 Enter the amount of tax imposed on the 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

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

Table with 7 main columns: (a) Name of interested person and purpose, (b) Loan to or from the organization?, (c) Original principal amount, (d) Balance due, (e) In default?, (f) Approved by board or committee?, (g) Written agreement?

Part III Grants or Assistance Benefitting Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

Table with 3 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

Table with 5 main columns: (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?

**SCHEDULE O**  
(Form 990)

**Supplemental Information to Form 990**

**2008**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.**

**Name of the organization**  
ST ELIZABETH HOSPITAL INC

**Employer identification number**

39-0816818

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		WHEATON FRANCISCAN SERVICES, INC IS A CORPORATE MEMBER AND AFFINITY HEALTH SYSTEM IS A MANAGING MEMBER

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7a		WHEATON FRANCISCAN SERVICES, INC HAS THE POWER TO APPROVE AND REMOVE DIRECTORS FROM ST ELIZABETH HOSPITAL

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7b		AMENDMENTS OF THE ARTICLES OF INCORPORATION AND BYLAWS MUST BE APPROVED BY WHEATON FRANCISCAN SERVICES, INC

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		THE CONTROLLER AND CFO OF AFFINITY HEALTH SYSTEM PERFORM A DETAIL REVIEW OF THE 990 AFTER MANAGEMENT REVIEW, A COPY OF THE 990 IS PROVIDED TO THE BOARD OF DIRECTORS PRIOR TO FILING

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		THE BOARD OF DIRECTORS RECEIVES A CONFLICT OF INTEREST QUESTIONNAIRE EVERY YEAR

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		EACH YEAR THE ORGANIZATION ENGAGES AN INDEPENDENT COMPENSATION FIRM TO PROVIDE MARKET DATA FOR CEO, EXECUTIVES AND KEY EMPLOYEE POSTIONS THIS STUDY IS SHARED WITH THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS FOR THEIR REVIEW AND RECOMMENDATIONS REGARDING ANY COMPENSATION CHANGES THE CEO REVIEWS EACH EXECUTIVE AND KEY EMPLOYEE'S ANNUAL PERFORMANCE APPRAISAL RATINGS IN MAKING HIS COMPENSATION RECOMMENDATIONS TO THE COMPENSATION COMMITTEE THE COMPENSATION COMMITTEE HAS THE FINAL AUTHORITY TO APPROVE ANY AND ALL AMOUNTS OF COMPENSATION FOR MEMBERS OF THE EXECUTIVE TEAM

Identifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		THE ORGANIZATION BELIEVES THE FINANCIAL STATEMENTS, GOVERNING DOCUMENTS, AND POLICES ARE THE PROPERTY OF THE ORGANIZATION AND ARE NOT AVAILABLE FOR PUBLIC INSPECTION

Identifier	Return Reference	Explanation
Form 990 Part XI line 2b-2c	Audited Financial Statements	St Elizabeth Hospital, Inc (Organization) does not receive separately audited financial statements The Organization is audited and reported through consolidated financial statements The audit commttee is responsible for the auditor selection The audit statements are review ed by the Controller, CFO, Ministry Health CFO, and the audit commttee

Identifier	Return Reference	Explanation
FORM 990, PART IV, LINE 12	AUDITED FINANCIAL STATEMENTS	THE FINANCIAL STATEMENTS OF ST ELIZABETH HOSPITAL ARE AUDITED AS PART OF AFFINITY HEALTH SYSTEM CONSOLIDATED AUDITED FINANCIAL STATEMENTS

Identifier	Return Reference	Explanation
Form 990, Schedule H, Part VI, Line 8		St Elizabeth Hospital files their community benefit results in the State of Wisconsin. Their data is incorporated into a report for all of Affinity Health System that ultimately is published in the area newspapers.

Identifier	Return Reference	Explanation
schedule H, Part 1, line 7, column f	bad debt expenses	bad debt expenses included on form 990, Part IX, line 25 was \$8,282,171 and was excluded from the denominator per instructions when calculating the percent of total expenses.

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2008**

**Open to Public Inspection**

▶ **Attach to Form 990. To be completed by organizations that answer "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.**  
▶ **See separate instructions.**

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
ST ELIZABETH HOSPITAL INC

**Employer identification number**  
39-0816818

**Part I Identification of Disregarded Entities**

(A) Name, address, and EIN 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**

(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
AFFINITY HEALTH SYSTEM 1570 MIDWAY PL MENASHA, WI54952 39-1568866	SUPPORT RELATED HEALTHCARE ORGRANIZATIONS	IL	501(C)(3)	11A	N/A
MERCY MEDICAL CENTER OF OSHKOSH INC 500 S OAKWOOD OSHKOSH, WI54904 39-0806268	HEALTH CARE SERVICES	WI	501(C)(3)	3	N/A
NETWORK HEALTH SYSTEM INC 1570 MIDWAY PL MENASHA, WI54952 39-1127163	CLINICAL HEALTHCARE SERVICES	WI	501(C)(3)	3	N/A
ST ELIZABETH HOSPITAL COMMUNITY FOUNDATION 1506 SOUTH ONEIDA STREET APPLETON, WI54915 39-1256677	RAISE FUNDS	WI	501(C)(3)	11A	N/A
FRANCISCAN CARE CENTER 2915 N MEADE STREET APPLETON, WI54911 39-1587781	NURSING HOME SERVICES	WI	501(C)(3)	9	N/A
MINISTRY HEALTH CARE INC 11925 W LAKE PARK DRIVE MILWAUKEE, WI53224 39-1490371	SUPPORT RELATED HEALTHCARE ORGRANIZATIONS	WI	501(C)(3)	11A	N/A
WHEATON FRANCISCAN SERVICES INC 26 W171 ROOSEVELT ROAD WHEATON, IL60187 36-3262111	SUPPORT RELATED HEALTHCARE ORGRANIZATIONS	IL	501(C)(3)	11A	N/A

**Part III Identification of Related Organizations Taxable as a Partnership**

(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, investment, unrelated)	(F) Share of total income	(G) Share of end-of- year assets	(H) Disproportionate allocations?		(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner?	
							Yes	No		Yes	No

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust**

(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

**Part V Transactions with Related Organizations**

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

**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 **(iv)** rent from a controlled entity

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

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

**d** Loans or loan guarantees to or for other organization(s)

**e** Loans or loan guarantees by other organization(s)

**f** Sale of assets to other organization(s)

**g** Purchase of assets from other organization(s)

**h** Exchange of assets

**i** Lease of facilities, equipment, or other assets to other organization(s)

**j** Lease of facilities, equipment, or other assets from other organization(s)

**k** Performance of services or membership or fundraising solicitations for other organization(s)

**l** Performance of services or membership or fundraising solicitations by other organization(s)

**m** Sharing of facilities, equipment, mailing lists, or other assets

**n** Sharing of paid employees

**o** Reimbursement paid to other organization for expenses

**p** Reimbursement paid by other organization for expenses

**q** Other transfer of cash or property to other organization(s)

**r** Other transfer of cash or property from other organization(s)

	Yes	No
<b>1a</b>		No
<b>1b</b>		No
<b>1c</b>	Yes	
<b>1d</b>	Yes	
<b>1e</b>		No
<b>1f</b>		No
<b>1g</b>		No
<b>1h</b>		No
<b>1i</b>	Yes	
<b>1j</b>	Yes	
<b>1k</b>		No
<b>1l</b>	Yes	
<b>1m</b>	Yes	
<b>1n</b>	Yes	
<b>1o</b>	Yes	
<b>1p</b>	Yes	
<b>1q</b>		No
<b>1r</b>		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 other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		



**Software ID:**  
**Software Version:**  
**EIN:** 39-0816818  
**Name:** ST ELIZABETH HOSPITAL INC

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

<b>(A)</b> Name, address, and EIN of related organization	<b>(B)</b> Primary Activity	<b>(C)</b> Legal Domicile (State or Foreign Country)	<b>(D)</b> Exempt Code section	<b>(E)</b> Public charity status (if 501(c)(3))	<b>(F)</b> Direct Controlling Entity
AFFINITY HEALTH SYSTEM  1570 MIDWAY PL MENASHA, WI54952 39-1568866	SUPPORT RELATED HEALTHCARE ORGRANIZATIONS	IL	501(C)(3)	11A	N/A
MERCY MEDICAL CENTER OF OSHKOSH INC  500 S OAKWOOD OSHKOSH, WI54904 39-0806268	HEALTH CARE SERVICES	WI	501(C)(3)	3	N/A
NETWORK HEALTH SYSTEM INC  1570 miDWAY PL MENASHA, WI54952 39-1127163	CLINICAL HEALTHCARE SERVICES	WI	501(C)(3)	3	N/A
ST ELIZABETH HOSPITAL COMMUNITY FOUNDATION  1506 SOUTH ONEIDA STREET APPLETON, WI54915 39-1256677	RAISE FUNDS	WI	501(C)(3)	11A	N/A
FRANCISCAN CARE CENTER  2915 N MEADE STREET APPLETON, WI54911 39-1587781	NURSING HOME SERVICES	WI	501(C)(3)	9	N/A
MINISTRY HEALTH CARE INC  11925 W LAKE PARK DRIVE MILWAUKEE, WI53224 39-1490371	sUPPORT RELATED HEALTHCARE ORGRANIZATIONS	WI	501(C)(3)	11A	N/A
WHEATON FRANCISCAN SERVICES INC  26 W171 ROOSEVELT ROAD WHEATON, IL60187 36-3262111	SUPPORT RELATED HEALTHCARE ORGRANIZATIONS	IL	501(C)(3)	11A	N/A

# Additional Data

**Software ID:**

**Software Version:**

**EIN:** 39-0816818

**Name:** ST ELIZABETH HOSPITAL INC

## Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(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			
Daniel E Neufelder , President CEO - AHS	40 00	X		X			0	659,607	63,414	
David Gitter , Board Treasurer	30	X		X			0	0	0	
Catherine J Tierney , Board Secretary	30	X		X			0	0	0	
Frank Chybowski MD , Board Member	30	X					0	747,479	34,766	
Joseph McCormick MD , Board Member	30	X					0	867,075	46,852	
David Romond MD , Board Member	30	X					0	305,907	44,896	
Barbara Strand MD , Board Member	30	X					0	249,026	49,547	
Carla Altepeter , Board Member	30	X					0	0	0	
Mary Harp-Jirschele , Board Member	30	X					0	0	0	
Frederick Klein MD , Board Member	30	X					0	0	0	
Stephen C Morton , Board Member	30	X					0	0	0	
John Russo , board Member	30	X					0	0	0	
Thomas Schmidt , board Member	30	X					0	0	0	
Wayne Trembly , board Member	30	X					0	0	0	
Susan Vette , Board Member	30	X					0	0	0	
Richard Wells , Board Member	30	X					0	0	0	
STACEY SENSOR DO , BOARD MEMBER	30	X					0	443,456	44,145	
nicholas desien , president - Ministry	40 00	X		X			0	1,033,252	701,426	
John Oliverio , president - Wheaton	40 00	X		X			0	3,583,876	173,018	
jeFF BADGER , VP Finance - AHS	40 00			X			0	374,929	68,461	
Travis Andersen , President- STE	40 00				X		0	307,725	50,819	
BRIAN HUMPHREY , SR ULTRASOUND TECH	40 00					X	167,365	0	34,623	
Nanette Krizenesky , NURSE	40 00					X	157,453	0	48,653	
Jennie Gaurkee , PHARMACY DIRECTOR	40 00					X	147,061	0	27,639	
Debra Lastofka , PHARMACIST	40 00					X	143,826	0	32,654	
PATRICK OCONNOR , PHARMACIST	40 00					X	138,824	0	10,846	

**Form 990, Part I, Line 1 - Briefly describe the Organization's mission or most significant activities:**

FOR MORE THAN 100 YEARS, WE HAVE BEEN A LEADER IN PROVIDING QUALITY HEALTH CARE TO FOX VALLEY RESIDENTS, ESPECIALLY THE MEDICALLY UNDERSERVED. THE HOSPITAL MEETS A BROAD VARIETY OF PATIENT NEEDS THROUGH GENERAL CARE, SURGICAL SERVICES AND NUMEROUS MEDICAL SPECIALTIES INCLUDING CARDIOLOGY, ONCOLOGY, PEDIATRICS, EMERGENCY, INTENSIVE CARE AND OBSTETRICS. WITH 352 LICENSED PATIENT BEDS AND MORE THAN 420 SKILLED MEDICAL STAFF, WE OFFER COMPLETE, COMPASSIONATE, QUALITY HEALTH CARE FOR THE ENTIRE FAMILY. AVAILABLE SERVICES: ALLERGY; CANCER; CARDIAC REHABILITATION; CARDIOLOGY; CARDIOVASCULAR SURGERY; DIABETES, NUTRITION AND ENDOCRINOLOGY; EMERGENCY/TRAUMA; GENERAL SURGERY; GENETIC COUNSELING; GYNECOLOGY; HOSPITALIST; HYPERBARIC OXYGEN THERAPY; LABORATORY; LIFELINE HOME MONITORING; LIFESPAN; OBSTETRICS; ORTHOPAEDICS; PAIN MANAGEMENT; PALLIATIVE CARE (END OF LIFE CARE); PEDIATRICS; PSYCHIATRY/PSYCHOLOGY; PULMONOLOGY; SPIRITUAL SERVICES; UROLOGY; VASCULAR MEDICINE; AND WOUND CARE

**Software ID:**  
**Software Version:**  
**EIN:** 39-0816818  
**Name:** ST ELIZABETH HOSPITAL INC

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Daniel E Neufelder	(i) (ii)	515,690	130,243	13,674	43,655	19,759	723,021	
Frank Chybowski MD	(i) (ii)	529,264		218,215	15,634	19,132	782,245	
Joseph McCormick MD	(i) (ii)	866,396		679	23,200	23,652	913,927	
David Romond MD	(i) (ii)	305,907			33,345	11,551	350,803	
Barbara Strand MD	(i) (ii)	248,415		611	29,511	20,036	298,573	
STACEY SENSOR DO	(i) (ii)	443,456			27,162	16,983	487,601	
nicholas desien	(i) (ii)	923,799		109,453	680,977	20,449	1,734,678	
John Oliverio	(i) (ii)	878,492		2,705,384	110,241	62,777	3,756,894	2,535,213
jeFF BADGER	(i) (ii)	289,114	66,007	19,808	48,812	19,649	443,390	
Travis Andersen	(i) (ii)	248,471	38,298	20,956	29,237	21,582	358,544	
BRIAN HUMPHREY	(i) (ii)	167,092		273	30,390	4,233	201,988	
Nanette Krizenesky	(i) (ii)	157,048		405	32,934	15,719	206,106	
Jennie Gaurkee	(i) (ii)	147,048		13	9,728	17,911	174,700	
Debra Lastofka	(i) (ii)	143,344		482	26,381	6,273	176,480	