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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)	OMB No 1545-0047 2009 Open to Public Inspection
	The organization may have to use a copy of this return to satisfy state reporting requirements	

A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009				
B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☒ Amended return ☐ Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization St Elizabeth Medical Center Inc		D Employer identification number 61-0445850
		Doing Business As St Elizabeth Healthcare		E Telephone number (859) 655-1642
		Number and street (or P O box if mail is not delivered to street address) One Medical Village Drive	Room/suite	G Gross receipts \$ 860,288,152
		City or town, state or country, and ZIP + 4 Edgewood, KY 41017		
	F Name and address of principal officer John Dubis One Medical Village Drive Edgewood, KY 41017		H(a) Is this a group return for affiliates? ☐ Yes ☒ No H(b) Are all affiliates included? ☐ Yes ☐ No If "No," attach a list (see instructions) H(c) Group exemption number ▶ 0928	
I Tax-exempt status ☒ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527				
J Website: ▶ www.stelizabeth.com				
K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶		L Year of formation 1868	M State of legal domicile KY	

Part I	Summary		
Activities & Governance	1 Briefly describe the organization's mission or most significant activities To provide quality healthcare & wellness services throughout the continuum of care for all patients		
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	1
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	1
	5 Total number of employees (Part V, line 2a)	5	6,68
	6 Total number of volunteers (estimate if necessary)	6	1,26
7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	2,412,19	
b Net unrelated business taxable income from Form 990-T, line 34	7b	-309,93	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	4,988,428	5,395,417
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	580,849,269	819,326,952
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,064,187	4,328,325
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	13,290,324	27,734,403
		603,192,208	856,785,097
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	304,375,367	414,889,135
	16a Professional fundraising fees (Part IX, column (A), line 11e)		42,000
	b Total fundraising expenses (Part IX, column (D), line 25) ☐ 793,517		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	265,008,348	380,415,936
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	569,383,715	795,347,071
	19 Revenue less expenses Subtract line 18 from line 12	33,808,493	61,438,026
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	652,100,794	784,783,958
	21 Total liabilities (Part X, line 26)	388,425,476	432,827,079
	22 Net assets or fund balances Subtract line 21 from line 20	263,675,318	351,956,879

Part II	Signature Block				
Sign Here	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				
			2011-10-18 Date		
	 Nathan VanLaningham CFO Type or print name and title				
Paid Preparer's Use Only	Preparer's signature 		Date	Check if self-employed ☒	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4		Deloitte Tax LLP 250 East Fifth Street Suite 1900 Cincinnati, OH 45202		EIN 
					Phone no  (513) 784-7100

1 Briefly describe the organization's mission

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

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

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses
Section 501(c)(3) and 501(c)(4) organizations and section 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 \$ 618,694,052 including grants of \$) (Revenue \$ 836,441,293)
	Founded in 1861, St Elizabeth Healthcare is one of the oldest, largest and most respected medical providers in the Greater Cincinnati region. Within our thriving, multi-faceted organization, some of the nation's top medical professionals are working together to deliver the best care available to the Greater Cincinnati region. With major facilities in Covington, Edgewood, Falmouth, Florence, Fort Thomas, and Grant County - as well as dozens of smaller, specialized service locations - our presence spans four Northern Kentucky counties. Together, the medical professionals at all these facilities are delivering the gold standard in healthcare every day. Time and again, St Elizabeth has been lauded for exceptional care by an array of respected sources. HealthGrades, for instance, named St Elizabeth a Distinguished Hospital for Clinical Excellence, putting us in the top 5 percent in the nation for quality of care for five consecutive years. We are also nationally recognized for heart, stroke, cancer, orthopaedics, neurology, and respiratory care. People love working here, too. For instance, we were the region's first hospital to achieve Magnet status, nursing's highest honor, at St Elizabeth Covington, Edgewood, and Grant. And in 2009, we were inducted in Greater Cincinnati's Best Place to Work Hall of Fame, after repeatedly winning that distinction from the Cincinnati Business Courier. And finally, we love our community. St Elizabeth Healthcare is sponsored by the Diocese of Covington, and every day we work to fulfill our healing mission by providing for those who cannot pay for care. In recent years, that's amounted to approximately \$50 million in uncompensated care and benefits to the community annually. It's all part of our strong belief that we are always better together.

[illegible][illegible]

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

Part IV

Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes
5	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? If "Yes," complete Schedule C, Part III	5	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.	11	Yes
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.		
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.		
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.		
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.		
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.		
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes	No
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A	Yes
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	No
15	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 U S? If "Yes," complete Schedule F, Part II	15	No
16	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 U S? If "Yes," complete Schedule F, Part III	16	No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Yes
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	Yes

Part IV

Checklist of Required Schedules (continued)

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

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	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	1a	205	
	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	Yes
2a	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	2a	6,685	
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?			3a	Yes
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b	Yes
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a	No
b If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts				
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b	No
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?			5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?			6a	No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b	
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			7a	Yes
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Yes
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c	No
d If "Yes," indicate the number of Forms 8282 filed during the year			7d	
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e	No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f	No
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g	
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			7h	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8	
9 Sponsoring organizations maintaining donor advised funds.				
a Did the organization make any taxable distributions under section 4966?			9a	
b Did the organization make a distribution to a donor, donor advisor, or related person?			9b	
10 Section 501(c)(7) organizations. Enter				
a Initiation fees and capital contributions included on Part VIII, line 12			10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			10b	
11 Section 501(c)(12) organizations. Enter				
a Gross income from members or shareholders			11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year			12b	

Part VI

Governance, Management, and Disclosure

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body . . .	1a	19	
b	Enter the number of voting members that are independent . . .	1b	12	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . . .	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . .	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

Section B. Policies

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
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?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
b	If "Yes," 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?	16b	Yes	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶KY
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 ▶ Nathan VanLaningham 401 East 20th Street Covington, KY 41014 (859) 655-1642

1b	Total	7,277,920	0	852,519
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2

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization▶266

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

Section B. Independent Contractors

1

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
Mills Sherman Gilliam & Goodwin PSC 401 East 20th Street Covington, KY 41014	Physician Fees	12,012,520
Summit Medical Group 5522 Taylor Mill Rd Ste 2 Taylor Mill, KY 41015	Physician Fees	7,384,800
EPIC Systems Corporation 1979 Milky Way Verona, WI 53593	Consulting services	6,333,591
Patient First Physicians Group 340 Thomas More Pky160 Crestview Hills, KY 40223	Physician Fees	5,512,944
Health Alliance of Greater Cincinnati 3200 Burnet Avenue Cincinnati, OH 45229	Financial Services	3,165,327

2

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶72

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	199,586			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	1,398,079			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	3,797,752			
	g	Noncash contributions included in lines 1a-1f \$ 85,032					
	h	Total. Add lines 1a-1f		5,395,417			
Program Service Revenue			Business Code				
	2a	Net Patient Revenue	621,400	819,326,952	819,326,952		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		819,326,952			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		6,495,078	6,495,078		
	4	Income from investment of tax-exempt bond proceeds . .					
	5	Royalties					
	6a	Gross Rents	(i) Real 1,653,146	(ii) Personal			
	b	Less rental expenses	1,208,855				
	c	Rental income or (loss)	444,291				
	d	Net rental income or (loss)		444,291	444,291		
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) O ther			
	b	Less cost or other basis and sales expenses		2,166,753			
	c	Gain or (loss)		-2,166,753			
	d	Net gain or (loss)		-2,166,753			-2,166,753
	8a	Gross income from fundraising events (not including \$ 199,586 of contributions reported on line 1c) See Part IV, line 18	a	137,628			
	b	Less direct expenses	b	127,447			
	c	Net income or (loss) from fundraising events . .		10,181			10,181
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities . .					
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory . .					
	Miscellaneous Revenue	Business Code					
11a	Medicaid PY Settlement	900,099	10,512,989	10,512,989			
b	Drug Prescription	621,990	4,662,790			4,662,790	
c	Lab	621,500	2,041,832		2,041,832		
d	All other revenue		10,062,320	6,601,352	370,364	3,090,604	
e	Total. Add lines 11a-11d		27,279,931				
12	Total revenue. See Instructions		856,785,097	843,380,662	2,412,196	5,596,822	

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).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	3,508,422	2,842,780	660,910	4,732
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	320,344,391	259,566,470	60,345,868	432,053
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	21,686,901	16,021,060	5,633,725	32,116
9	Other employee benefits	46,193,209	38,257,548	7,855,419	80,242
10	Payroll taxes	23,156,212	18,929,712	4,196,193	30,307
11	Fees for services (non-employees)				
a	Management				
b	Legal	3,892,730	9,095	3,883,635	
c	Accounting	590,804	15,000	575,804	
d	Lobbying	37,931		37,931	
e	Professional fundraising See Part IV, line 17	42,000			42,000
f	Investment management fees	521,211		521,211	
g	Other	88,867,990	50,659,582	38,163,499	44,909
12	Advertising and promotion	1,319,903	96,863	1,207,879	15,161
13	Office expenses	2,417,549	1,228,313	1,166,749	22,487
14	Information technology	7,152,861	2,243,177	4,905,435	4,249
15	Royalties				
16	Occupancy	15,869,746	9,863,228	5,992,306	14,212
17	Travel	311,450	271,376	39,057	1,017
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,941,881	369,110	1,560,872	11,899
20	Interest	4,631,797	2,098,204	2,530,352	3,241
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	39,435,825	25,731,762	13,681,448	22,615
23	Insurance	13,958,147	9,614,463	4,343,684	
24	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)				
a	Medical Supplies	101,284,656	99,761,999	1,522,657	
b	Bad Debt	52,679,662	52,679,662		
c	General Supplies	21,709,680	15,020,521	6,662,100	27,059
d	Provider Tax	12,547,345	12,547,345		
e	Miscellaneous	11,244,768	866,782	10,372,768	5,218
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	795,347,071	618,694,052	175,859,502	793,517
26	Joint costs. Check here ☐ 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
Assets	1	Cash—non-interest-bearing				1	
	2	Savings and temporary cash investments			62,042,854	2	66,574,559
	3	Pledges and grants receivable, net			2,921,703	3	3,020,153
	4	Accounts receivable, net			81,274,791	4	90,663,262
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use			8,974,367	8	9,441,740
	9	Prepaid expenses and deferred charges			6,537,501	9	9,657,629
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	786,497,149			
	b	Less accumulated depreciation	10b	472,875,171	307,159,979	10c	313,621,978
	11	Investments—publicly traded securities			138,459,252	11	246,430,971
	12	Investments—other securities See Part IV, line 11			18,573,972	12	19,412,574
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			26,156,375	15	25,961,092
16	Total assets. Add lines 1 through 15 (must equal line 34)			652,100,794	16	784,783,958	
Liabilities	17	Accounts payable and accrued expenses			43,589,810	17	78,147,820
	18	Grants payable				18	
	19	Deferred revenue			3,772,755	19	5,740,785
	20	Tax-exempt bond liabilities			9,940,000	20	140,000,000
	21	Escrow or custodial account liability Complete Part IV of Schedule D				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties			114,735,000	23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D			216,387,911	25	208,938,474
	26	Total liabilities. Add lines 17 through 25			388,425,476	26	432,827,079
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			261,228,154	27	347,596,812
	28	Temporarily restricted net assets			2,447,164	28	4,360,067
	29	Permanently restricted net assets				29	
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			263,675,318	33	351,956,879
	34	Total liabilities and net assets/fund balances			652,100,794	34	784,783,958

Part XI **Financial Statements and Reporting**

	Yes	No
1 Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . .		No
b Were the organization's financial statements audited by an independent accountant?	Yes	
c If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separated basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . . .	Yes	

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
St Elizabeth Medical Center Inc

Employer identification number
61-0445850

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

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

1

☐

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

2

☐

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

3

☒

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

4

☐

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

5

☐

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

6

☐

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

7

☐

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

8

☐

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

9

☐

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

10

☐

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

11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box 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?

(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 supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(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	
Total									

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.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage						
14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))		14				
15 Public Support Percentage for 2008 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
b 33 1/3% support test—2008. 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 stop here. The organization qualifies as a publicly supported organization						
17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization						
b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization						
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions						

Part IIISupport Schedule for Organizations Described in 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total. Add lines 1 through 5						
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
cAdd lines 7a and 7b						
8Public Support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13Total support (Add lines 9, 10c, 11 and 12.)						

14First Five Years 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 **stop here**

☐

Section C. Computation of Public Support Percentage

15Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	
16Public support percentage from 2008 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	
18Investment income percentage from 2008 Schedule A, Part III, line 17	18	

19a**33 1/3% support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

☐

b**33 1/3% support tests—2008.** 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. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

2009

Open to Public
Inspection

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

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

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

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

If the organization answered “Yes,” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

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

Name of the organization St Elizabeth Medical Center Inc	Employer identification number 61-0445850
---	--

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

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

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

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

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

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

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

Part II-A

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A

Check

☐

if the filing organization belongs to an affiliated group

B

Check

☐

if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount Enter the amount from the following table in both columns															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a If zero or less, enter -0-															
i Subtract line 1f from line 1c If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		☐ Yes	☐ No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

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

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
	a Volunteers?		No	
	b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
	c Media advertisements?		No	
	d Mailings to members, legislators, or the public?		No	
	e Publications, or published or broadcast statements?		No	
	f Grants to other organizations for lobbying purposes?	Yes		
	g Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		
	h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
	i Other activities? If "Yes," describe in Part IV		No	
j Total lines 1c through 1i				67,395
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

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

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

Part III-B

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

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

Part IV

Supplemental Information

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	Part II-B, Line 1(F) The portion of the Kentucky Hospital Association dues attributable to lobbying activities is \$37,931 Part II-B, Lines 1(B) & (G) The portion of 2 St Elizabeth Medical Center employees salaries related to direct contact with legislators regarding legislation

SCHEDULE D
(Form 990)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization St Elizabeth Medical Center Inc	Employer identification number 61-0445850
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Part I

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☐ No	

Part II

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

1	Purpose(s) of conservation easements held by the organization (check all that apply) ☐ Preservation of land for public use (e g , recreation or pleasure) ☐ Preservation of an historically importantly land area ☐ Protection of natural habitat ☐ Preservation of a certified historic structure ☐ Preservation of open space											
2	Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year											
		<table><tr><td></td><td>Held at the End of the Year</td></tr><tr><td>a</td><td>Total number of conservation easements</td></tr><tr><td>b</td><td>Total acreage restricted by conservation easements</td></tr><tr><td>c</td><td>Number of conservation easements on a certified historic structure included in (a)</td></tr><tr><td>d</td><td>Number of conservation easements included in (c) acquired after 8/17/06</td></tr></table>		Held at the End of the Year	a	Total number of conservation easements	b	Total acreage restricted by conservation easements	c	Number of conservation easements on a certified historic structure included in (a)	d	Number of conservation easements included in (c) acquired after 8/17/06
	Held at the End of the Year											
a	Total number of conservation easements											
b	Total acreage restricted by conservation easements											
c	Number of conservation easements on a certified historic structure included in (a)											
d	Number of conservation easements included in (c) acquired after 8/17/06											
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____											
4	Number of states where property subject to conservation easement is located ▶ _____											
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No											
6	Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____											
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____											
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No											
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements											

Part III

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

1a	If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items	
b	If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items	
	(i) Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
	(ii) Assets included in Form 990, Part X	▶ \$ _____
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items	
a	Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b	Assets included in Form 990, Part X	▶ \$ _____

Part III

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

3

Using the organization's 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

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ 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
1a Beginning of year balance	2,332,334	3,600,819			
b Contributions					
c Investment earnings or losses	618,143	-1,262,366			
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	4,846	6,119			
g End of year balance	2,945,631	2,332,334			

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 100.000 %

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

(i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

No

b

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

3b

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) Accumulated depreciation	(d) Book value
1a Land		12,631,155		12,631,155
b Buildings		441,031,180	242,616,919	198,414,261
c Leasehold improvements				
d Equipment		313,626,988	230,258,252	83,368,736
e Other		19,207,826		19,207,826
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				313,621,978

Schedule D (Form 990) 2009

Part XIReconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1856,785,097
2	Total expenses (Form 990, Part IX, column (A), line 25)	2795,347,071
3	Excess or (deficit) for the year Subtract line 2 from line 1	361,438,026
4	Net unrealized gains (losses) on investments	433,888,267
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV)	8-7,044,732
9	Total adjustments (net) Add lines 4 - 8	926,843,535
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	1088,281,561

Part XIIReconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	1899,631,542
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments2a33,888,267	
b	Donated services and use of facilities2b	
c	Recoveries of prior year grants2c	
d	Other (Describe in Part XIV)2d10,704,540	
e	Add lines 2a through 2d	2e44,592,807
3	Subtract line 2e from line 1	3855,038,735
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b4a521,211	
b	Other (Describe in Part XIV)4b1,225,151	
c	Add lines 4a and 4b	4c1,746,362
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5856,785,097

Part XIIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	1799,935,377
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
a	Donated services and use of facilities2a	
b	Prior year adjustments2b	
c	Other losses2c	
d	Other (Describe in Part XIV)2d5,328,216	
e	Add lines 2a through 2d	2e5,328,216
3	Subtract line 2e from line 1	3794,607,161
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b4a521,211	
b	Other (Describe in Part XIV)4b218,699	
c	Add lines 4a and 4b	4c739,910
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5795,347,071

Part XIVSupplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
Part V, Line 4	Description of Intended Use of Endowment Funds	The endowment funds include two funds that were part of the St Elizabeth VISION campaign. One, to support technology for the Heart of Excellence Program. Two, to establish prenatal care for women without health care access.
Part X	Description of Uncertain Tax Positions Under FIN 48	St Elizabeth Healthcare is exempt from federal income taxes pursuant to Section 501(c)(3) of the Internal Revenue Code and its related income is exempt from federal income tax under Internal Revenue Code Section 501(a). As required by the Income Tax Topic of the FASB Accounting Codification (ASC 740), St Elizabeth Healthcare completed an analysis of its tax positions at December 31, 2009 and 2008 and determined that no material amounts were required to be recognized under ASC 740 in the consolidated financial statements at December 31, 2009 or 2008.
Part XI, Line 8 - Other Adjustments		Change in FMV of Interest Rate Swap 6687982 Transfer to Summit -2162029 Change in Plan Assets & Benefits Obligations of Pension -11421200 Amortization of Previously Hedged Interest Rate Swap -139726 Change in Value-Annuity Agreement -9759
Part XII, Line 2d - Other Adjustments		Change in FMV of Interest Rate Swap 6687982 Elimination in Consolidated Revenue and Expense 4016558
Part XII, Line 4b - Other Adjustments		Earnings on Restricted Funds Recorded as an Addition in AFS 19037 Restricted Contributions Recorded as an Addition in AFS 2457384 Property Rent Expense Netted Against 990 Revenue -1208855 Non-Cash Contributions Excluded From AFS 60388 Special Events Netted Against 990 Revenue -102803
Part XIII, Line 2d - Other Adjustments		Property Rent Expense Netted Against 990 Revenue 1208855 Special Events Netted Against 990 Revenue 102803 Elimination in Consolidated Revenue and Expense 4016558
Part XIII, Line 4b - Other Adjustments		Non-Cash Contributions Excluded from AFS 60388 Net Assets Released from Restrictions for Operations 158311

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding

Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization St Elizabeth Medical Center Inc	Employer identification number 61-0445850
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Part I Fundraising Activities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a☒ Mail solicitations

b☒ Internet and e-mail solicitations

c☒ Phone solicitations

d☒ In-person solicitations

e☒ Solicitation of non-government grants

f☒ Solicitation of government grants

g☒ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities?

☒ Yes☐ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Hillary Lyons Associates	Consultant Fee		No	0	42,000	0
Total ▶					42,000	

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

KY

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		Golf Partee (event type)	Red Dress Gala (event type)	2 (total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts	202,463	63,100	71,651
	2	Less Charitable contributions	141,871	33,305	24,410
	3	Gross income (line 1 minus line 2)	60,592	29,795	47,241
Direct Expenses	4	Cash prizes	5,000	0	5,000
	5	Non-cash prizes	2,275	19,855	2,514
	6	Rent/facility costs	24,032	12,790	36,682
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	14,910	5,598	3,791
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			127,447
	11	Net income summary Combine lines 3, column d, and line 10. ▶			10,181

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No
7 Direct expense summary Add lines 2 through 5 in column (d) ▶					
8 Net gaming income summary Combine lines 1, column d, and line 7 ▶					

		Yes	No
9	Enter the state(s) in which the organization operates gaming activities _____		
a	Is the organization licensed to operate gaming activities in each of these states?	9a	
b	If "No," Explain _____ _____		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b	If "Yes," Explain _____ _____		
11	Does the organization operate gaming activities with nonmembers?	11	
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

		Yes	No
13	Indicate the percentage of gaming activity operated in		
a	The organization's facility 13a		
b	An outside facility 13b		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
Name ►			
Address ►			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____		
c	If "Yes," enter name and address		
Name ►			
Address ►			
16	Gaming manager information		
Name ►			
Gaming manager compensation ► \$ _____			
Description of services provided ►			
☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____		

SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, question 20.**
▶ **Attach to Form 990.**
▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
St Elizabeth Medical Center Inc

Employer identification number
61-0445850

Part I

Charity Care and Certain Other Community Benefits at Cost

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

7

Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheets 1 and 2)			44,360,795	12,696,897	31,663,898	4 260 %
b Unreimbursed Medicaid (from Worksheet 3, column a)			67,399,469	53,928,393	13,471,076	1 810 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)						
d Total Charity Care and Means-Tested Government Programs			111,760,264	66,625,290	45,134,974	6 070 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	61	111,930	2,927,396	1,800	2,925,596	0 390 %
f Health professions education (from Worksheet 5)	30	1,935	8,091,702	3,824,409	4,267,293	0 570 %
g Subsidized health services (from Worksheet 6)	15	12,465	839,431	0	839,431	0 110 %
h Research (from Worksheet 7)	1	0	19,000	0	19,000	0 %
i Cash and in-kind contributions to community groups (from Worksheet 8)	49	20,207	1,096,851	0	1,096,851	0 150 %
j Total Other Benefits	156	146,537	12,974,380	3,826,209	9,148,171	1 220 %
k Total. Add lines 7d and 7j	156	146,537	124,734,644	70,451,499	54,283,145	7 290 %

Part IICommunity Building Activities

Complete this table if the organization conducted any community building activities.

	(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
1Physical improvements and housing	0	0	0	0		
2Economic development	1	250	11,752	0	11,752	0 %
3Community support	4	2,437	9,402	0	9,402	0 %
4Environmental improvements	0	0	0	0		
5Leadership development and training for community members	0	0	0	0		
6Coalition building	1	300	502	0	502	0 %
7Community health improvement advocacy	1	0	13,298	0	13,298	0 %
8Workforce development	2	36	372,996	0	372,996	0 050 %
9Other	0	0	0	0		
10Total	9	3,023	407,950		407,950	0 050 %

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1Does the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No. 15?	1		No
2Enter the amount of the organization's bad debt expense (at cost)	2	16,744,509	
3Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3	2,264,559	
4Provide 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, and rationale for including other bad debt amounts in community benefit.			

Section B. Medicare

5Enter total revenue received from Medicare (including DSH and IME)	5	198,710,742	
6Enter Medicare allowable costs of care relating to payments on line 5	6	218,499,230	
7Subtract line 6 from line 5. This is the surplus or (shortfall)	7	-19,788,488	
8Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: ☐ Cost accounting system ☐ Cost to charge ratio ☒ Other			

Section C. Collection Practices

9aDoes the organization have a written debt collection policy?	9a	Yes	
9bIf "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.	9b	Yes	

Part IVManagement Companies and Joint Ventures

(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 %
1Bluegrass Dialysis LLC	Renal dialysis	32 000 %		17 000 %
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

Part V Facility Information

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

Part VI

Supplemental Information

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

See additional data

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

See additional data

- 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 The hospitals have policies in place detailing its financial assistance program and provides support to eligible patients in obtaining financial assistance benefits through federal, state and hospital programs This information is provided to the patient during the registration and billing processes The information is also available on the institution's website In most cases, a financial counselor personally follows up with the patient after registration to assist them through the process

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

See additional data

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

See additional data

- 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)

See additional data

- 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

See additional data

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

Additional Data

Software ID:

Software Version:

EIN: 61-0445850

Name: St Elizabeth Medical Center Inc

Form 990 Schedule H, Part V - Facility Information

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
St Elizabeth Edgewood One Medical Village Dr Edgewood, KY 41017	X								
St Elizabeth Grant 238 Barnes Road Williamstown, KY 41097	X								
St Elizabeth Ft Thomas 85 N Grand Avenue Ft Thomas, KY 41075	X								
St Elizabeth Florence 7380 Turfway Road Florence, KY 41042	X								
St Elizabeth Covington 1500 James Simpson Jr Way Covington, KY 41011	X								
St Elizabeth Falmouth 512 South Maple Avenue Falmouth, KY 41040	X								Substance Abuse Services
St Elizabeth Family Medicine 413 South Loop Road Edgewood, KY 41017									Family Medicine
St Elizabeth Hospice 483 South Loop Road Edgewood, KY 41017									Hospice Program
St Elizabeth Sports Medicine 830 Thomas More Parkway Suite 101 Edgewood, KY 41017									Sports Medicine
St Elizabeth Surgicenter-Chancellor 2845 Chancellor Drive Edgewood, KY 41017									Ambulatory Surgery Center
St Elizabeth Surgicenter-Edgewood 580 South Loop Drive Edgewood, KY 41017									Ambulatory Surgery Center
St Elizabeth Union Diagnostic Center 10134 Old Union Road Union, KY 41091									Diagnostic Test & Therapy
St Elizabeth Physicians For Women 520 Violet Road Ste 1 Crittenden, KY 41030									Women's Health
St Elizabeth Physicians For Women 4900 Houston Road Florence, KY 41075									Women's Health
St Elizabeth Sports & Wellness Center 5774 Veterans Way Burlington, KY 41005									Sports Medicine
St Elizabeth Imaging Center-Alexandria 7200 Alexandria Pike Alexandria, KY 41001									Imaging Center
St Elizabeth Imaging-Crestview Hills 351 Centreview Blvd Crestview Hills, KY 41017									Imaging Center
St Elizabeth Imaging Center-Edgewood 2904 Foltz Road Edgewood, KY 41017									Imaging Center
St Elizabeth Imaging Center-Hebron 2200 Conner Road Hebron, KY 41048									Imaging Center
Taylor Mill Physical Therapy Center 5522 Taylor Mill Road Taylor Mill, KY 41015									Physical Therapy Center
Hebron Physical Therapy Center 1980 Litton Lane Hebron, KY 41048									Physical Therapy Center
Bellevue Physical Therapy Center 103 Landmark Road Bellevue, KY 41073									Physical Therapy Center
St Elizabeth Women's Heart Center 210 Thomas More Parkway Crestview Hills, KY 41017									Heart Center
Burlington Physical Therapy Center 6159 First Financial Drive Burlington, KY 41005									Physical Therapy Center
Southgate Ky Sports Medicine 525 Alexandria Pike Suite 100 Southgate, KY 41071									Sports Medicine
Florence Ky Sports Medicine 10095 Investment Way Suite 1 Florence, KY 41042									Sports Medicine

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part I, Line 3c The St Elizabeth Healthcare organization uses Federal Poverty Guidelines as the criteria to determine eligibility for free and discounted care

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part I, Line 6 a

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part I, Line 7 St Elizabeth Healthcare used cost/charge ratios for determining costs related to financial assistance. Costs related to Unreimbursed Medicaid were determined by using St Elizabeth Healthcare's cost accounting system. Other costs in Sections 7(g-1) were taken using the actual costs or direct and indirect costs.

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part I, Line 7g The St Elizabeth Healthcare organization did include \$ 275,000 of costs related to services provided in a physician clinic for 2009

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part I, Line 7f

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part III, Line 4 St Elizabeth incorporated the Bad Debt expense amounts calculated by taking the organization's cost/charge ratio as requested in the instructions to Schedule H The percentage of bad debts that could likely be Charity Care if enough information were obtained up front was developed with the help of our largest collection agency who determined based on the accounts reviewed who had the financial ability to pay St Elizabeth Healthcare also believes that many patients fall into the category where they do not meet the poverty guidelines but yet have no insurance and cannot afford the cost of the services provided St Elizabeth Healthcare therefore believes these non reimbursed costs should also be counted as a benefit to the community we serve The American Hospital Association's position is also that Bad Debts should be counted as Community benefit

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part III, Line 8 St Elizabeth uses the step down methodology to determine costs for the Medicare Cost report The reports were then completed by following the guidance provided in the instructions for Part III St Elizabeth Healthcare believes Medicare losses should be an allowable Community benefit St Elizabeth Healthcare provides needed services to the elderly and disabled Medicare population at a financial loss to the organization to help these individuals get the care they need in the community we serve The American Hospital Association's position is also that Medicare losses should be counted as Community Benefit

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part III, Line 9b The organization has a written debt collection policy that also includes a provision on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance If a patient qualifies for charity or financial assistance certain collection practices do not apply

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part I, Line 6 and Part VI, Line 8 St Elizabeth Healthcare is not required to file a community benefit report with any of the states in which it operates St Elizabeth does produce an annual community benefit report which is posted on the web site, distributed to stakeholders, and available upon request to the public in general

Form 990 Schedule H, Part VI - Supplemental Information, Line 2

Part VI, Line 2 In 2009, St Elizabeth Healthcare participated in a community-wide effort to complete a community health assessment. The process was coordinated through the Northern Kentucky Independent Health District and Vision 2015 using a national planning process called Mobilizing for Action through Planning and Partnerships, (MAPP). Using this framework, the assessment process involved more than 200 participants with 10 representatives serving on four different committees to assess the health status of our community. St Elizabeth also reviewed the statistics and incidence of disease in its community. These data sources were used to develop St Elizabeth Healthcare's Community Benefit Plan.

Form 990 Schedule H, Part VI - Supplemental Information, Line 4

Part VI, Line 4 St Elizabeth Healthcare serves the Northern Kentucky region, consisting of 12 counties (Boone, Campbell, Grant, Kenton, Owen, Pendleton, Bracken, Carroll, Gallatin, Harrison, Mason, and Robertson Counties) The service area includes urban, suburban, and rural areas The total population of the area is over 500,000 Two of the counties are the fastest growing counties in the state with Boone County projected to grow at 16% over the next five years and Grant County at 11%, which presents great challenges to serve the increasing health care needs of this growing population Other parts of the service area are growing steadily with a few of the urban cities projected to decline St Elizabeth Healthcare does also care for a small number of patients from Dearborn County, Indiana The area is predominantly white with an increasing number of persons with Hispanic backgrounds moving into the area, almost 5,000 people in the 2000 census, growing over 243% from the 1990 census Minority populations represent approximately 6% of the population Approximately 10.9% of the population is 65+ with the highest growing age groups being the 45-64 and 65+ groups The percent of persons in poverty varies by county with the lowest at 6.2% in Boone County and the highest at 15.6% in Grant County Overall, the percent below poverty is 11.5% for the area Approximately 11.1% of the Northern Kentucky population is uninsured

Form 990 Schedule H, Part VI - Supplemental Information, Line 5

Part VI, Line 5 St Elizabeth Healthcare provides a broad range of programs and services to address the needs identified by our patients and the community that contribute to the improved health of Northern Kentucky St Elizabeth provides programs and services that enable people to make changes in their health but making those decisions to change relies on the individual In addition, changing the health status of a community requires multiple systemic changes that are beyond the control of one organization Therefore, the hospital took a three-pronged approach where it could make a difference and focusing on outcomes that are within its control Each of these prongs has established measures to monitor progress and success The three-pronged approach includes 1 Providing free or discounted care to our community, as appropriate,2 Providing educational programs and resources for both health professionals and community members , and3 Focusing on one clinical program that relates to a specific need identified as important to our community, which in this plan is a Diabetes Center of Excellence

Form 990 Schedule H, Part VI - Supplemental Information, Line 6

Part VI, Line 6 St Elizabeth furthers it exempt purposes in improving community health by 1 Encouraging and supporting staff to participate on various community boards/activities that support and/or develop programs that address community health needs and workforce development Hospital associates served on 35 various community, academic and social services board/committees 2 The hospital's Board of Directors is made up of community representatives to ensure the organization adheres to its Mission to improve the health of the people we serve 3 Through its Primewise senior services for age 50+ persons, the institution subsidizes course offerings to senior citizens including Driver's Safety, Low Impact Exercise, Computer Skills, Medication Review and Health Screenings, along with providing literature pertinent to this age group 4 On a quarterly basis, the hospital produces and distributes to more than 60,000 households throughout Northern Kentucky, literature on various healthcare issues and schedules pertaining to area health events and programs

Form 990 Schedule H, Part VI - Supplemental Information, Line 7

Part VI, Line 7 St Elizabeth Healthcare is a system that features six facilities throughout Northern Kentucky-St Elizabeth Covington, St Elizabeth Edgewood, St Elizabeth Falmouth, St Elizabeth Florence, St Elizabeth Fort Thomas, and St Elizabeth Grant Each of these facilities addresses the specific needs of its locale as identified by the patients in that community The service areas vary from rural areas to suburban communities to urban areas in Greater Cincinnati and Northern Kentucky St Elizabeth Healthcare offers 1,192 licensed beds, more than 6,000 employees, more than 900 physicians with admitting privileges, a physician organization which includes 38 primary care and specialty office locations, and five freestanding imaging centers St Elizabeth Healthcare is sponsored by the Diocese of Covington Specific service locations and specialties are available on stelizabeth.com and many are located adjacent to or near one of the six primary hospital locations

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization
St Elizabeth Medical Center Inc

Employer identification number

61-0445850

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	☐ First-class or charter travel ☐ Travel for companions ☐ Tax idemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☒ Health or social club dues or initiation fees ☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b	Yes
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?	2	Yes
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		
	☒ Compensation committee ☒ Independent compensation consultant ☒ Form 990 of other organizations ☒ Written employment contract ☒ Compensation survey or study ☒ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a	Receive a severance payment or change-of-control payment?	4a	No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
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?	5a	No
b	Any related organization?	5b	No
	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?	6a	No
b	Any related organization?	6b	No
	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	7	No
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	8	No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use 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) Retirement and other 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 reportable compensation				
Joseph W Gross	(i)	742,362	257,550	13,486	110,801	23,270	1,147,469	0
	(ii)	0	0	0	0	0	0	0
Heidi C Murley MD	(i)	247,291	3,807	36,185	0	16,301	303,584	0
	(ii)	0	0	0	0	0	0	0
Garren Colvin	(i)	375,132	68,000	91,049	81,099	26,234	641,514	0
	(ii)	0	0	0	0	0	0	0
John Dubis	(i)	465,444	71,120	28,915	89,818	23,147	678,444	0
	(ii)	0	0	0	0	0	0	0
Robert Prichard MD	(i)	336,176	36,330	47,057	52,867	20,992	493,422	0
	(ii)	0	0	0	0	0	0	0
Martin O scadal	(i)	245,277	43,000	18,825	50,276	17,031	374,409	0
	(ii)	0	0	0	0	0	0	0
Raymond Will MD	(i)	465,000	0	13,419	46,651	19,169	544,239	0
	(ii)	0	0	0	0	0	0	0
Michael Gibson MD	(i)	449,400	0	16,657	8,457	21,625	496,139	0
	(ii)	0	0	0	0	0	0	0
Victor Schmelzer MD	(i)	446,790	0	20,426	17,799	22,857	507,872	0
	(ii)	0	0	0	0	0	0	0
Karl Ulicny MD	(i)	446,000	0	18,930	16,463	24,125	505,518	0
	(ii)	0	0	0	0	0	0	0
Allen Zobay	(i)	314,795	42,372	1,745,064	141,727	20,707	2,264,665	0
	(ii)	0	0	0	0	0	0	0
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III

Supplemental Information

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

Identifier	Return Reference	Explanation
	Part I, Line 1a	Health and Social Club Dues - SEMC does pay for social club dues for one executive. Such membership is to facilitate SEMC's business purposes, and may also be used personally. The employee is required to provide documentation as to business and personal use of the club, and any personal use is treated as compensation on the Form W-2.
	Part I, Line 4b	Nonqualified plan contributions for 2009: Garren Colvin \$61,328; John Dubis \$71,546; Robert Prichard \$38,538; Martin Oscadal \$28,538.
Supplemental Information	Part III	Part II: Any persons employed by SEMC are eligible to receive the standard employee benefits in addition to compensation and retirement plan contributions. Compensation and benefits for executives are reviewed annually by independent consultants to ensure total compensation packages are at fair market rates.

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization
St Elizabeth Medical Center Inc

Employer identification number
61-0445850

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
							Yes	No	Yes	No
A	Kentucky Economic Development Finance Authority	52-1643102	49126KGH8	12-09-2009	101,960,448	Construction of hospital facilities/partial refunding of bonds issued 6/03		X		X
B	Kentucky Economic Development Finance Authority	52-1643102		12-09-2009	38,150,000	Partial refunding of bonds issued 6/11/03		X		X

Part II Proceeds

		A		B		C		D		E	
1	Total proceeds of issue	101,960,448		38,150,000							
2	Gross proceeds in reserve funds										
3	Proceeds in refunding or defeasance escrows										
4	Other unspent proceeds										
5	Issuance costs from proceeds	1,430,179		360,000							
6	Working capital expenditures from proceeds										
7	Capital expenditures from proceeds	29,195,269									
8	Year of substantial completion	2009									
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
9	Were the bonds issued as part of a current refunding issue?	X		X							
10	Were the bonds issued as part of an advance refunding issue?		X		X						
11	Has the final allocation of proceeds been made?	X		X							
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X							

Part III Private Business Use

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X						
2	Are there any lease arrangements with respect to the financed property which may result in private business use?	X			X						

Part III

Private Business Use (Continued)

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?	X		X							
3b	Are there any research agreements with respect to the financed property which may result in private business use?		X		X						
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	X		X							
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	2 750 %		0 %							
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	0 %		0 %							
6	Total of lines 4 and 5	2 750 %		0 %							
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X							

Part IV

Arbitrage

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X						
2	Is the bond issue a variable rate issue?		X	X							
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		X		X						
b	Name of provider										
c	Term of hedge										
4a	Were gross proceeds invested in a GIC?		X		X						
b	Name of provider										
c	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?		X		X						
6	Did the bond issue qualify for an exception to rebate?	X		X							

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
St Elizabeth Medical Center Inc

Employer identification number

61-0445850

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) 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.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(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?	
	To	From			Yes	No	Yes	No	Yes	No
Total ▶ \$ _____										

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

Additional Data

Software ID:
Software Version:
EIN: 61-0445850
Name: St Elizabeth Medical Center Inc

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction \$	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
Rumpke	Board Member John Domaschko	101,697	Utility		No
Internal Medicine Associates (IMA)	Board Member Ralph Huller, MD is part-owner of IMA & provides medical svcs	755,673	Services		No
Cranley Surgical Assoicates (CSA)	Board Member Barry Dick, MD is part-owner of CSA & provides medical svcs	460,743	Services		No
ChamplinHaupt Inc	Board Member Joan Wortenberger is part-owner	139,864	Services		No
Fifth Third Bank	Board Member Joe Gross	1,931,627	Interest		No
Schiff Kriedler-Shell	Board Member Tom Colvin	842,189	Insurance		No
DGHK	Board Member Joe Gross is part-owner of DGHK (25%)	157,100	Realty Lease		No

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

►Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
St Elizabeth Medical Center Inc

Employer identification number
61-0445850

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	12	25,388	Cost or seling Price
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (Furniture)	X	1	6,000	Cost or Selling Price
26 Other ► (Rain Garden)	X	1	29,000	Cost or Selling Price
27 Other ► (Timeshare)	X	1	2,260	Cost or Selling Price
28 Other ► (Miscellaneous)	X	60	22,383	Cost or Selling Price
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement			29	
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?				Yes No
b If "Yes," describe the arrangement in Part II				
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?				No
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?				No
b If "Yes," describe in Part II				
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II				

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
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SCHEDULE O

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization St Elizabeth Medical Center Inc	Employer identification number 61-0445850
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Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7b		Most reverend Catholic Bishop of Covington, KY has certain reserved powers in regards to major transactions

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		SEMC's process to review the Form 990 consists of several steps, including the review by pertinent committees and presenting the Form 990 to the governing body prior to filing

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		The organization regularly and consistently monitors and enforces compliance with its conflict of interest policy. Each director, principal officer and member of a committee with governing board delegated powers annually signs a statement which affirms such person has received a copy of the conflicts of interest policy, has read and understands the policy, has agreed to comply with the policy, and understands that the organization is charitable and in order to maintain its federal tax exemption it must engage primarily in activities which accomplish its tax-exempt purpose. In addition, any of these persons who have a direct or indirect financial interest must disclose the existence of the financial interest and disclose all material facts to the directors and members of the committees with governing board delegated powers considering the proposed transaction or arrangement.

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		In determining compensation of the organization's CEO, the CEO's compensation is evaluated by the Compensation Committee and Executive Committee, using appropriate comparable data, and then a compensation recommendation is presented to the Board for approval. Other key executives are reviewed and the CEO makes recommendations for compensation to the Compensation Committee. This Committee then evaluates and approves their compensation. For both the CEO and other key executives, the process included a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision.

Identifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		The organization will provide documents open to public inspection upon request

Identifier	Return Reference	Explanation
Schedule K, Part III, Column B		Part III, Column B is not required, but is completed due to software limitations

Identifier	Return Reference	Explanation
Form 990, Section B	Explanataion for Amended Return	The 2009 Form 990, Schedule H, Part I, Part II, and Part III numbers have been updated for a calculation error. The calculation error was due to the Medicaid provider tax being included in both the Financial Assistance (Part I, Line 7(a)) at cost and Unreimbursed Medicaid (Part I, Line 7(b)). The amended 2009 Form 990 has the Medicaid provider tax being included only in Financial Assistance (Part I, Line 7(a)). The remaining numbers on Sch H, Part I, Part II, and Part III changed slightly due to methodology changes caused by switching from cost to charge to actual cost, the addition of cost center departments previously omitted from the calculation of health professional education, and updated numbers received from an amended 2009 cost report.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
St Elizabeth Medical Center Inc

Employer identification number
61-0445850

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)					
(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
Physician Associates LLC 334 Thomas More Parkway Suite 200 Crestview Hills, KY 41017 61-1339839	Physician Management Services	KY	713,015	22,115,395	St Elizabeth Medical Center

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
Summit Medical Group Inc 401 East 20th Street 6A Covington, KY 41014 61-1300608	Physician Practice	KY	501(C)(3)	Line 3 - Hospital	St Elizabeth Medical Center
Transcare of Kentucky Inc 2169 Chamber Centre Drive Lakeside Park, KY 41017 61-1318755	Ambulance Services	KY	501(C)(3)	Line 3 - Hospital	St Elizabeth Medical Center
Hospital Imaging Company Inc (KDI) One Medical Village Drive Edgewood, KY 41017 61-1358640	Medical Resonance Imaging	KY	501(C)(3)	Line 3 - Hospital	St Elizabeth Medical Center

Part III

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproporionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	No
Northern KY Children's Medical Services LLC C/O CHMC 3333 Burnet Ave Cincinnati, OH45229 26-0084305	Medical Services	KY	Children's Hospital Medical Center	Related	446,050	149,402		No			No
St Elizabeth Home Care Services LLC 1000 Summit Drive Suite 300 Milford, OH45150 26-1236191	Home Health	KY		Related	227,500	727,500		No			No

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
Cincinnati Healthcare Group PSC 334 Thomas More Parkway Suite 200 Crestview Hills, KY41017 61-1284395	Physician Practice	KY	St Elizabeth Medical Center	C	38,148,396	4,308,354	100 000 %
JLD Management LLC 207 Thomas More Parkway Crestview Hills, KY41017 20-5361603	Real Estate Purchases	KY	St Elizabeth Medical Center	C	116,754	26,279	100 000 %

Part V

Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)

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
1a		No
1b		No
1c		No
1d		No
1e		No
1f	Yes	
1g		No
1h		No
1i		No
1j	Yes	
1k		No
1l	Yes	
1m		No
1n		No
1o		No
1p		No
1q	Yes	
1r		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	(b) Transaction type(a-r)	(c) Amount involved
(1) See Additional Data Table		
(2)		
(3)		
(4)		
(5)		
(6)		

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

[illegible]

Software ID:

Software Version:

EIN: 61-0445850

Name: St Elizabeth Medical Center Inc

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved (\$)
(1) Summit Medical Group	J	413,579
(1) Summit Medical Group	Q	2,162,029
(2) Summit Medical Group	L	2,464,458
(3) Summit Medical Group	F	432,142
(4) JLD Management LLC	J	116,754
(5) JLD Management LLC	Q	815,924
(6) Summit Medical Group	Q	3,136,122
(7) Patient First	Q	4,016,558
(8) Transcare of Kentucky Inc	Q	587,248

Additional Data

Software ID:

Software Version:

EIN: 61-0445850

Name: St Elizabeth Medical Center Inc

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Joseph W Gross President	60 00	X		X				1,013,398	0	134,071
Thomas C Colvin Chair of Board	6 00	X						0	0	0
Barry L Dick MD Trustee	4 00	X						13,734	0	0
John S Domaschko Vice Chair of Board	6 00	X						13,734	0	0
Michael J Gibbons Trustee	4 00	X						13,734	0	0
Ralph Huller MD Trustee	4 00	X						7,444	0	0
Bari Joslyn Trustee	4 00	X						0	0	0
Edwin T Robinson Trustee	4 00	X						0	0	0
Jo Ann Simpson Trustee	4 00	X						0	0	0
Paul A Sartori Trustee	4 00	X						0	0	0
Joan Wurtenberger Trustee	4 00	X						0	0	0
Michael A Conner Trustee	4 00	X						0	0	0
James J Devitt MD Trustee	4 00	X						0	0	0
George S Hall MD Trustee	4 00	X						0	0	0
Shirley Howard Trustee	4 00	X						0	0	0
Richard H Laib MD Trustee	6 00	X						0	0	0
Fred A Macke JR Trustee	4 00	X						0	0	0
Judge Gary W Moore Trustee	4 00	X						0	0	0
Heidi C Murley MD Trustee	4 00	X						287,283	0	16,301
Barbara Krohman Secretary	50 00			X				123,415	0	1,103
Garren Colvin CFO/Treasurer	60 00			X				534,181	0	107,333
John Dubis Sr VP & COO	60 00			X				565,479	0	112,965
Robert Prichard MD Chief Medical Officer	60 00				X			419,563	0	73,859
Martin Oscadal Sr VP Human Resources	60 00				X			307,102	0	67,307
Sarah Giolando Sr VP Strategic Development	0 00				X			0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Raymond Will MD Physician	40 00					X		478,419	0	65,820
Michael Gibson MD Physician	40 00					X		466,057	0	30,082
Victor Schmelzer MD Physician	40 00					X		467,216	0	40,656
Karl Ulicny MD Physician	40 00					X		464,930	0	40,588
Allen Zobay Physician	40 00					X		2,102,231	0	162,434

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

<i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Medical Supplies	101,284,656	99,761,999	1,522,657	
Bad Debt	52,679,662	52,679,662		
General Supplies	21,709,680	15,020,521	6,662,100	27,059
Provider Tax	12,547,345	12,547,345		
Miscellaneous	11,244,768	866,782	10,372,768	5,218