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Form **990**

Department of the Treasury
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

**2010**

**Open to Public Inspection**

**A For the 2010 calendar year, or tax year beginning 01-01-2010 and ending 12-31-2010**

**B** Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

**C** Name of organization
St Elizabeth Medical Center Inc

Doing Business As
St Elizabeth Healthcare

Number and street (or P O box if mail is not delivered to street address)
One Medical Village Drive

Room/suite

City or town, state or country, and ZIP + 4
Edgewood, KY 41017

**D Employer identification number**
61-0445850

**E Telephone number**
(859) 655-1642

**G** Gross receipts $ 837,117,674

**F** Name and address of principal officer
John S 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) ☐ 501(c) ( ) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527

**J Website:** ▶ www stelizabeth com

**K** Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

**L** Year of formation 1861

**M** State of legal domicile KY

## Part I Summary

**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** | 17 |
| **4** | Number of independent voting members of the governing body (Part VI, line 1b) | **4** | 6 |
| **5** | Total number of individuals employed in calendar year 2010 (Part V, line 2a) | **5** | 6,637 |
| **6** | Total number of volunteers (estimate if necessary) | **6** | 1,110 |
| **7a** | Total unrelated business revenue from Part VIII, column (C), line 12 | **7a** | 3,014,260 |
| **b** | Net unrelated business taxable income from Form 990-T, line 34 | **7b** | 0 |

| | | Prior Year | Current Year |
|---|---|---|---|
| Revenue | **8** Contributions and grants (Part VIII, line 1h) | 5,395,417 | 4,030,667 |
| | **9** Program service revenue (Part VIII, line 2g) | 819,326,952 | 796,602,023 |
| | **10** Investment income (Part VIII, column (A), lines 3, 4, and 7d ) | 4,328,325 | 8,162,714 |
| | **11** Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 27,734,403 | 26,400,583 |
| | **12** Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 856,785,097 | 835,195,987 |
| Expenses | **13** Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) | 0 | 0 |
| | **14** Benefits paid to or for members (Part IX, column (A), line 4) | 0 | 0 |
| | **15** Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 414,889,135 | 392,950,985 |
| | **16a** Professional fundraising fees (Part IX, column (A), line 11e) | 42,000 | 42,000 |
| | **b** Total fundraising expenses (Part IX, column (D), line 25) ▶550,882 | | |
| | **17** Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f) | 380,415,936 | 367,166,117 |
| | **18** Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) | 795,347,071 | 760,159,102 |
| | **19** Revenue less expenses Subtract line 18 from line 12 | 61,438,026 | 75,036,885 |

| | | Beginning of Current Year | End of Year |
|---|---|---|---|
| Net Assets or Fund Balances | **20** Total assets (Part X, line 16) | 784,783,958 | 875,944,968 |
| | **21** Total liabilities (Part X, line 26) | 432,827,079 | 459,266,358 |
| | **22** Net assets or fund balances Subtract line 21 from line 20 | 351,956,879 | 416,678,610 |

## Part II Signature Block

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

**Sign Here**

Signature of officer — Date: 2011-10-18

Nathan VanLaningham CFO
Type or print name and title

**Paid Preparer Use Only**

| Print/Type preparer's name | Preparer's signature | Date | Check if self-employed | PTIN |
|---|---|---|---|---|
| Alicia Janisch | Alicia Janisch | | ☐ | |

Firm's name ▶ Deloitte Tax LLP — Firm's EIN ▶

Firm's address ▶ 250 East Fifth Street Suite 1900
Cincinnati, OH 45202

Phone no ▶ (513) 784-7100

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

## Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

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

As a Catholic healthcare ministry, St Elizabeth Healthcare provides comprehensive and compassionate care that improves the health of the people we serve St Elizabeth Healthcare's vision is to be a national leader in healthcare excellence

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

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

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

If "Yes," describe these changes on Schedule O

**4** Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 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 $ 570,311,817 including grants of $ ) (Revenue $ 816,279,154 )

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 St Elizabeth Healthcare has invested in our community for generations St Elizabeth believes that reaching out to help the underprivileged and improving the overall health of the community is the foundation of its mission to provide comprehensive and compassionate care to our neighborhood and our families It is because of this belief that the Community Benefit Program helps others have access to St Elizabeth's resources and services It is St Elizabeth's intention to always balance financial viability with compassionate care, staying true to its non-profit roots 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 $100 million in uncompensated care and benefits to the community annually St Elizabeth Healthcare is the largest healthcare provider in Northern Kentucky and has major facilities in Covington, Edgewood, Falmouth, Florence, Fort Thomas, and Grant County, as well as dozens of smaller, specialized service locations throughout Northern Kentucky St Elizabeth Healthcare is continually recognized as one of the nation's best Time and again, our organization has been lauded for exceptional care by an array of respected sources These awards and accolades only help to show that St Elizabeth Healthcare and our community really are better together 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, orthopedics, neurology, and respiratory care For the past five years, for instance, we have been named both one of America's 50 Best Hospitals, by HealthGrades, and a 100 Top Hospital, by Thomson Reuters We were the region's first hospital to receive Magnet status, nursing's highest honor, in 2006 and were re-designated Magnet status in September 2010 (at St Elizabeth Edgewood, St Elizabeth Grant, and St Elizabeth Covington) And in 2008, we were inducted into Greater Cincinnati's Best Place to Work Hall of Fame after repeatedly winning that distinction from the Cincinnati Business Courier

**4b** (Code ) (Expenses $ including grants of $ ) (Revenue $ )

**4c** (Code ) (Expenses $ including grants of $ ) (Revenue $ )

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

**4e** **Total program service expenses** ▶ $ 570,311,817

## Part IV Checklist of Required Schedules

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A* | 1 | Yes | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? | 2 | Yes | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I* | 3 | | No |
| 4 | **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II* | 4 | Yes | |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III* | 5 | | |
| 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 | If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable | | | |
| a | Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.* | 11a | Yes | |
| b | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.* | 11b | | No |
| c | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.* | 11c | | No |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.* | 11d | | No |
| e | Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.* | 11e | Yes | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.* | 11f | Yes | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII* | 12a | | No |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional* | 12b | Yes | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E* | 13 | | No |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | 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, Parts I and IV* | 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, Parts II and IV* | 15 | | No |
| 16 | Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Parts III and IV* | 16 | | No |
| 17 | Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)* | 17 | 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 | Yes | |
| 20a | Did the organization operate one or more hospitals? *If "Yes," complete Schedule H* | 20a | Yes | |
| b | If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions) | 20b | | No |

**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? *If "Yes," complete Schedule I, Parts I and II* | **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? *If "Yes," complete Schedule I, Parts I and III* | **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? *If "Yes," complete Schedule J* | **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? *If "Yes," answer lines 24b–24d and complete Schedule K. If "No," go to line 25* | **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? *If "Yes," complete Schedule L, Part 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? *If "Yes," complete Schedule L, Part 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? *If "Yes," complete Schedule L, Part II* | **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? *If "Yes," complete Schedule L, Part III* | **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? *If "Yes," complete Schedule L, Part IV* | **28a** | | No |
| **b** | A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV* | **28b** | | No |
| **c** | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV* | **28c** | Yes | |
| **29** | Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M* | **29** | Yes | |
| **30** | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M* | **30** | | No |
| **31** | Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I* | **31** | | No |
| **32** | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II* | **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? *If "Yes," complete Schedule R, Part I* | **33** | Yes | |
| **34** | Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1* | **34** | Yes | |
| **35** | Is any related organization a controlled entity within the meaning of section 512(b)(13)? | **35** | Yes | |
| **a** | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* ☑ **Yes** ☐ **No** | | | |
| **36** | **Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2* | **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? *If "Yes," complete Schedule R, Part VI* | **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

Check if Schedule O contains a response to any question in this Part V . . . . . .

| | | | | Yes | No |
|---|---|---|---|---|---|
| 1a | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . . | 1a | 201 | | |
| b | Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable | 1b | 0 | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . . | | | 1c Yes | |
| 2a | Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return . . . . . | 2a | 6,637 | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | | | 2b Yes | |
| | **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | | |
| 3a | Did the organization have unrelated business gross income of $1,000 or more during the year? . . . . . | | | 3a Yes | |
| b | If "Yes," has it filed a Form 990-T for this year? *If "No," 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 instructions for 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? . . . . . | | | 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 receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . . | | | 7e | No |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . | | | 7f | No |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . . | | | 7g | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . . | | | 7h | |
| 8 | **Sponsoring organizations maintaining donor advised funds 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 | | | |
| 13 | **Section 501(c)(29) qualified nonprofit health insurance issuers.** | | | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O | | | 13a | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | 13b | | | |
| c | Enter the amount of reserves on hand | 13c | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? . . . . . | | | 14a | No |
| b | If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . . | | | 14b | |

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

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

## Section A. Governing Body and Management

| | | | Yes | No |
|---|---|---|---|---|
| 1a | Enter the number of voting members of the governing body at the end of the tax year . . . . . | 1a 17 | | |
| b | Enter the number of voting members included in line 1a, above, who are independent . . . . . | 1b 6 | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . . | 2 | | No |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . | 3 | | No |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | No |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? . | 5 | | No |
| 6 | 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 | | |
| 11a | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? | 11a | Yes | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990 . . . . . | | | |
| 12a | 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 15a or 15b, describe the process in Schedule O (See instructions ) | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . . | 16a | Yes | |
| b | If "Yes," 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 | | No |

## 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

## Part VII Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII . . . . . .☐

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

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

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

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

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

| (A) Name and Title | (B) Average hours per week (describe hours for related organizations in Schedule O) | (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 | | | |
| See Additional Data Table | | | | | | | | | | |
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**Part VII** **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

| (A) Name and Title | (B) Average hours per week (describe hours for related organizations in Schedule O) | (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 | | | |
| See Additional Data Table | | | | | | | | | | |
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| | | | | | | | | | | |
| **1b** **Sub-Total** . . . . . ▶ | | | | | | | | | | |
| **c** **Total from continuation sheets to Part VII, Section A** . . . . ▶ | | | | | | | | | | |
| **d** **Total (add lines 1b and 1c)** . . . . . ▶ | | | | | | | | 10,285,077 | 0 | 951,113 |

**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 ▶ 235

| | | | Yes | No |
|---|---|---|---|---|
| **3** | Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual* . . . . . | **3** | | 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? *If "Yes," complete Schedule J for such individual* . . . . . | **4** | Yes | |
| **5** | Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person* . . . . . | **5** | | 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 Gillian & Goodwin PSC<br>401 East 20th Street<br>Covington, KY 41014 | Physician Fees | 12,721,908 |
| EPIC Systems Corporation<br>1979 Milky Way<br>Verona, WI 53593 | Consulting Services | 7,562,714 |
| Frank Messer & Sons Contruction Service<br>7384 Turfway Rd<br>Florence, KY 41042 | Construction Service | 6,404,641 |
| Dressman Benzinger & Lavelle PSC<br>2701 Turkeyfoot Road<br>Covington, KY 41017 | Legal Fees | 2,894,327 |
| ARUP Laboratories<br>PO Box 27964<br>Salt Lake City, UT 84127 | Laboratory Services | 2,378,239 |

**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 ▶ 74

**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 | 160,600 | | | |
| | d | Related organizations | 1d | | | | |
| | e | Government grants (contributions) | 1e | 1,266,541 | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 1f | 2,603,526 | | | |
| | g | Noncash contributions included in lines 1a-1f $ | | 102,360 | | | |
| | h | **Total.** Add lines 1a-1f | | | 4,030,667 | | |
| Program Service Revenue | | | Business Code | | | | |
| | 2a | Net Patient Revenue | 621400 | 796,602,023 | 796,602,023 | | |
| | b | | | | | | |
| | c | | | | | | |
| | d | | | | | | |
| | e | | | | | | |
| | f | All other program service revenue | | | | | |
| | g | **Total.** Add lines 2a–2f | | | 796,602,023 | | |
| | 3 | Investment income (including dividends, interest and other similar amounts) | | | 7,780,479 | | 7,780,479 |
| | 4 | Income from investment of tax-exempt bond proceeds | | | | | |
| | 5 | Royalties | | | | | |
| | | | (i) Real | (ii) Personal | | | |
| | 6a | Gross Rents | 1,680,774 | | | | |
| | b | Less rental expenses | 1,795,321 | | | | |
| | c | Rental income or (loss) | -114,547 | | | | |
| | d | Net rental income or (loss) | | | -114,547 | | -114,547 |
| | | | (i) Securities | (ii) Other | | | |
| | 7a | Gross amount from sales of assets other than inventory | | 426,162 | | | |
| | b | Less cost or other basis and sales expenses | | 43,927 | | | |
| | c | Gain or (loss) | | 382,235 | | | |
| | d | Net gain or (loss) | | | 382,235 | | 382,235 |
| Other Revenue | 8a | Gross income from fundraising events (not including $ 160,600 of contributions reported on line 1c) See Part IV, line 18 | a | 63,549 | | | |
| | b | Less direct expenses | b | 72,852 | | | |
| | c | Net income or (loss) from fundraising events | | | -9,303 | | -9,303 |
| | 9a | Gross income from gaming activities See Part IV, line 19 | a | 15,014 | | | |
| | b | Less direct expenses | b | 9,587 | | | |
| | c | Net income or (loss) from gaming activities | | | 5,427 | | 5,427 |
| | 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 | Drug Prescription | 621990 | 3,827,615 | | | 3,827,615 |
| | b | Lab | 621500 | 2,135,441 | | 2,135,441 | |
| | c | Medical Village Pharma | 446110 | 834,972 | | 834,972 | |
| | d | All other revenue | | 19,720,978 | 19,677,131 | 43,847 | |
| | e | **Total.** Add lines 11a–11d | | 26,519,006 | | | |
| | 12 | **Total revenue.** See Instructions | | 835,195,987 | 816,279,154 | 3,014,260 | 11,871,906 |

## 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 | 6,999,753 | | 6,999,753 | |
| 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 | 297,860,260 | 233,128,711 | 64,503,136 | 228,413 |
| 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | 23,856,769 | 17,666,386 | 6,175,356 | 15,027 |
| 9 Other employee benefits | 43,168,758 | 31,045,795 | 12,090,425 | 32,538 |
| 10 Payroll taxes | 21,065,445 | 15,897,464 | 5,153,683 | 14,298 |
| a Fees for services (non-employees) Management | | | | |
| b Legal | 2,495,831 | 11,527 | 2,484,304 | |
| c Accounting | 667,880 | 45,000 | 622,880 | |
| d Lobbying | 38,994 | | 38,994 | |
| e Professional fundraising services *See Part IV, line 17* | 42,000 | | | 42,000 |
| f Investment management fees | 775,900 | | 775,900 | |
| g Other | 85,372,764 | 44,179,583 | 41,132,219 | 60,962 |
| 12 Advertising and promotion | 1,842,903 | 122,101 | 1,711,729 | 9,073 |
| 13 Office expenses | 3,927,505 | 1,379,566 | 2,532,999 | 14,940 |
| 14 Information technology | 7,849,163 | 1,652,368 | 6,191,434 | 5,361 |
| 15 Royalties | | | | |
| 16 Occupancy | 10,152,725 | 5,558,918 | 4,584,671 | 9,136 |
| 17 Travel | 239,748 | 219,515 | 19,921 | 312 |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 1,898,347 | 366,762 | 1,515,426 | 16,159 |
| 20 Interest | 7,307,022 | 4,338,910 | 2,958,614 | 9,498 |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 46,061,985 | 30,005,012 | 16,028,445 | 28,528 |
| 23 Insurance | -370,331 | -3,435,535 | 3,065,204 | |
| 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O ) | | | | |
| a Medical Supplies | 101,899,224 | 101,090,376 | 808,848 | 0 |
| b Bad Debt | 58,545,147 | 58,545,147 | 0 | 0 |
| c General Supplies | 22,233,727 | 14,999,812 | 7,196,162 | 37,753 |
| d Provider Tax | 12,545,892 | 12,545,892 | 0 | 0 |
| e Miscellaneous | 3,681,691 | 948,507 | 2,706,300 | 26,884 |
| f All other expenses | | | | |
| 25 **Total functional expenses.** Add lines 1 through 24f | 760,159,102 | 570,311,817 | 189,296,403 | 550,882 |
| 26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) 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) Beginning of year | | (B) End of year |
|---|---|---|---|---|---|---|
| Assets | 1 | Cash—non-interest-bearing | | | 1 | |
| | 2 | Savings and temporary cash investments | | 66,574,559 | 2 | 56,714,359 |
| | 3 | Pledges and grants receivable, net | | 3,020,153 | 3 | 2,876,033 |
| | 4 | Accounts receivable, net | | 90,663,262 | 4 | 84,669,893 |
| | 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)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L | | | 6 | |
| | 7 | Notes and loans receivable, net | | 2,417,635 | 7 | 4,272,264 |
| | 8 | Inventories for sale or use | | 9,441,740 | 8 | 10,099,259 |
| | 9 | Prepaid expenses and deferred charges | | 7,239,994 | 9 | 7,192,105 |
| | 10a | Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D* | 10a 850,323,686 | | | |
| | b | Less accumulated depreciation | 10b 516,809,387 | 313,621,978 | 10c | 333,514,299 |
| | 11 | Investments—publicly traded securities | | 246,430,971 | 11 | 338,878,736 |
| | 12 | Investments—other securities See Part IV, line 11 | | 19,412,574 | 12 | 26,363,343 |
| | 13 | Investments—program-related See Part IV, line 11 | | 3,618,946 | 13 | 3,664,935 |
| | 14 | Intangible assets | | 17,861,721 | 14 | 3,756,681 |
| | 15 | Other assets See Part IV, line 11 | | 4,480,425 | 15 | 3,943,061 |
| | 16 | **Total assets.** Add lines 1 through 15 (must equal line 34) | | 784,783,958 | 16 | 875,944,968 |
| Liabilities | 17 | Accounts payable and accrued expenses | | 78,147,820 | 17 | 74,365,730 |
| | 18 | Grants payable | | | 18 | |
| | 19 | Deferred revenue | | 5,740,785 | 19 | 5,898,925 |
| | 20 | Tax-exempt bond liabilities | | 140,000,000 | 20 | 136,975,000 |
| | 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 | | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | | 24 | 900,000 |
| | 25 | Other liabilities Complete Part X of Schedule D | | 208,938,474 | 25 | 241,126,703 |
| | 26 | **Total liabilities.** Add lines 17 through 25 | | 432,827,079 | 26 | 459,266,358 |
| 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 | | 347,596,812 | 27 | 414,033,462 |
| | 28 | Temporarily restricted net assets | | 4,360,067 | 28 | 2,645,148 |
| | 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 | | 351,956,879 | 33 | 416,678,610 |
| | 34 | Total liabilities and net assets/fund balances | | 784,783,958 | 34 | 875,944,968 |

## Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

| | | | |
|---|---|---|---|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) . . . | 1 | 835,195,987 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) . . . . . | 2 | 760,159,102 |
| 3 | Revenue less expenses Subtract line 2 from line 1 . . . . | 3 | 75,036,885 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . | 4 | 351,956,879 |
| 5 | Other changes in net assets or fund balances (explain in Schedule O) . . . . | 5 | -10,315,154 |
| 6 | Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) . . . . . | 6 | 416,678,610 |

## Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☐

| | | | 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? . . | 2a | | No |
| b | Were the organization's financial statements audited by an independent accountant? . . . . . | 2b | 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 . . . . . | 2c | 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 separate basis, consolidated 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? . . . . . | 3a | | No |
| 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 . . | 3b | | |

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493292001051

# 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

**2010**

**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 described in **section 170(b)(1)(A)(i).**

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

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

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 331/3% 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 331/3% 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?

| | Yes | No |
|---|---|---|
| **(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? **11g(i)** | | |
| **(ii)** a family member of a person described in (i) above? **11g(ii)** | | |
| **(iii)** a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)** | | |

**h** Provide the following information about the supported organization(s)

| (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? Yes | (iv) No | (v) Did you notify the organization in col (i) of your support? Yes | (v) No | (vi) Is the organization in col (i) organized in the U S ? Yes | (vi) No | (vii) Amount of support |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| **Total** | | | | | | | | | |

**Part II** **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

## Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (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) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|---|---|---|---|---|---|---|
| 7 Amounts from line 4 | | | | | | |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV ) | | | | | | |
| 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 2010 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2009 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2010.** 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—2009.** 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—2010.** 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—2009.** 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 III** **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

## Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|---|---|---|---|---|---|---|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 **Total.** Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 **Public Support** (Subtract line 7c from line 6 ) | | | | | | |

## Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|---|---|---|---|---|---|---|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV ) | | | | | | |
| 13 **Total support** (Add lines 9, 10c, 11 and 12 ) | | | | | | |

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section501(c)(3) organization, check this box and **stop here** ▶☐

## Section C. Computation of Public Support Percentage

| | | |
|---|---|---|
| 15 | Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f)) | 15 |
| 16 | Public support percentage from 2009 Schedule A, Part III, line 15 | 16 |

## Section D. Computation of Investment Income Percentage

| | | |
|---|---|---|
| 17 | Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f)) | 17 |
| 18 | Investment income percentage from **2009** Schedule A, Part III, line 17 | 18 |

19a **33 1/3% support tests—2010.** 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—2009.** 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 explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

| Facts And Circumstances Test |
| --- |
| |
| |

## 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<br>President and CEO | 60 00 | X | | X | | | | 1,812,592 | 0 | 23,858 |
| Thomas C Colvin<br>Chair of Board | 4 00 | X | | | | | | 0 | 0 | 0 |
| Michael A Conner<br>Trustee | 4 00 | X | | | | | | 0 | 0 | 0 |
| Barry L Dick MD<br>Trustee | 4 00 | X | | | | | | 0 | 0 | 0 |
| John S Domaschko<br>Vice Chair of Board | 4 00 | X | | | | | | 0 | 0 | 0 |
| Michael J Gibbons<br>Trustee | 4 00 | X | | | | | | 0 | 0 | 0 |
| George S Hall MD Sch O<br>Trustee | 4 00 | X | | | | | | 196,563 | 0 | 32,927 |
| Shirley Howard<br>Trustee | 4 00 | X | | | | | | 0 | 0 | 0 |
| Ralph F Huller MD<br>Trustee | 4 00 | X | | | | | | 0 | 0 | 0 |
| Bari Joslyn<br>Trustee | 4 00 | X | | | | | | 0 | 0 | 0 |
| Fred A Macke Jr<br>Trustee | 4 00 | X | | | | | | 0 | 0 | 0 |
| Judge Gary W Moore<br>Trustee | 4 00 | X | | | | | | 0 | 0 | 0 |
| Heidi C Murley MD Sch O<br>Trustee | 4 00 | X | | | | | | 317,027 | 0 | 20,398 |
| Ted Robinson<br>Trustee | 4 00 | X | | | | | | 0 | 0 | 0 |
| Paul A Sartori<br>Trustee | 4 00 | X | | | | | | 0 | 0 | 0 |
| Jo Ann Simpson<br>Trustee | 4 00 | X | | | | | | 0 | 0 | 0 |
| Joan Wurtenberger<br>Trustee | 4 00 | X | | | | | | 0 | 0 | 0 |
| John Dubis<br>EVP and COO | 60 00 | | | X | | | | 569,959 | 0 | 118,662 |
| Garren Colvin<br>SVP CFO/Treasurer | 60 00 | | | X | | | | 497,558 | 0 | 106,660 |
| Barbara Krohman<br>Exec Assistant/Secretary | 60 00 | | | X | | | | 111,176 | 0 | 17,366 |
| Robert Prichard<br>SVP CMO | 40 00 | | | | X | | | 421,119 | 0 | 67,182 |
| Alexander Rodriguez<br>VP CIO | 40 00 | | | | X | | | 322,479 | 0 | 54,051 |
| Christopher Carle<br>SVP COO Florence | 40 00 | | | | X | | | 314,150 | 0 | 68,523 |
| Thomas Saalfeld<br>SVP COO Ft Thomas | 40 00 | | | | X | | | 306,500 | 0 | 39,559 |
| Treva Jane Swaim<br>SVP Pres Nursing/CNO | 40 00 | | | | X | | | 305,125 | 0 | 22,287 |

**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 | | | |
| Martin Oscadal<br>SVP Human Resources | 40 00 | | | | X | | | 303,769 | 0 | 65,835 |
| Sarah Giolando<br>SVP Strategic Dev | 40 00 | | | | X | | | 264,996 | 0 | 37,826 |
| Douglas Chambers<br>Vice President | 40 00 | | | | X | | | 250,545 | 0 | 40,858 |
| Mark Reidinger<br>SVP Ambul &Cust Svcs | 40 00 | | | | X | | | 234,337 | 0 | 55,966 |
| Michael Walters<br>SVP System Development | 40 00 | | | | | X | | 2,108,320 | 0 | 37,779 |
| Raymond Will<br>Physician | 40 00 | | | | | X | | 497,093 | 0 | 18,850 |
| Michael Gibson<br>Physician | 40 00 | | | | | X | | 484,393 | 0 | 38,832 |
| Victor Schmelzer<br>Physician | 40 00 | | | | | X | | 484,072 | 0 | 41,462 |
| Karl Ulicny<br>Physician | 40 00 | | | | | X | | 483,304 | 0 | 42,232 |

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# SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

## Political Campaign and Lobbying Activities

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

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

OMB No 1545-0047

**2010**

**Open to Public Inspection**

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

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

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

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

**If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then**

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

| Name of the organization | Employer identification number |
|---|---|
| St Elizabeth Medical Center Inc | 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 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

**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 | | |
| 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- | | |

| 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 |

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) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (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) Yes | (a) No | (b) 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 | | 34,181 |
| g | Direct contact with legislators, their staffs, government officials, or a legislative body? | Yes | | 4,813 |
| 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 | | | 38,994 |
| 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 IV, Supplemental Information | | Part II-B, Line 1(f) The portion of the Kentucky Hospital Association dues attributable to lobbying activities is $34,181 Part II-B, Line 1(b) and 1(g) The portion of 2 St Elizabeth Healthcare employees' salaries related to direct contact with legislators regarding legislation St Elizabeth Healthcare does not participate in or intervene in (including the publishing or distributing of statements), any political campaign on behalf of (or in opposition to) any candidate for public office |

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**SCHEDULE D** (Form 990)

Department of the Treasury
Internal Revenue Service

# Supplemental Financial Statements

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

OMB No 1545-0047

**2010**

**Open to Public Inspection**

**Name of the organization**
St Elizabeth Medical Center Inc

**Employer identification number**
61-0445850

## 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

| | | | Held at the End of the Year |
|---|---|---|---|
| a | Total number of conservation easements | 2a | |
| b | Total acreage restricted by conservation easements | 2b | |
| c | Number of conservation easements on a certified historic structure included in (a) | 2c | |
| d | Number of conservation easements included in (c) acquired after 8/17/06 | 2d | |

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

| | | Amount |
|---|---|---|
| c Beginning balance | 1c | |
| d Additions during the year | 1d | |
| e Distributions during the year | 1e | |
| f Ending balance | 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 | 2,945,631 | 2,332,334 | 3,600,819 | | |
| b Contributions | | | | | |
| c Investment earnings or losses | 406,302 | 618,143 | -1,262,366 | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | 4,659 | 4,846 | 6,119 | | |
| g End of year balance | 3,347,274 | 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

| | | Yes | No |
|---|---|---|---|
| (i) unrelated organizations | 3a(i) | | 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 | | 15,105,107 | | 15,105,107 |
| b Buildings | | 447,283,059 | 258,439,809 | 188,843,250 |
| c Leasehold improvements | | | | |
| d Equipment | | 377,042,273 | 258,369,578 | 118,672,695 |
| e Other | | 10,893,247 | | 10,893,247 |
| **Total.** Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶ | | | | 333,514,299 |

**Part VII Investments—Other Securities.** See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
|---|---|---|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| Other | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| **Total.** *(Column (b) should equal Form 990, Part X, col (B) line 12 )* ▶ | | |

**Part VIII Investments—Program Related.** See Form 990, Part X, line 13.

| (a) Description of investment type | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| **Total.** *(Column (b) should equal Form 990, Part X, col (B) line 13 )* ▶ | | |

**Part IX Other Assets.** See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| **Total.** *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶ | |

**Part X Other Liabilities.** See Form 990, Part X, line 25.

| 1 (a) Description of Liability | (b) Amount |
|---|---|
| Federal Income Taxes | |
| Accrued Pension Liability | 147,480,900 |
| Accrued Third Party | 24,910,000 |
| Interest Rate Swap | 2,977,338 |
| Self Insurance | 40,010,907 |
| Other Liabilities | 25,747,558 |
| | |
| | |
| | |
| | |
| **Total.** *(Column (b) should equal Form 990, Part X, col (B) line 25 )* ▶ | 241,126,703 |

**2.** Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

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

| | | | |
|---|---|---|---|
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 | 835,195,987 |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | 760,159,102 |
| 3 | Excess or (deficit) for the year Subtract line 2 from line 1 | 3 | 75,036,885 |
| 4 | Net unrealized gains (losses) on investments | 4 | 28,555,526 |
| 5 | Donated services and use of facilities | 5 | |
| 6 | Investment expenses | 6 | |
| 7 | Prior period adjustments | 7 | |
| 8 | Other (Describe in Part XIV) | 8 | -38,870,680 |
| 9 | Total adjustments (net) Add lines 4 - 8 | 9 | -10,315,154 |
| 10 | Excess or (deficit) for the year per financial statements Combine lines 3 and 9 | 10 | 64,721,731 |

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

| | | | | | |
|---|---|---|---|---|---|
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 866,027,973 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | | | |
| a | Net unrealized gains on investments | 2a | 28,555,526 | | |
| b | Donated services and use of facilities | 2b | | | |
| c | Recoveries of prior year grants | 2c | | | |
| d | Other (Describe in Part XIV) | 2d | 4,734,120 | | |
| e | Add lines **2a** through **2d** | | | 2e | 33,289,646 |
| 3 | Subtract line **2e** from line **1** | | | 3 | 832,738,327 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line **1** | | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 775,900 | | |
| b | Other (Describe in Part XIV) | 4b | 1,681,760 | | |
| c | Add lines **4a** and **4b** | | | 4c | 2,457,660 |
| 5 | Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12 ) | | | 5 | 835,195,987 |

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

| | | | | | |
|---|---|---|---|---|---|
| 1 | Total expenses and losses per audited financial statements | | | 1 | 763,917,959 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | | | |
| a | Donated services and use of facilities | 2a | | | |
| b | Prior year adjustments | 2b | | | |
| c | Other losses | 2c | | | |
| d | Other (Describe in Part XIV) | 2d | 4,560,392 | | |
| e | Add lines **2a** through **2d** | | | 2e | 4,560,392 |
| 3 | Subtract line **2e** from line **1** | | | 3 | 759,357,567 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line **1:** | | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 775,900 | | |
| b | Other (Describe in Part XIV) | 4b | 25,635 | | |
| c | Add lines **4a** and **4b** | | | 4c | 801,535 |
| 5 | Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18 ) | | | 5 | 760,159,102 |

## Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part 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 |
|---|---|---|
| Description of Intended Use of Endowment Funds | Part V, Line 4 | The endowment funds include two funds that were part of the St Elizabeth Healthcare's VISION campaign one, to support technology for the Health of Excellence Program, two, to establish prenatal care for women without health care access |
| Description of Uncertain Tax Positions Under FIN 48 | Part X | St Elizabeth Healthcare is exempt from federal income taxes pursuant to Section 501(c)(3) of the Internal Revenue Code (IRC) and its related income is exempt from federal income tax under IRC Section 501(a) As required by the Income Tax Topic of the FASB ASC 740, St Elizabeth Healthcare completed an analysis of its tax positions at December 31, 2010 and 2009, and determined that no material amounts were required to be recognized under ASC 740 in the consolidated financial statements at December 31, 2010 or 2009 |
| Part XI, Line 8 - Other Adjustments | | Change in FMV of Interest Rate Swap -1,656,125 Change in plan assets and benefit obligation -9,054,248 Amortization of previously hedged interest rate swap -1,704,752 Change in Value-Split Interest Agreement -9,759 Transfers to St Elizabeth Physicians -10,797,026 PAL assets transferred to SEP -15,648,770 |
| Part XII, Line 2d - Other Adjustments | | Restricted Net Assets Released to Operations 173,728 Property Rent Expense netted against 990 Revenue 1,795,321 Fundraising Expense netted against 990 Revenue 72,852 Gaining Expense netted against 990 Revenue 9,587 Intercompany Revenue between SEH and SEPS eliminated in AFS 2,682,632 |
| Part XII, Line 4b - Other Adjustments | | Chnage in FMV of Interest Rate Swap 1,656,125 Non-Cash Contributions Excluded from AFS 25,635 |
| Part XIII, Line 2d - Other Adjustments | | Property Rent Expense netted against 990 Revenue 1,795,321 Fundraising Expense netted against 990 Revenue 72,852 Gaining Expense netted against 990 Revenue 9,587 Intercompany Revenue between SEH and SEPS eliminated in AFS 2,682,632 |
| Part XIII, Line 4b - Other Adjustments | | Non-Cash Contributions Excluded from AFS 25,635 |

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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

**2010**

**Open to Public Inspection**

Name of the organization
St Elizabeth Medical Center Inc

**Employer identification number**
61-0445850

**Part I Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

**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 services? ☑ **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 and address of individual or entity (fundraiser) | **(ii)** Activity | **(iii)** Did fundraiser have custody or control of contributions? Yes | **(iii)** No | **(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 |
|---|---|---|---|---|---|---|
| Hillary Lyons Associates<br>PO Box 99<br><br>Dimondale, MI 48821 | 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 Golf Partee (event type) | (b) Event #2 Style Show (event type) | (c) Other Events 1 (total number) | (d) Total Events (Add col (a) through col (c)) |
|---|---|---|---|---|---|
| Revenue | 1 Gross receipts | 193,270 | 19,296 | 11,583 | 224,149 |
| | 2 Less Charitable contributions | 146,100 | 7,011 | 7,489 | 160,600 |
| | 3 Gross income (line 1 minus line 2) | 47,170 | 12,285 | 4,094 | 63,549 |
| Direct Expenses | 4 Cash prizes | | | | |
| | 5 Non-cash prizes | 24,278 | | 835 | 25,113 |
| | 6 Rent/facility costs | 13,313 | 7,887 | 2,880 | 24,080 |
| | 7 Food and beverages | 14,582 | | | 14,582 |
| | 8 Entertainment | | | | |
| | 9 Other direct expenses | 4,346 | 3,198 | 1,533 | 9,077 |
| | 10 Direct expense summary Add lines 4 through 9 in column (d) ▶ | | | | 72,852 |
| | 11 Net income summary Combine lines 3 and 10 in column (d) ▶ | | | | -9,303 |

**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 | | | 15,014 | 15,014 |
| Direct Expenses | 2 Cash prizes | | | 6,000 | 6,000 |
| | 3 Non-cash prizes | | | | |
| | 4 Rent/facility costs | | | 2,100 | 2,100 |
| | 5 Other direct expenses | | | 1,487 | 1,487 |
| | 6 Volunteer labor | ☐ Yes % ☐ No | ☐ Yes % ☐ No | ☐ Yes % ☑ No | |
| | 7 Direct expense summary Add lines 2 through 5 in column (d) ▶ | | | | 9,587 |
| | 8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶ | | | | 5,427 |

9 Enter the state(s) in which the organization operates gaming activities See Additional Data TableKY

a Is the organization licensed to operate gaming activities in each of these states? ☑ Yes ☐ No

b If "No," Explain

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☑ No

b If "Yes," Explain

**11** Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☑ No

**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? . . . . . ☐ Yes ☑ No

**13** Indicate the percentage of gaming activity operated in

| | | | |
|---|---|---|---|
| **a** | The organization's facility . . . . . | **13a** | 0 % |
| **b** | An outside facility . . . . . | **13b** | 100 000 % |

**14** Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ Janice Way

Address ▶ 1 Medical Village Drive
Edgewood, KY 41017

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☑ No

**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? . . . . . ☐ Yes ☑ No

**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 ▶ $

## Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

| Identifier | ReturnReference | Explanation |
|---|---|---|

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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

2010

Open to Public Inspection

**Name of the organization**
St Elizabeth Medical Center Inc

**Employer identification number**
61-0445850

## Part I Financial Assistance and Certain Other Community Benefits at Cost

| | | | Yes | No |
|---|---|---|---|---|
| 1a | Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a . | 1a | Yes | |
| b | If "Yes," is it a written policy? | 1b | Yes | |
| 2 | If the organization has multiple hospitals, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year<br>☑ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals<br>☐ Generally tailored to individual hospitals | | | |
| 3 | Answer the following based on the the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year | | | |
| a | Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care to low income individuals? If "Yes," indicate which of the following is the FPG family income limit for eligibility for free care<br>☐ 100% ☐ 150% ☑ 200% ☐ Other _____ % | 3a | Yes | |
| b | Does the organization use FPG to determine eligibility for providing *discounted* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care<br>☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other _____ % | 3b | | No |
| 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 | Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? | 4 | Yes | |
| 5a | Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? | 5a | Yes | |
| b | If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? | 5b | Yes | |
| c | If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care? | 5c | | No |
| 6a | Does the organization prepare a community benefit report during the tax year? | 6a | Yes | |
| 6b | If "Yes," did 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** Financial Assistance and Certain Other Community Benefits at Cost

| Financial Assistance and Means-Tested Government Programs | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community benefit expense | (d) Direct offsetting revenue | (e) Net community benefit expense | (f) Percent of total expense |
|---|---|---|---|---|---|---|
| a Financial Assistance at cost (from Worksheets 1 and 2) | | | 44,003,481 | 11,594,284 | 32,409,197 | 4 620 % |
| b Unreimbursed Medicaid (from Worksheet 3, column a) | | | 73,167,298 | 59,473,480 | 13,693,818 | 1 950 % |
| c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b) | | | | | | |
| d **Total** Financial Assistance and Means-Tested Government Programs | | | 117,170,779 | 71,067,764 | 46,103,015 | 6 570 % |
| **Other Benefits** | | | | | | |
| e Community health improvement services and community benefit operations (from (Worksheet 4) | 52 | 121,606 | 3,509,184 | 2,152 | 3,507,032 | 0 500 % |
| f Health professions education (from Worksheet 5) | 18 | 2,122 | 7,602,665 | 3,825,035 | 3,777,630 | 0 540 % |
| g Subsidized health services (from Worksheet 6) | 23 | 72 | 3,143,585 | | 3,143,585 | 0 450 % |
| h Research (from Worksheet 7) | 2 | | 20,672 | | 20,672 | 0 % |
| i Cash and in-kind contributions to community groups (from Worksheet 8) | 42 | 28,106 | 1,001,243 | | 1,001,243 | 0 140 % |
| j **Total** Other Benefits | 137 | 151,906 | 15,277,349 | 3,827,187 | 11,450,162 | 1 630 % |
| k **Total.** Add lines 7d and 7j | 137 | 151,906 | 132,448,128 | 74,894,951 | 57,553,177 | 8 200 % |

## Part II Community Building Activities during the tax year, and describe in Part VI how its community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

| | | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community building expense | (d) Direct offsetting revenue | (e) Net community building expense | (f) Percent of total expense |
|---|---|---|---|---|---|---|---|
| 1 | Physical improvements and housing | 1 | | 1,000 | | 1,000 | 0 % |
| 2 | Economic development | 1 | | 900 | | 900 | 0 % |
| 3 | Community support | 4 | 147 | 6,314 | | 6,314 | 0 % |
| 4 | Environmental improvements | | | | | | |
| 5 | Leadership development and training for community members | | | | | | |
| 6 | Coalition building | 1 | | 1,401 | | 1,401 | 0 % |
| 7 | Community health improvement advocacy | 2 | 739 | 2,069 | | 2,069 | 0 % |
| 8 | Workforce development | | | | | | |
| 9 | Other | | | | | | |
| 10 | **Total** | 9 | 886 | 11,684 | | 11,684 | |

## Part III Bad Debt, Medicare, & Collection Practices

### Section A. Bad Debt Expense

| | | | | Yes | No |
|---|---|---|---|---|---|
| 1 | Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No 15? | 1 | | | No |
| 2 | Enter the amount of the organization's bad debt expense (at cost) | 2 | 18,494,412 | | |
| 3 | Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's financial assistance policy | 3 | 2,496,746 | | |
| 4 | Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including a portion of bad debt amounts as community benefit | | | | |

### Section B. Medicare

| | | | | |
|---|---|---|---|---|
| 5 | Enter total revenue received from Medicare (including DSH and IME) | 5 | 201,289,259 | |
| 6 | Enter Medicare allowable costs of care relating to payments on line 5 | 6 | 208,685,552 | |
| 7 | Subtract line 6 from line 5 This is the surplus or (shortfall) | 7 | -7,396,293 | |
| 8 | Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used | | | |

☐ Cost accounting system ☐ Cost to charge ratio ☑ Other

### Section C. Collection Practices

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

## Part IV Management 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 % |
|---|---|---|---|---|---|
| 1 | 1 Bluegrass Dialysis LLC | Renal Dialysis | 32 000 % | | 17 000 % |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| 8 | | | | | |
| 9 | | | | | |
| 10 | | | | | |
| 11 | | | | | |
| 12 | | | | | |
| 13 | | | | | |

## Part V Facility Information

### Section A. Hospital Facilities

(list in order of size, measured by total revenue per facility, from largest to smallest)

How many hospital facilities did the organization operate during the tax year? **5**

| | 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) |
|---|---|---|---|---|---|---|---|---|---|---|
| 1 | St Elizabeth Edgewood<br>One Medical Village Dr<br>Edgewood, KY 41017 | X | X | | | | | X | | |
| 2 | St Elizabeth Florence<br>7380 Turfway Road<br>Florence, KY 41042 | X | X | | | | | X | | |
| 3 | St Elizabeth Ft Thomas<br>85 N Grand Avenue<br>Ft Thomas, KY 41075 | X | X | | | | | X | | |
| 4 | St Elizabeth Grant<br>238 Barnes Road<br>Williamstown, KY 41097 | X | X | | | X | | X | | |
| 5 | St Elizabeth Falmouth<br>512 South Maple Avenue<br>Falmouth, KY 41040 | X | X | | | | | | | Substance Abuse Services |
| | | | | | | | | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |

**Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**
(list in order of size, measured by total revenue per facility, from largest to smallest)

How many non-hospital facilities did the organization operate during the tax year? **20**

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

## Part VI Supplemental Information

Complete this part to provide the following information

1 **Required descriptions.** Provide the description required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy

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

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc )

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

| Identifier | ReturnReference | Explanation |
|---|---|---|
| | | Part I, Line 3c The St Elizabeth Healthcare organization uses Federal Poverty Guidelines as the criteria to determine eligibility for free care St Elizabeth Healthcare discounts all private pay patients whose income is above the 200% of Federal Poverty Guidelines at 47% of their charges |
| | | 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-i) were taken using the actual costs or direct and indirect costs |
| | | Part I, Line 7, Column (f) The Bad Debt expense included on Form 990, Part IX, Line 25, Column (A), but subtracted for purposes of calculating the percentage in this column is $ 58545147 |
| | | Part II 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 Healthcare 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 |
| | | 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 and multiplying this number to the total bad debts of the organization 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 may not have 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 |
| | | Part III, Line 8 St Elizabeth Healthcare uses the step down methodology to determine costs for Medicare 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 |
| | | 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 |
| | | 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 Healthcare 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 |
| | | 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 |
| | | 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 12 5% over the next five years and Grant County at 6%, 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 has been expanding services in Dearborn County, Indiana The area is predominantly white with an increasing number of persons with Hispanic backgrounds moving into the area, almost 10,000 people in the 2010 census, growing over 100% from the 2000 census Minority populations represent approximately 6% of the population Approximately 11 1% 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 |
| | | Part VI, Line 6 St Elizabeth furthers its 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 42 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 |
| | | Part VI, Line 7 St Elizabeth Healthcare is a system that features five facilities throughout Northern Kentucky - 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 6,100 employees, more than 900 physicians with admitting privileges, a physician organization which includes 60 primary care and specialty office locations, and three 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 five primary hospital locations |
| | Part I, Line 6 and Part VI, Line 7 | 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 |

## Additional Data

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

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

| **Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility** (list in order of size, measured by total revenue per facility, from largest to smallest)<br><br>How many non-hospital facilities did the organization operate during the tax year? **20**<br><br>Name and address | Type of Facility (Describe) |
|---|---|
| St Elizabeth Covington<br>1500 James Simpson Jr Way<br>Covington, KY 41011 | Ambulatory Care Center |
| St Elizabeth Surgicenter-Edgewood<br>580 South Loop Drive<br>Edgewood, KY 41017 | Ambulatory Surgery Center |
| St Elizabeth Imaging Center-Edgewood<br>2904 Foltz Road<br>Edgewood, KY 41017 | Imaging Center |
| St Elizabeth Surgicenter-Crestview Hills 2845 Chancellor Drive<br>Edgewood, KY 41017 | Ambulatory Surgery Center |
| St Elizabeth Imaging Center-Hebron<br>2200 Conner Road<br>Hebron, KY 41048 | Imaging Center |
| St Elizabeth Hospice<br>483 South Loop Road<br>Edgewood, KY 41017 | Hospice Program |
| St Elizabeth Imaging Center-Alexandria<br>7200 Alexandria Pike<br>Alexandria, KY 41001 | Imaging Center |
| St Elizabeth Sports Medicine<br>830 Thomas More Parkway Suite 101<br>Edgewood, KY 41017 | Sports Medicine |
| St Elizabeth Physicians For Women<br>4900 Houston Road<br>Florence, KY 41075 | Women's Health |
| St Elizabeth Family Medicine<br>413 South Loop Road<br>Edgewood, KY 41017 | Family Medicine |
| St Elizabeth Business Health-Mt Zion<br>10095 Investment Way<br>Florence, KY 41042 | Business Health |
| Taylor Mill Physical Therapy Center<br>5522 Taylor Mill Road<br>Taylor Mill, KY 41015 | Physical Therapy Center |
| Burlington Physical Therapy Center<br>6159 First Financial Drive<br>Burlington, KY 41005 | Physical Therapy Center |
| Florence KY Sports Medicine<br>10095 Investment Way Suite 1<br>Florence, KY 41042 | Sports Medicine |
| Hebron Physical Therapy Center<br>1980 Litton Lane<br>Hebron, KY 41048 | Physical Therapy Center |
| Bellevue Physical Therapy Center<br>103 Landmark Road<br>Bellevue, KY 41073 | Physical Therapy Center |
| St Elizabeth X-Ray<br>1974 Walton Nicholson Pike<br>Independence, KY 41051 | Imaging Center |
| St Elizabeth Union Diagnostic Center<br>10134 Old Union Road<br>Union, KY 41091 | Diagnostic Test & Therapy |
| Southgate KY Sports Medicine<br>525 Alexandria Pike Suite 100<br>Southgate, KY 41071 | Sports Medicine |
| St Elizabeth Women's Heart Center<br>210 Thomas More Parkway<br>Crestview Hills, KY 41017 | Heart Center |

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**Schedule J** (Form 990)

Department of the Treasury
Internal Revenue Service

# Compensation Information

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

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

**▶ Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047

**2010**

**Open to Public Inspection**

**Name of the organization**
St Elizabeth Medical Center Inc

**Employer identification number**
61-0445850

## Part I Questions Regarding Compensation

| | | | Yes | No |
|---|---|---|---|---|
| **1a** | Check the appropiate 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<br>☐ First-class or charter travel ☐ Housing allowance or residence for personal use<br>☐ Travel for companions ☐ Payments for business use of personal residence<br>☐ Tax idemnification and gross-up payments ☑ Health or social club dues or initiation fees<br>☐ Discretionary spending account ☐ 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 orprovision 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<br>☑ Compensation committee ☑ Written employment contract<br>☑ Independent compensation consultant ☑ Compensation survey or study<br>☑ Form 990 of other organizations ☑ 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 from the organization or a related organization? | **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 accured 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 duplicate copies if additional space is 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 | | | | |
| See Additional Data Table | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |
| (8) | | | | | | | |
| (9) | | | | | | | |
| (10) | | | | | | | |
| (11) | | | | | | | |
| (12) | | | | | | | |
| (13) | | | | | | | |
| (14) | | | | | | | |
| (15) | | | | | | | |
| (16) | | | | | | | |

## 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 - St Elizabeth Healthcare does pay for social club dues for three executives Such membership is to facilitate St Elizabeth Healthcare'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 | Executives participate in a program that provides for supplemental retirement benefits The payment of benefits under the program, if any, is entirely dependent upon the facts and circumstances under which the executive terminates employment with the organization Benefits under the program are unfunded and non-vested Due to the substantial risk of forfeiture provision, there is no guarantee that these executives will ever receive any benefit under the program Any amount ultimately paid under the program to the executive is reported as compensation on Form 990, Schedule J, Part II, Column B in the year paid Nonqualified Plan Contributions for 2010 John Dubis $77,113 Garren Colvin $65,100 Christopher Carle $27,970 Robert Prichard $44,195 Alexander Rodriguez $32,439 Martin Oscadal $30,017 Sarah Giolando $25,533 Douglas Chambers $23,667 Mark Reidinger $21,989 |
| Supplemental Information | Part III | Part II Any persons employed by St Elizabeth Healthcare 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 |

## Additional Data

Return to Form

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

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

| (A) Name | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported in prior Form 990 or Form 990-EZ |
|---|---|---|---|---|---|---|---|---|
| | | (i) Base Compensation | (ii) Bonus & incentive compensation | (iii) Other compensation | | | | |
| Joseph W Gross | (I) | 772,086 | 323,300 | 717,206 | 0 | 23,858 | 1,836,450 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| George S Hall MD Sch O | (I) | 170,975 | 21,047 | 4,541 | 11,058 | 21,869 | 229,490 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Heidi C Murley MD Sch O | (I) | 316,397 | 0 | 630 | 0 | 20,398 | 337,425 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| John Dubis | (I) | 469,448 | 83,235 | 17,276 | 93,613 | 25,049 | 688,621 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Garren Colvin | (I) | 404,249 | 68,144 | 25,165 | 81,521 | 25,139 | 604,218 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Robert Prichard | (I) | 356,195 | 63,072 | 1,852 | 44,195 | 22,987 | 488,301 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Alexander Rodriguez | (I) | 283,027 | 38,509 | 943 | 32,439 | 21,612 | 376,530 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Christopher Carle | (I) | 244,176 | 38,263 | 31,711 | 44,470 | 24,053 | 382,673 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Thomas Saalfeld | (I) | 260,248 | 42,450 | 3,802 | 16,500 | 23,059 | 346,059 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Treva Jane Swaim | (I) | 254,586 | 46,800 | 3,739 | 0 | 22,287 | 327,412 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Martin Oscadal | (I) | 260,967 | 40,325 | 2,477 | 46,517 | 19,318 | 369,604 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Sarah Giolando | (I) | 263,060 | 637 | 1,299 | 25,533 | 12,293 | 302,822 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Douglas Chambers | (I) | 212,086 | 37,410 | 1,049 | 23,667 | 17,191 | 291,403 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Mark Reidinger | (I) | 209,859 | 23,429 | 1,049 | 38,489 | 17,477 | 290,303 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Michael Walters | (I) | 287,857 | 48,372 | 1,772,091 | 15,796 | 21,983 | 2,146,099 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Raymond Will | (I) | 482,557 | 750 | 13,786 | 0 | 18,850 | 515,943 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Michael Gibson | (I) | 482,557 | 750 | 1,086 | 15,600 | 23,232 | 523,225 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Victor Schmelzer | (I) | 480,825 | 750 | 2,497 | 16,498 | 24,964 | 525,534 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Karl Ulicny | (I) | 480,057 | 750 | 2,497 | 16,500 | 25,732 | 525,536 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

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**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

**2010**

**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 | | (i) Pool financing | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | Yes | No | Yes | No | Yes | No |
| A | Kentucky Economic Development Finance Authority | 52-1643102 | 49126KGH8 | 12-09-2009 | 101,960,448 | Construction of hospital facilities/partial refund of bonds issued 6/11/03 | | X | | 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 | | X |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

## Part II Proceeds

| | | A | B | C | D |
|---|---|---|---|---|---|
| 1 | Amount of bonds retired | 1,975,000 | 1,050,000 | | |
| 2 | Amount of bonds legally defeased | | | | |
| 3 | Total proceeds of issue | 101,960,448 | 38,150,000 | | |
| 4 | Gross proceeds in reserve funds | | | | |
| 5 | Capitalized interest from proceeds | | | | |
| 6 | Proceeds in refunding escrow | | | | |
| 7 | Issuance costs from proceeds | 1,430,179 | 360,000 | | |
| 8 | Credit enhancement from proceeds | | | | |
| 9 | Working capital expenditures from proceeds | | | | |
| 10 | Capital expenditures from proceeds | 29,195,269 | | | |
| 11 | Other spent proceeds | 71,335,000 | 37,790,000 | | |
| 12 | Other unspent proceeds | | | | |
| 13 | Year of substantial completion | 2009 | | | |

| | | A | | B | | C | | D | |
|---|---|---|---|---|---|---|---|---|---|
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 14 | Were the bonds issued as part of a current refunding issue? | X | | X | | | | | |
| 15 | Were the bonds issued as part of an advance refunding issue? | | X | | X | | | | |
| 16 | Has the final allocation of proceeds been made? | X | | X | | | | | |
| 17 | Does the organization maintain adequate books and records to support the final allocation of proceeds? | X | | X | | | | | |

## Part III Private Business Use

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

## Part III Private Business Use *(Continued)*

| | | A | | B | | C | | D | |
|---|---|---|---|---|---|---|---|---|---|
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 3a | Are there any management or service contracts that may result in private business use? | X | | | X | | | | |
| b | Are there any research agreements that may result in private business use of bond-financed property? | | X | | X | | | | |
| c | 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 | | | | | | | |
| 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 ▶ | 2 890 % | | | | | | | |
| 5 | Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶ | | | | | | | | |
| 6 | Total of lines 4 and 5 | 2 890 % | | | | | | | |
| 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 | |
|---|---|---|---|---|---|---|---|---|---|
| | | 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 entered into a hedge with respect to the bond issue? | | X | | X | | | | |
| b | Name of provider | | | | | | | | |
| c | Term of hedge | | | | | | | | |
| d | Was the hedge superintegrated? | | | | | | | | |
| e | Was a hedge terminated? | | | | | | | | |
| 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 | | | | | |

## Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

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

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**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

**2010**

**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 | (c) Corrected? 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? To | (b) Loan to or from the organization? From | (c) Original principal amount | (d) Balance due | (e) In default? Yes | (e) In default? No | (f) Approved by board or committee? Yes | (f) Approved by board or committee? No | (g) Written agreement? Yes | (g) Written agreement? No |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | |
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| 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 |
|---|---|---|
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## Part IV Business Transactions Involving Interested Persons.

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

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
|---|---|---|---|---|---|
| | | | | Yes | No |
| (1) Rumpke | A board member is a board member of Rumpke | 152,861 | Utilities | | No |
| (2) Northern Kentucky Water District | A board member is a board member of Northern Kentucky Water District | 530,731 | Utilities | | No |
| (3) ChamplinHaupt Inc | A board member is a partner of Champlin/Haupt Inc | 832,732 | Services | | No |
| (4) Internal Medicine Associates | A board member is an owner of Internal Medicine Associates | 210,909 | Services | | No |
| (5) DGHK Realty LLC | An officer/board member is an owner of DGHK Realty LLC | 3,156,934 | Realty | | No |
| (6) Schiff Kriedler Shell | A board member is an officer of Schiff, Kreidler-Shell | 826,536 | Insurance | | No |

## Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

| Identifier | Return Reference | Explanation |
|---|---|---|
| Sch L, Part IV, Business Transactions Involving INterested Persons | | All transactions reported on Part IV are reported as arms-length for fair market value |

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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

**2010**

**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 or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining oncash contribution amounts |
|---|---|---|---|---|
| 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 | 13 | 76,725 | Cost/Selling 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 ▶ ( Med Supplies ) | X | 2 | 16,000 | Cost/Selling Price |
| 26 Other ▶ ( Food/Prizes ) | X | 84 | 9,635 | Cost/Selling Price |
| 27 Other ▶( ) | | | | |
| 28 Other ▶ ( ) | | | | |

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**

| | | Yes | No |
|---|---|---|---|
| **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? **30a** | | 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? **31** | | No |
| **32a** | Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions? **32a** | | 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 or 990-EZ)

Department of the Treasury
Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

**2010**

**Open to Public Inspection**

**Name of the organization**
St Elizabeth Medical Center Inc

**Employer identification number**
61-0445850

| 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 | | St Elizabeth Healthcare's process to review the Form 990 consists of review and approval by the certain members of management and the Finance Committee The Form 990 is provided to the Board of Trustees for their review prior to filing, and management is available for any questions or comments |

| 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, an evaluation is done 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 their compensation to the Compensation Committee This committee then evaluates and approves the compensation for the other key executives For both the CEO and other key executives, the process included a review and approval by independent persons, review of 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 |
|---|---|---|
| Changes in Net Assets or Fund Balances | Form 990, Part XI, line 5 | Net unrealized gains on investments 28,555,526 Change in FMV of Interest Rate Swap -1,656,125 Change in plan assets and benefit obligation -9,054,248 Amortization of previously hedged interest rate swap -1,704,752 Change in Value-Split Interest Agreement -9,759 Transfers to St Elizabeth Physicians -10,797,026 PAL assets transferred to SEP -15,648,770 Total to Form 990, Part XI, Line 5 -10,315,154 |

| Identifier | Return Reference | Explanation |
|---|---|---|
| | Form 990, Part IV, Line 20b | If the organization operated one or more hospital facilities at any time during the tax year, then it must attach a copy of its most recent audited financial statements if its tax year began after March 23, 2010 The tax year covered by this return is January 1, 2010 through December 31, 2010 Therefore, no audited financial statements are attached to this return |

| Identifier | Return Reference | Explanation |
|---|---|---|
| | Form 990, Part VII, Section A | Compensation for George S Hall and Heidi C Murley is for their services as physicians of St Elizabeth Medical Center and not for their role as a trustee |

| Identifier | Return Reference | Explanation |
|---|---|---|
| | Form 990, Part VII, Section B | Frank Messer & Sons Construction Service received $6,404,641 for construction service This amount includes services, labor, and materials |

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# 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

**2010**

**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 |
|---|---|---|---|---|---|
| **(1)** St Elizabeth Physician Services<br>334 Thomas More Parkway Suite 200<br>Crestview Hills, KY 41017<br>61-1339639 | Physician Management Services | KY | -358,819 | 4,328,121 | St Elizabeth Medical Center |
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## Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled organization | |
|---|---|---|---|---|---|---|---|
| | | | | | | Yes | No |
| **(1)** Summit Medical Group Inc<br>401 East 20th Street 6A<br>Covington, KY 41014<br>61-1300608 | Physician Practice | KY | Section 501(c)(3) | Schedule A, Line 3 | St Elizabeth Medical Center | Yes | |
| **(2)** Transcare of Kentucky Inc<br>2169 Chamber Centre Drive<br>Lakeside Park, KY 41017<br>61-1318755 | Ambulance Services (Dissolved 4/2010) | KY | Section 501(c)(3) | Schedule A, Line 3 | St Elizabeth Medical Center | Yes | |
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**Part III** **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? Yes | (h) No | (i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? Yes | (j) No | (k) Percentage ownership |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **(1)** Northern KY Children's Medical Services LLC<br><br>c/o CHMC 3333 Barnet Avenue<br>Cincinnati, OH45202<br>26-0084305 | Medical Services | KY | Children's Hospital Medical Center | Related | 679,334 | 234,119 | | No | | | No | 50 000 % |
| **(2)** St Elizabeth's Home Care Services LLC<br><br>1000 Summit Drive Suite 300<br>Milford, OH45150<br>26-1236191 | Home Health | KY | St Elizabeth Medical Center | Related | 634,500 | 677,000 | | No | | | No | 50 000 % |
| **(3)** Vescent Aesthetic Skin and Laser Center<br><br>210 Thomas More Parkway<br>Crestview Hills, KY41017<br>27-3137980 | Cosmetic Services | KY | St Elizabeth Medical Center | Related | -45,634 | | | No | | | No | 50 000 % |
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**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 |
|---|---|---|---|---|---|---|---|
| **(1)** JLD Management LLC<br>207 Thomas More Parkway<br>Crestview Hills, KY41017<br>20-5361603 | Real Estate Purchases | KY | St Elizabeth Medical Center | C | -5,954 | | 100 000 % |
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## Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

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

| | | Yes | No |
|---|---|---|---|
| **1** During the tax year, did the orgranization 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 | 1a | | No |
| **b** Gift, grant, or capital contribution to other organization(s) | 1b | | No |
| **c** Gift, grant, or capital contribution from other organization(s) | 1c | | No |
| **d** Loans or loan guarantees to or for other organization(s) | 1d | | No |
| **e** Loans or loan guarantees by other organization(s) | 1e | | No |
| **f** Sale of assets to other organization(s) | 1f | | No |
| **g** Purchase of assets from other organization(s) | 1g | | No |
| **h** Exchange of assets | 1h | | No |
| **i** Lease of facilities, equipment, or other assets to other organization(s) | 1i | | No |
| **j** Lease of facilities, equipment, or other assets from other organization(s) | 1j | Yes | |
| **k** Performance of services or membership or fundraising solicitations for other organization(s) | 1k | | No |
| **l** Performance of services or membership or fundraising solicitations by other organization(s) | 1l | | No |
| **m** Sharing of facilities, equipment, mailing lists, or other assets | 1m | | No |
| **n** Sharing of paid employees | 1n | | No |
| **o** Reimbursement paid to other organization for expenses | 1o | | No |
| **p** Reimbursement paid by other organization for expenses | 1p | Yes | |
| **q** Other transfer of cash or property to other organization(s) | 1q | Yes | |
| **r** Other transfer of cash or property from other organization(s) | 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 | (d) Method of determining amount involved |
|---|---|---|---|
| **(1)** JLD Management LLC | J | 110,262 | Cash Transaction |
| **(2)** JLD Management LLC | Q | 116,216 | Cash Transaction |
| **(3)** Summit Medical Group Inc | J | 219,238 | Cash Transaction |
| **(4)** Summit Medical Group Inc | Q | 20,841,376 | Cash Transaction |
| **(5)** Summit Medical Group Inc | P | 950,000 | Cash Transaction |
| **(6)** | | | |

## Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Are all partners section 501(c)(3) organizations? | | (e) Share of end-of-year assets | (f) Disproprtionate allocations? | | (g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | (h) General or managing partner? | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | Yes | No | | Yes | No | | Yes | No |
| **(1)** Amsurg Center of Northern KY GI LLC<br>340 Thomas More Parkway Suite 160BCrestview Hills, KY41017<br>62-1719097 | Ambulatory Surgery Center | KY | | No | 488,789 | | No | | | No |
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## Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

| Identifier | Return Reference | Explanation |
|---|---|---|