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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

**2011**Open to Public  
Inspection**A** For the 2011 calendar year, or tax year beginning **OCT 1, 2011** and ending **SEP 30, 2012****B** Check if applicable

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization**ST ELIZABETH HOSPITAL FOUNDATION**

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

**1506 SOUTH ONEIDA STREET**

Room/suite

City or town, state or country, and ZIP + 4

**APPLETON, WI 54915****F** Name and address of principal officer. **JEFF BADGER**  
**SAME AS C ABOVE****D** Employer identification number**39-1256677****E** Telephone number**920-738-2000****G** Gross receipts \$**7,789,255.****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 ▶**I** Tax-exempt status. ☒ 501(c)(3) ☐ 501(c)( ) (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: **WWW.AFFINITYHEALTH.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **1976** **M** State of legal domicile: **WI****Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities	<b>RAISE FUNDS IN SUPPORT OF ST. ELIZABETH HOSPITAL AND RELATED ENTITIES.</b>		
	2	Check this box <input type="checkbox"/> 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	20	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	15	
	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	0	
	6	Total number of volunteers (estimate if necessary)	6	115	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	-424.	
7b	Net unrelated business taxable income from Form 990-B, line 34	7b	0.		
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year	
	9	Program service revenue (Part VIII, line 2g)	3,508,653.	1,106,666.	
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	41,311.	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, and 11e)	910,472.	695,931.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	87,960.	92,947.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,507,085.	1,936,855.	
	14	Benefits paid to or for members (Part IX, column (A), line 4)	1,717,545.	1,704,817.	
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.	
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	347,699.	377,442.	
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>161,186.</b>	30,730.	30,566.	
Expenses	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	301,277.	318,323.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,397,251.	2,431,148.	
	19	Revenue less expenses. Subtract line 18 from line 12	2,109,834.	-494,293.	
	Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
		21	Total liabilities (Part X, line 26)	11,017,849.	11,187,843.
		22	Net assets or fund balances. Subtract line 21 from line 20	283,213.	159,004.
				10,734,636.	11,028,839.

**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			
	<b>JEFF BADGER, CFO</b>	<b>8/13/13</b>			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	<b>TERRI REXRODE, CPA</b>	<b>TERRI REXRODE, CPA</b>	<b>08/13/13</b>		<b>P00096513</b>
	Firm's name ▶ <b>WIPFLI LLP</b>	Firm's EIN ▶ <b>39-0758449</b>			
	Firm's address ▶ <b>PO BOX 12237</b> <b>GREEN BAY, WI 54307-2237</b>	Phone no. <b>920-662-0016</b>			

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

SCANNED SEP 16 2013

20 916

**Part III Statement of Program Service Accomplishments**

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

☒ X

- 1 Briefly describe the organization's mission:

**THE MISSION OF THE ST. ELIZABETH HOSPITAL FOUNDATION IS TO LIVE OUT THE HEALING MINISTRY OF CHRIST WITH A SPECIAL EMPHASIS ON THOSE IN NEED BY GENERATING, STEWARDING, AND DISTRIBUTING FUNDS TO ENHANCE THE QUALITY OF AFFINITY HEALTH SYSTEMS SERVICES AND PROGRAMS AND OTHER**

- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

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

- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

- 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 1,704,817. including grants of \$ 1,704,817. ) (Revenue \$ 150. )

**THE PURPOSE OF THE FOUNDATION IS TO RAISE FUNDS IN SUPPORT OF ST. ELIZABETH HOSPITAL AND RELATED ENTITIES AND TO BE INVOLVED IN COMMUNITY DEVELOPMENT BY ENGAGING IN AND GIVING GRANTS TO NUMEROUS EVENTS AND ACTIVITIES THROUGHOUT THE APPLETON, WISCONSIN AREA WHICH BENEFIT THE COMMUNITY'S HEALTH CARE, POOR, AND UNDER-PRIVILEGED.**

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 **1,704,817.**

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<b>X</b>	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	<b>X</b>	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		<b>X</b>
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		<b>X</b>
<b>5</b> 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? <i>If "Yes," complete Schedule C, Part III</i>		<b>X</b>
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		<b>X</b>
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		<b>X</b>
<b>9</b> Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		<b>X</b>
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<b>X</b>	
<b>11</b> 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		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>		<b>X</b>
<b>b</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? <i>If "Yes," complete Schedule D, Part VII</i>		<b>X</b>
<b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII</i>		<b>X</b>
<b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX</i>		<b>X</b>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		<b>X</b>
<b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X</i>	<b>X</b>	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>		<b>X</b>
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>	<b>X</b>	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		<b>X</b>
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		<b>X</b>
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		<b>X</b>
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		<b>X</b>
<b>17</b> 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? <i>If "Yes," complete Schedule G, Part I</i>	<b>X</b>	
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<b>X</b>	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		<b>X</b>
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		<b>X</b>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

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

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

**Note.** All Form 990 filers are required to complete Schedule O

**Part V** Statements Regarding Other IRS Filings and Tax ComplianceCheck 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		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
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		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	X	
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)?		X
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?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
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?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	<b>Section 501(c)(7) organizations.</b> Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	<b>Section 501(c)(12) organizations.</b> Enter.		
a	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 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
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	20	
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent	15	
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b> Did the organization have members or stockholders?	X	
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body?	X	
<b>b</b> Each committee with authority to act on behalf of the governing body?	X	
<b>9</b> 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		X

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

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

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed **WI**

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☐ Own website ☐ Another's website ☒ Upon request

**19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **JEFF BADGER - 920-720-1300**  
**1570 MIDWAY PLACE, MENASHA, WI 54952**

**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. 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 (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DANIEL E. NEUFELDER BOARD MEMBER	0.30	X						0.	899,490.	94,160.
(2) DEIDRE FLANAGAN, MD BOARD MEMBER	0.30	X						0.	362,832.	43,319.
(3) KATHRYN MEYER, MD BOARD MEMBER	0.30	X						0.	324,299.	39,345.
(4) EDWARD BAYER, MD BOARD MEMBER	0.30	X						0.	213,477.	39,758.
(5) TONYA L. DEDERING EXECUTIVE DIRECTOR	40.00	X		X				100,252.	0.	23,634.
(6) PAUL J. HOFFMAN CHAIR	0.30	X		X				0.	0.	0.
(7) BRIAN R. WALLACE CHAIR	0.30	X		X				0.	0.	0.
(8) DEBRA MICHIELS VICE CHAIR	0.30	X		X				0.	0.	0.
(9) RONALD J. ALTENBURG TREASURER	0.30	X		X				0.	0.	0.
(10) MARY K. SCHMIDT BOARD MEMBER	0.30	X		X				0.	0.	0.
(11) PATRICK KOENEN SECRETARY	0.30	X		X				0.	0.	0.
(12) RANDALL A. HAAK BOARD MEMBER	0.30	X						0.	0.	0.
(13) ALBERT G. SCHMIDT BOARD MEMBER	0.30	X						0.	0.	0.
(14) MARJORIE D. WEISS PHD, APNP BOARD MEMBER	0.30	X						0.	0.	0.
(15) JEFFREY D. SANDEE BOARD MEMBER	0.30	X						0.	0.	0.
(16) MICHAEL S. ARIENS BOARD MEMBER	0.30	X						0.	0.	0.
(17) LYNNE F. KELLER (FORMER) BOARD MEMBER	0.30	X						0.	0.	0.



**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 (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) PAUL J. MCCANN BOARD MEMBER	0.30	X						0.	0.	0.
(19) RALPH O. KENNEDY II (FORMER) BOARD MEMBER	0.30	X						0.	0.	0.
(20) TIMOTHY GOGGINS, MD BOARD MEMBER	0.30	X						0.	0.	0.
(21) WENDY JANU BOARD MEMBER	0.30	X						0.	0.	0.
(22) ANDREW ROSSMEISL BOARD MEMBER	0.30	X						0.	0.	0.
(23) DAVID SICKELS, MD BOARD MEMBER	0.30	X						0.	0.	0.
(24) TERRI TRANTOW BOARD MEMBER	0.30	X						0.	0.	0.
<b>1b Sub-total</b>								100,252.	1,800,098.	240,216.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								100,252.	1,800,098.	240,216.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
<b>4</b> 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	X	
<b>5</b> 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		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization <b>0</b>		

**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
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	6,530.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,100,136.				
	g Noncash contributions included in lines 1a-1f \$						
	h <b>Total.</b> Add lines 1a-1f			1,106,666.			
<b>Program Service Revenue</b>	2 a <u>GIFT SHOP</u>	Business Code	453220	41,311.			41,311.
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g <b>Total.</b> Add lines 2a-2f			41,311.			
	<b>Other Revenue</b>	3 Investment income (including dividends, interest, and other similar amounts)			247,092.		
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
6 a Gross rents		(i) Real	(ii) Personal				
b Less. rental expenses							
c Rental income or (loss)							
d Net rental income or (loss)							
7 a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other				
b Less. cost or other basis and sales expenses							
c Gain or (loss)							
d Net gain or (loss)				448,839.			448,839.
8 a Gross income from fundraising events (not including \$ 6,530. of contributions reported on line 1c). See Part IV, line 18		a		103,509.			
b Less. direct expenses		b		23,853.			
c Net income or (loss) from fundraising events				79,656.			79,656.
9 a Gross income from gaming activities See Part IV, line 19		a		13,565.			
b Less. direct expenses		b		0.			
c Net income or (loss) from gaming activities				13,565.			13,565.
10 a 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							
<b>Miscellaneous Revenue</b>			Business Code				
11 a <u>INCOME TAXES</u>		900099	150.	150.			
b <u>PARTNERSHIP K-1 ACTIVI</u>		900099	-424.		-424.		
c							
d All other revenue							
e <b>Total.</b> Add lines 11a-11d			-274.				
12 <b>Total revenue.</b> See instructions.			1,936,855.	150.	-424.	830,463.	

**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).

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>				
<b>1</b> Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	1,659,761.	1,659,761.		
<b>2</b> Grants and other assistance to individuals in the United States. See Part IV, line 22	45,056.	45,056.		
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	123,886.		61,943.	61,943.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	203,673.		149,303.	54,370.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
<b>9</b> Other employee benefits	49,883.		35,576.	14,307.
<b>10</b> Payroll taxes				
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting				
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17	30,566.			30,566.
<b>f</b> Investment management fees	111,043.		111,043.	
<b>g</b> Other	80,090.		80,090.	
<b>12</b> Advertising and promotion				
<b>13</b> Office expenses	32,114.		32,114.	
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	675.		675.	
<b>17</b> Travel				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization				
<b>23</b> Insurance				
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> MISCELLANEOUS	63,223.		63,223.	
<b>b</b> GIFT SHOP EXPENSES	31,178.		31,178.	
<b>c</b>				
<b>d</b>				
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	2,431,148.	1,704,817.	565,145.	161,186.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing	41,058.	1	139,672.
	2 Savings and temporary cash investments	136,221.	2	106,563.
	3 Pledges and grants receivable, net	2,742,572.	3	2,578,472.
	4 Accounts receivable, net		4	3,307.
	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)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b	10c	
	11 Investments - publicly traded securities	8,097,998.	11	8,359,829.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	11,017,849.	16	11,187,843.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	283,213.	17	159,004.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	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	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 <b>Total liabilities.</b> Add lines 17 through 25	283,213.	26	159,004.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets	4,888,337.	27	5,290,657.
	28 Temporarily restricted net assets	4,052,600.	28	3,921,685.
	29 Permanently restricted net assets	1,793,699.	29	1,816,497.
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	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 <b>Total net assets or fund balances</b>	10,734,636.	33	11,028,839.
	34 <b>Total liabilities and net assets/fund balances</b>	11,017,849.	34	11,187,843.

**Part XI Reconciliation 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	1,936,855.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,431,148.
3	Revenue less expenses. Subtract line 2 from line 1	3	-494,293.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	10,734,636.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	788,496.
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	11,028,839.

**Part XII Financial Statements and Reporting**

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

☒

- 1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
- b Were the organization's financial statements audited by an independent accountant?
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 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 separate 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?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c		X
3a		X
3b		

Form 990 (2011)

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

2011

**Open to Public Inspection**

Name of the organization

ST ELIZABETH HOSPITAL FOUNDATION

Employer identification number

39-1256677

<b>Part I</b>	<b>Reason for Public Charity Status</b> (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 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III)

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

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I      b ☐ Type II      c ☐ Type III - Functionally integrated      d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box \_\_\_\_\_

g ☐ Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) ☐ A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) ☐ A family member of a person described in (i) above?

(iii) ☐ A 35% controlled entity of a person described in (i) or (ii) above?

h ☐ Provide the following information about the supported organization(s).

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

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

[illegible]

**LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.**

Schedule A (Form 990 or 990-EZ) 2011

**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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	602,564.	669,590.	1329839.	3508653.	1106666.	7217312.
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 <b>Total.</b> Add lines 1 through 3	602,564.	669,590.	1329839.	3508653.	1106666.	7217312.
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)						393,052.
6 <b>Public support.</b> Subtract line 5 from line 4						6824260.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	602,564.	669,590.	1329839.	3508653.	1106666.	7217312.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	329,045.	222,972.	193,277.	241,819.	246,668.	1233781.
9 Net income from unrelated business activities, whether or not the business is regularly carried on			151.			151.
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 <b>Total support.</b> Add lines 7 through 10						8451244.
12 Gross receipts from related activities, etc. (see instructions)					12	441,485.
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	80.75	%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	78.12	%
16a <b>33 1/3% support test - 2011.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>			
b <b>33 1/3% support test - 2010.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>			
17a <b>10% -facts-and-circumstances test - 2011.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ► <input type="checkbox"/>			
b <b>10% -facts-and-circumstances test - 2010.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>			
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>			

Schedule A (Form 990 or 990-EZ) 2011

**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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12)						

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

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	<b>15</b>		%
<b>16</b> Public support percentage from 2010 Schedule A, Part III, line 15	<b>16</b>		%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>		%
<b>18</b> Investment income percentage from 2010 Schedule A, Part III, line 17	<b>18</b>		%

**19a 33 1/3% support tests - 2011.** 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 - 2010.** 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 ► ☐



**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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

**2011**

Open to Public  
Inspection

Name of the organization

**ST ELIZABETH HOSPITAL FOUNDATION**

Employer identification number

**39-1256677**

**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?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> 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)

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax 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, and not on a historic structure listed in the National Register	2d

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, 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 section 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 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) 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 (ASC 958) 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 acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition  
 b ☐ Scholarly research  
 c ☐ Preservation for future generations

- d ☐ Loan or exchange programs  
 e ☐ Other \_\_\_\_\_

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

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

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

- c Beginning balance  
 d Additions during the year  
 e Distributions during the year  
 f Ending balance

	Amount
1c	
1d	
1e	
1f	

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2,343,302.	2,321,016.	3,600,777.	3,756,448.	
b Contributions	28,071.	109,247.	127,455.	167,173.	
c Net investment earnings, gains, and losses	344,925.	-38,916.	221,679.	-80,095.	
d Grants or scholarships					
e Other expenditures for facilities and programs	-65,127.	48,045.	1,628,895.	242,749.	
f Administrative expenses					
g End of year balance	2,781,425.	2,343,302.	2,321,016.	3,600,777.	

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

- a Board designated or quasi-endowment ► 28.00 %  
 b Permanent endowment ► 72.00 %  
 c Temporarily restricted endowment ► \_\_\_\_\_ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

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

- (i) unrelated organizations  
 (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ► 0.

**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		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		

Total. (Col (b) must 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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

Total. (Col (b) must 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
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Total. (Column (b) must 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) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶

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

2. FIN 48 (ASC 740)

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	

**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	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	

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

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

**Part 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, line 2; 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.

**PART V, LINE 4: OUR INTENDED USE OF ENDOWMENT FUNDS IS TO PROVIDE**

**FINANCIAL RESOURCES TO SUPPORT THE MISSION OF ST. ELIZABETH HOSPITAL TO**

**PURCHASE NECESSARY EQUIPMENT, SUPPLIES, PROGRAM SUPPORT, FUNDING OUR**

**CHARITY CARE, OR OTHER NECESSARY ITEMS THAT OUR BUDGET OTHERWISE COULD NOT**

**SUPPORT**

**PART X, LINE 2:**

**MINISTRY RECOGNIZES THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF**

**Part XIV** Supplemental Information (continued)

IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITION. EXAMPLES OF TAX POSITIONS FOR MINISTRY'S NOT-FOR-PROFIT CORPORATIONS INCLUDE THEIR TAX-EXEMPT STATUS AND VARIOUS POSITIONS RELATED TO THE POTENTIAL SOURCES OF UNRELATED BUSINESS TAXABLE INCOME (UBIT). THE TAX BENEFITS RECOGNIZED IN THE FINANCIAL STATEMENTS FROM SUCH A POSITION ARE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50 PERCENT LIKELIHOOD OF BEING RECOGNIZED UPON ULTIMATE SETTLEMENT.

Department of the Treasury  
Internal Revenue Service

**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.**

## Open To Public Inspection

39-1256677

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

- a ☐ Mail solicitations  
b ☐ Internet and email solicitations  
c ☐ Phone solicitations  
d ☐ In-person solicitations  
e ☐ Solicitation of non-government grants  
f ☐ Solicitation of government grants  
g ☒ Special fundraising events

- ☒ Yes      ☐ No

- | (i) Name and address of individual or entity (fundraiser) | (ii) Activity               | (iii) Did fundraiser have custody or control of contributions? |    | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|---|-----------------------------|--|----|-----------------------------------|---|---|
|   |                             | Yes  | No |                                   |   |   |
| CAMPBELL & COMPANY - ONE EAST WACKER STREET DRIVE, SUITE  | CAPITAL CAMPAIGN CONSULTING |  | X  | 0.                                | 0.  | 30,566.   |
|   |                             |  |    |                                   |   |   |
|   |                             |  |    |                                   |   |   |
|   |                             |  |    |                                   |   |   |
|   |                             |  |    |                                   |   |   |
|   |                             |  |    |                                   |   |   |
|   |                             |  |    |                                   |   |   |
|   |                             |  |    |                                   |   |   |
|   |                             |  |    |                                   |   |   |
|   |                             |  |    |                                   |   |   |
|   |                             |  |    |                                   |   |   |
|   |                             |  |    |                                   |   |   |
|   |                             |  |    |                                   |   |   |
| <b>Total</b>  |                             |  |    |                                   |   | 30,566.   |

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

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
		GOLF OUTING (event type)	(event type)	(total number)	
Revenue	1 Gross receipts	110,039.			110,039.
	2 Less: Charitable contributions	6,530.			6,530.
	3 Gross income (line 1 minus line 2)	103,509.			103,509.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	23,853.			23,853.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				( 23,853 )
	11 Net income summary. Combine line 3, column (d), and line 10				79,656.

**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				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				( )
	8 Net gaming income summary. Combine line 1, column d, and line 7				

9 Enter the state(s) in which the organization operates gaming activities \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states? ☐ 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:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records.

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ 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 of the third party

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 to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions)

**SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:****(I) NAME OF FUNDRAISER: CAMPBELL & COMPANY****(I) ADDRESS OF FUNDRAISER:****ONE EAST WACKER STREET DRIVE, SUITE 3350, CHICAGO, IL 60601**



**SCHEDULE I**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2011**

Open to Public  
Inspection

Name of the organization

**ST ELIZABETH HOSPITAL FOUNDATION**

Employer identification number  
**39-1256677**

**Part I** General Information on Grants and Assistance

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

☒ Yes ☐ No

**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

**Part II** Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NETWORK HEALTH SYSTEM, INC. 1570 MIDWAY PL MENASHA, WI 54952	39-1127163	501(C)(3)	19,378.	0.			PROVIDE SUPPORT FOR ORGANIZATION'S ACTIVITIES
CALUMET MEDICAL CENTER 614 MEMORIAL DR CHILTON, WI 53014	39-0905385	501(C)(3)	39,566.	0.			PROVIDE SUPPORT FOR ORGANIZATION'S ACTIVITIES
ST ELIZABETH HOSPITAL, INC. 1506 S ONEIDA ST APPLETON, WI 54915	39-0816818	501(C)(3)	1,589,907.	0.			PROVIDE SUPPORT FOR ORGANIZATION'S ACTIVITIES
AFFINITY HEALTH SYSTEM 1570 MIDWAY PL MENASHA, WI 54952	39-1568866	501(C)(3)	8,409.	0.			PROVIDE SUPPORT FOR ORGANIZATION'S ACTIVITIES

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

4.

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

▶

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

Schedule I (Form 990) (2011)

**Part III** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
INDIGENT PATIENT CARE	110	4,282.	0.		
EMPLOYEE EMERGENCY LIFE CRISIS	48	26,797.	0.		
SCHOLARSHIPS	7	6,500.	0.		
MISSION TRIPS	10	7,477.	0.		

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

SCHEDULE I, PART I, LINE 2: CERTAIN FUNDS WITHIN THE FOUNDATION CAN BE

GRANTED IN TOTAL. OTHERS ONLY A CERTAIN PERCENTAGE CAN BE GRANTED BASED ON

DONOR INTENT AND DISBURSEMENT POLICY. THE PERCENTAGE IS SET BY THE FINANCE

COMMITTEE AT THE BEGINNING OF EACH FISCAL YEAR FOR THOSE FUNDS THAT ONLY A

PERCENTAGE IS AVAILABLE FOR GRANTS. THESE FIGURES ARE THEN USED BY THE

GRANTS COMMITTEE FOR THE GRANT PROCESS. GRANT APPLICATIONS ARE SUBMITTED

ACCORDING TO PROCEDURES IN PLACE AND REVIEWED BY THE COMMITTEE. THE

COMMITTEE REVIEWS THE GRANT APPLICATIONS, VERIFY THEY MEET SET CRITERIA AND

ULTIMATELY SUBMITS A LIST OF RECOMMENDED GRANTS AND DOLLAR AMOUNTS TO THE

**Part IV** Supplemental Information

BOARD FOR APPROVAL. THE BOARD MAKES FINAL GRANT APPROVALS. QUICKBASE IS USED THROUGHOUT THIS PROCESS AS A MECHANISM TO TRACK GRANTS FROM THE INITIAL APPLICATION TO THE PAYMENT AND FINAL GRANTEE REPORT.

**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, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

**2011**

Open to Public  
Inspection

Name of the organization

**ST ELIZABETH HOSPITAL FOUNDATION**

Employer identification number

**39-1256677**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,  
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

☐ First-class or charter travel

☒ Travel for companions

☐ Tax indemnification and gross-up payments

☐ Discretionary spending account

☐ Housing allowance or residence for personal use

☐ Payments for business use of personal residence

☒ Health or social club dues or initiation fees

☒ Personal services (e.g., maid, chauffeur, chef)

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

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

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's  
CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to  
establish compensation of the CEO/Executive Director. Explain in Part III.

☒ Compensation committee

☒ Independent compensation consultant

☐ Form 990 of other organizations

☒ Written employment contract

☒ Compensation survey or study

☒ Approval by the board or compensation committee

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing  
organization or a related organization:

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

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

**c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

**Only section 501(c)(3) and 501(c)(4) organizations 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?

**b** Any related organization?

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

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

**a** The organization?

**b** Any related organization?

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

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

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

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in  
Regulations section 53.4958-6(c)?

Yes No

1b

X

2

X

4a

X

4b

X

4c

X

5a

X

5b

X

6a

X

6b

X

7

X

8

X

9

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

Schedule J (Form 990) 2011

**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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name	(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 as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 DANIEL E. NEUFELDER	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 651,721.	226,380.	21,389.	71,836.	22,324.	993,650.	0.
2 DEIDRE FLANAGAN, MD	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 362,415.	0.	417.	22,598.	20,721.	406,151.	0.
3 KATHRYN MEYER, MD	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 322,888.	0.	1,411.	18,611.	20,734.	363,644.	0.
4 EDWARD BAYER, MD	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 213,251.	0.	226.	19,822.	19,936.	253,235.	0.
5	(i)						
	(ii)						
6	(i)						
	(ii)						
7	(i)						
	(ii)						
8	(i)						
	(ii)						
9	(i)						
	(ii)						
10	(i)						
	(ii)						
11	(i)						
	(ii)						
12	(i)						
	(ii)						
13	(i)						
	(ii)						
14	(i)						
	(ii)						
15	(i)						
	(ii)						
16	(i)						
	(ii)						

**Part III** Supplemental Information

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

PART I, LINE 1B: BUSINESS TRAVEL EXPENSES FOR SPOUSES OF EXECUTIVES AND  
GOLF CLUB MEMBERSHIP FOR EXECUTIVES ARE REIMBURSED AS PART OF THEIR  
EXECUTIVE FLEX CREDIT ACCOUNT. RECEIPTS ARE PROVIDED TO SR. ADMINISTRATIVE  
ASSISTANT IN HR WHO REVIEWS FOR ACCURACY, COMPLETES A REIMBURSEMENT FORM  
WITH SUBSTANTIATION TO PAYROLL FOR REIMBURSEMENT. THESE REIMBURSEMENTS ARE  
TAXABLE AND, WHEN ADDED TO THE COMPENSATION PACKAGE TAKEN AS A WHOLE, HAVE  
BEEN INCLUDED WHEN COMPARED TO THE COMPENSATION STUDIES.

PART I, LINE 5: EXECUTIVE INCENTIVE PLAN WAS ACCRUED FOR HOWEVER NO  
PAYMENTS WERE MADE FOR FISCAL YEAR 2012.

**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 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

**2011**

Open to Public  
Inspection

Name of the organization

ST ELIZABETH HOSPITAL FOUNDATION

Employer identification number  
39-1256677

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

COMMUNITY HEALTH CARE INITIATIVES.

FORM 990, PART VI, SECTION A, LINE 6: AFFINITY HEALTH SYSTEM IS THE  
CORPORATE MEMBER OF ST. ELIZABETH HOSPITAL FOUNDATION.

FORM 990, PART VI, SECTION A, LINE 7A: AFFINITY HEALTH SYSTEM HAS THE  
POWER TO ELECT AND REMOVE MEMBERS OF THE BOARD OF DIRECTORS OF ST.  
ELIZABETH HOSPITAL FOUNDATION.

FORM 990, PART VI, SECTION A, LINE 7B: BOARD MEMBERS, AMENDMENTS OF THE  
ARTICLES OF INCORPORATION AND BYLAWS MUST BE APPROVED BY ST. ELIZABETH  
HOSPITAL FOUNDATION'S CORPORATE MEMBER, AFFINITY HEALTH SYSTEM.

FORM 990, PART VI, SECTION B, LINE 11: THE CONTROLLER AND CFO OF AFFINITY  
HEALTH SYSTEM PERFORM A DETAIL REVIEW OF THE 990. AFTER MANAGEMENT REVIEW,  
A COPY OF THE 990 IS PROVIDED TO THE BOARD OF DIRECTORS PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C: ANNUAL CONFLICT OF INTEREST  
STATEMENTS ARE COMPLETED AND SIGNED BY EACH DIRECTOR, PRINCIPAL OFFICER AND  
COMMITTEE CHAIR EXECUTIVE. IF THERE IS ANY POTENTIAL CONFLICTS OF  
INTEREST, THERE IS A DESIGNATED AUTHORITY MEETING THAT DISCUSSES THE  
POTENTIAL CONFLICT OF INTEREST WITHOUT THE INTERESTED PERSON. A RULING IS  
THEN MADE UPON WHETHER THE TRANSACTION MEETS ONE OF THE FOLLOWING THREE  
CRITERIA; 1.) TRANSACTION NEITHER INVOLVES AN INTERESTED PERSON NOR IS AN  
INSIDER TRANSACTION, 2.) TRANSACTION INVOLVES AN INTERESTED PERSON, BUT IS

Name of the organization

ST ELIZABETH HOSPITAL FOUNDATION

Employer identification number

39-1256677

NOT AN INSIDER TRANSACTION, OR 3.) TRANSACTION INVOLVES AN INTERESTED PERSON AND IS AN INSIDER TRANSACTION.

FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION OF THE ORGANIZATION'S OFFICERS OR KEY EMPLOYEES ARE DETERMINED BY AFFINITY HEALTH SYSTEM BECAUSE THE ORGANIZATION DOES NOT PAY ANY EMPLOYEES DIRECTLY. THE WAGE AND SALARY STRUCTURE FOR AHS IS REVIEWED AT LEAST ANNUALLY BY THE HUMAN RESOURCES STAFF TO ASSURE INTERNAL EQUITY AND MARKET COMPETITIVENESS. THIS ANALYSIS IS COMPLETED THROUGH THE USE OF BENCHMARK POSITION COMPARISONS. BENCHMARK POSITIONS ARE THOSE JOBS, WHICH ARE COMPARABLE TO THE MARKET AND REFLECT THE BREADTH AND DEPTH OF COMPETENCIES IN THE SPECIFIC BUSINESS UNIT. WHERE SURVEY DATA AND ANALYSIS OF THE ORGANIZATION'S CURRENT PAY LEVELS INDICATE A REVISION IS IN ORDER, THE DIRECTOR OF HUMAN RESOURCES WILL RECOMMEND CHANGES AS PART OF THE BUDGETARY PROCESS.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION BELIEVES THE FINANCIAL STATEMENTS, GOVERNING DOCUMENTS, AND POLICIES ARE THE PROPERTY OF THE ORGANIZATION AND ARE NOT AVAILABLE FOR PUBLIC INSPECTION.

FORM 990, PART VII

DANIEL NEFELDER WORKED AN AVERAGE OF 40 HOURS PER WEEK FOR RELATED ORGANIZATIONS.

DEIDRE FLANIGAN, MD WORKED AN AVERAGE OF 40 HOURS PER WEEK FOR RELATED ORGANIZATIONS.

KATHRYN MEYER, MD WORKED AN AVERAGE OF 40 HOURS PER WEEK FOR RELATED ORGANIZATIONS.

EDWARD BAYER, MS WORKED AN AVERAGE OF 40 HOURS PER WEEK FOR RELATED ORGANIZATIONS.



Name of the organization

ST ELIZABETH HOSPITAL FOUNDATION

Employer identification number

39-1256677

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED GAINS ON INVESTMENTS: 672,969.

MARKET ADJUSTMENT 115,527.

TOTAL TO FORM 990, PART XI, LINE 5 788,496.

FORM 990, PART XII, LINE 2C:

ST. ELIZABETH HOSPITAL FOUNDATION (ORGANIZATION) DOES NOT RECEIVE  
SEPARATELY AUDITED FINANCIAL STATEMENTS. THE ORGANIZATION IS AUDITED  
AND REPORTED THROUGH CONSOLIDATED FINANCIAL STATEMENTS. THE AUDIT  
COMMITTEE IS RESPONSIBLE FOR THE AUDITOR SELECTION. THE AUDIT  
STATEMENTS ARE REVIEWED BY THE CONTROLLER, CFO, MINISTRY HEALTH CFO,  
AND THE AUDIT COMMITTEE. THIS PROCESS HAS NOT CHANGED FROM THE PRIOR  
YEAR.

**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

**2011**

Open to Public  
Inspection

Name of the organization

**ST ELIZABETH HOSPITAL FOUNDATION**

Employer identification number  
**39-1256677**

**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" to 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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
AFFINITY HEALTH SYSTEM - 39-1568866 1570 MIDWAY PL MENASHA, WI 54952	SUPPORT RELATED HEALTHCARE ORGANIZATIONS	ILLINOIS	501(C)(3)	LINE 11B, II	MINISTRY HEALTH CARE, INC.		X
MERCY MEDICAL CENTER OF OSHKOSH, INC - 39-0806268, 500 S. OAKWOOD, OSHKOSH, WI 54904	HOSPITAL	WISCONSIN	501(C)(3)	LINE 3	AFFINITY HEALTH SYSTEM		X
CALUMET MEDICAL CENTER, INC - 39-0905385 614 MEMORIAL DRIVE CHILTON, WI 53014	HOSPITAL	WISCONSIN	501(C)(3)	LINE 3	AFFINITY HEALTH SYSTEM		X
NETWORK HEALTH SYSTEM, INC - 39-1127163 1570 APPLETON ROAD MENASHA, WI 54952	CLINICAL HEALTHCARE SERVICES	WISCONSIN	501(C)(3)	LINE 3	AFFINITY HEALTH SYSTEM		X

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

Schedule R (Form 990) 2011

**Part II** Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
MERCY HEALTH FOUNDATION INC - 23-7140261 P.O. BOX 3370 OSHKOSH, WI 54903	PUBLIC WELFARE THROUGH COMMUNITY HEALTH DEVELOPMENT	WISCONSIN	501(C)(3)	LINE 9	AFFINITY HEALTH SYSTEM		X
ST. ELIZABETH HOSPITAL, INC - 39-0816818 1506 S. ONEIDA STREET APPLETON, WI 54915	HOSPITAL	WISCONSIN	501(C)(3)	LINE 3	AFFINITY HEALTH SYSTEM		X
MARIAN HEALTH SYSTEMS, INC - 36-3659989 1923 SOUTH UTICA AVENUE TULSA, OK 74104	PARENT CORP	DELAWARE	501(C)(3)	LINE 11A, I N/A			X
MINISTRY HEALTH CARE, INC - 39-1490371 1925 W LAKE PARK DR STE 100 MILWAUKEE, WI 53224	PARENT CORP - MANAGEMENT SERVICES	WISCONSIN	501(C)(3)	LINE 11B, II	MARIAN HEALTH SYSTEM, INC.		X
AGAPE COMMUNITY CENTER OF MILWAUKEE, INC - 39-1461846, 6100 NORTH 42ND STREET, MILWAUKEE, WI 53209	COMMUNITY CENTER	WISCONSIN	501(C)(3)	LINE 11A, I	MINISTRY HEALTH CARE, INC.		X
SACRED HEART-SAINT MARY'S HOSPITALS, INC - 39-1390638, 401 WEST MOHAWK DRIVE/2251 NORTH SHORE, TOMAHAWK/RHINELANDER, WI 54487	HOSPITALS	WISCONSIN	501(C)(3)	LINE 3	MINISTRY HEALTH CARE, INC.		X
MINISTRY WEIGHT MANAGEMENT, INC - 39-1829015 2251 NORTH SHORE DRIVE RHINELANDER, WI 54501	HEALTH SERVICES	WISCONSIN	501(C)(3)	LINE 3	SACRED HEART-SAINT MARY'S HOSPITALS		X
HOWARD YOUNG HEALTH CARE, INC - 39-1499115 240 MAPLE STREET WOODRUFF, WI 54568	HOME OFFICE	WISCONSIN	501(C)(3)	LINE 3	MINISTRY HEALTH CARE, INC.		X
HOWARD YOUNG MEDICAL CENTER, INC - 39-0873606, 240 MAPLE STREET, WOODRUFF, WI 54568	HOSPITAL	WISCONSIN	501(C)(3)	LINE 3	HOWARD YOUNG HEALTH CARE, INC.		X
EAGLE RIVER MEMORIAL HOSPITAL - 39-0985690 201 HOSPITAL ROAD EAGLE RIVER, WI 54521	HOSPITAL	WISCONSIN	501(C)(3)	LINE 3	THE HOWARD YOUNG MEDICAL CENTER, INC.		X
DR. KATE NEWCOMB CONVALESCENT CENTER, INC - 39-1357365, 301 ELM ST, WOODRUFF, WI 54568	LTC FACILITY	WISCONSIN	501(C)(3)	LINE 3	HOWARD YOUNG HEALTH CARE, INC.		X
SAINT MICHAEL'S HOSPITAL OF STEVENS POINT, INC - 39-0808443, 900 ILLINOIS AVENUE, STEVENS POINT, WI 54481	HOSPITAL	WISCONSIN	501(C)(3)	LINE 3	MINISTRY HEALTH CARE, INC.		X

**Part II** Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
GOOD SAMARITAN HEALTH CENTER - 39-0808503 601 SOUTH CENTER AVENUE MERRILL, WI 54452	HOSPITAL	WISCONSIN	501(C)(3)	LINE 3	MINISTRY HEALTH CARE, INC.		X
SAINT CLAIRE'S HOSPITAL OF WESTON, INC - 72-1531917, 3400 MINISTRY PARKWAY, WESTON, WI 54476	HOSPITAL	WISCONSIN	501(C)(3)	LINE 3	MINISTRY HEALTH CARE, INC.		X
MINISTRY MEDICAL GROUP, INC - 39-1965593 824 ILLINOIS AVENUE STEVENS POINT, WI 54481	CLINICS	WISCONSIN	501(C)(3)	LINE 3	MINISTRY HEALTH CARE, INC.		X
MINISTRY HOME CARE, INC - 39-1936201 611 ST JOSEPH AVENUE 4S MARSHFIELD, WI 54449	HOME CARE/HOSPICE	WISCONSIN	501(C)(3)	LINE 3	MINISTRY HEALTH CARE, INC.		X
SAINT JOSEPH'S HOSPITAL OF MARSHFIELD INC - 39-0847631, 611 SAINT JOSEPH AVENUE, MARSHFIELD, WI 54449	HOSPITAL	WISCONSIN	501(C)(3)	LINE 3	MINISTRY HEALTH CARE, INC.		X
OUR LADY OF VICTORY HOSPITAL, INC - 39-0807065, 1120 PINE STREET, STANLEY, WI 54768	HOSPITAL	WISCONSIN	501(C)(3)	LINE 3	MINISTRY HEALTH CARE, INC.		X
DOOR COUNTY MEMORIAL HOSPITAL - 39-0806324 323 SOUTH 18TH AVENUE STURGEON BAY, WI 54235	HOSPITAL/CLINIC/NURSING HOME	WISCONSIN	501(C)(3)	LINE 3	MINISTRY HEALTH CARE, INC.		X
SAINT ELIZABETHS HOSPITAL OF WABASHA INC - 41-0693877, 1200 GRANT BLVD WEST, WABASHA, MN 55981	HOSPITAL/NURSING HOME	MINNESOTA	501(C)(3)	LINE 3	MINISTRY HEALTH CARE, INC.		X
GOOD SAMARITAN HEALTH CENTER FOUNDATION OF MERRILL WISC INC - 39-1627755, 601 SOUTH CENTER AVENUE, STEVENS POINT, WI 54452	CHARITABLE FOUNDATION	WISCONSIN	501(C)(3)	LINE 11A, I	MINISTRY HEALTH CARE, INC.		X
FOUNDATION OF SAINT JOSEPHS HOSPITAL OF MARSHFIELD INC - 39-1684957, 611 SAINT JOSEPH AVENUE, MARSHFIELD, WI 54449	CHARITABLE FOUNDATION	WISCONSIN	501(C)(3)	LINE 11A, I	SAINT JOSEPH'S HOSPITAL OF MARSHFIELD INC.		X
PARTNERS WITH SAINT JOSEPHS HOSPITAL OF MARSHFIELD INC - 39-6094701, 611 SAINT JOSEPH AVENUE, MARSHFIELD, WI 54449	HOSPITAL AUXILIARY	WISCONSIN	501(C)(3)	LINE 11C, III-FI	SAINT JOSEPH'S HOSPITAL OF MARSHFIELD INC.		X
HOWARD YOUNG FOUNDATION INC - 39-1521169 240 MAPLE ST WOODRUFF, WI 54568	FOUNDATION	WISCONSIN	501(C)(3)	LINE 7	MINISTRY HEALTH CARE, INC.		X





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

<b>Note.</b> Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule	
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	
<b>a</b> Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	
<b>b</b> Gift, grant, or capital contribution to related organization(s)	
<b>c</b> Gift, grant, or capital contribution from related organization(s)	
<b>d</b> Loans or loan guarantees to or for related organization(s)	
<b>e</b> Loans or loan guarantees by related organization(s)	
<b>f</b> Sale of assets to related organization(s)	
<b>g</b> Purchase of assets from related organization(s)	
<b>h</b> Exchange of assets with related organization(s)	
<b>i</b> Lease of facilities, equipment, or other assets to related organization(s)	
<b>j</b> Lease of facilities, equipment, or other assets from related organization(s)	
<b>k</b> Performance of services or membership or fundraising solicitations for related organization(s)	
<b>l</b> Performance of services or membership or fundraising solicitations by related organization(s)	
<b>m</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	
<b>n</b> Sharing of paid employees with related organization(s)	
<b>o</b> Reimbursement paid to related organization(s) for expenses	
<b>p</b> Reimbursement paid by related organization(s) for expenses	
<b>q</b> Other transfer of cash or property to related organization(s)	
<b>r</b> Other transfer of cash or property from related organization(s)	

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)			
(2)			
(3)			
(4)			
(5)			
(6)			

**Part VI** **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to 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.

[illegible]



**Part VII** Supplemental Information

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

**PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:**

NAME OF RELATED ORGANIZATION:

MINISTRY WEIGHT MANAGEMENT, INC

DIRECT CONTROLLING ENTITY: SACRED HEART-SAINT MARY'S HOSPITALS, INC.

NAME OF RELATED ORGANIZATION:

SAINT MICHAELS FOUNDATION OF STEVENS POINT INC

DIRECT CONTROLLING ENTITY: SAINT MICHAEL'S HOSPITAL OF STEVENS POINT, INC.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Type or print  File by the due date for filing your return. See instructions.	Enter filer's identifying number, see instructions	
	Name of exempt organization or other filer, see instructions	Employer identification number (EIN) or
	<b>ST ELIZABETH HOSPITAL FOUNDATION</b>	<input checked="" type="checkbox"/> <b>39-1256677</b>
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	<b>1506 SOUTH ONEIDA STREET</b>	<input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	<b>APPLETON, WI 54915</b>	

Enter the Return code for the return that this application is for (file a separate application for each return)

**01**

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

**JEFF BADGER**

- The books are in the care of **1570 MIDWAY PLACE - MENASHA, WI 54952**

Telephone No. **920-720-1300**

FAX No. ☐

- If the organization does not have an office or place of business in the United States, check this box ☐

- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ☐. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **AUGUST 15, 2013**

5 For calendar year ☐, or other tax year beginning **OCT 1, 2011**, and ending **SEP 30, 2012**

6 If the tax year entered in line 5 is for less than 12 months, check reason ☐ initial return ☐ Final return  
☐ Change in accounting period

7 State in detail why you need the extension

**ADDITIONAL TIME IS NEEDED TO GATHER INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.**

<b>8a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	<b>8a</b>	\$	<b>0.</b>
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	<b>8b</b>	\$	<b>0.</b>
<b>c</b> <b>Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b>	\$	<b>0.</b>

**Signature and Verification must be completed for Part II only.**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ☐

Title **CPA**

Date ☐