



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2014

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

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

- Do not enter social security numbers on this form as it may be made public
- Information about Form 990 and its instructions is at www.irs.gov/form990

A For the 2014 calendar year, or tax year beginning 07-01-2014, and ending 06-30-2015

B Check if applicable	C Name of organization St Elizabeth Hospital Inc		D Employer identification number 39-0816818
<input type="checkbox"/> Address change			
<input type="checkbox"/> Name change	Doing business as		
<input type="checkbox"/> Initial return			
<input type="checkbox"/> Final return/terminated	Number and street (or P O box if mail is not delivered to street address) 1506 South Oneida Street	Room/suite	
<input type="checkbox"/> Amended return			
<input type="checkbox"/> Application pending	City or town, state or province, country, and ZIP or foreign postal code Appleton, WI 549151397		
	F Name and address of principal officer Monica Hilt 1506 South Oneida Street Appleton, WI 549151397		
I Tax-exempt status	<input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website:	► www.affinityhealth.org		
K Form of organization	<input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation 1899
M State of legal domicile	WI		

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

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

H(c) Group exemption number ► 0928

Part I Summary

1 Briefly describe the organization's mission or most significant activities To further the healing ministry of Jesus by improving the health and well-being of all people	
2 Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets	
3 Number of voting members of the governing body (Part VI, line 1a)	3 16
4 Number of independent voting members of the governing body (Part VI, line 1b)	4 9
5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5 1,359
6 Total number of volunteers (estimate if necessary)	6 356
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 201,867
b Net unrelated business taxable income from Form 990-T, line 34	7b -8,657

Activities & Governance

Revenue

Expenses

Net Assets or Fund Balances

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		2016-05-16
			Date
	Brian Regan Interim CFO		
	Type or print name and title		

Paid Preparer Use Only	Print/Type preparer's name Rachel Becker	Preparer's signature Rachel Becker	Date	Check <input type="checkbox"/> if self-employed	PTIN P00966076
	Firm's name ► Deloitte Tax LLP			Firm's EIN ► 86-1065772	
	Firm's address ► 555 East Wells Street Suite 1400 Milwaukee, WI 53202			Phone no (414) 271-3000	

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2014)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

The mission of St. Elizabeth Hospital, Inc. is to live out the healing ministry of Christ by providing services that promote the health and well-being of the communities we serve, especially the poor.

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

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

Yes No

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

Yes No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code) (Expenses \$ 126,839,417 including grants of \$ 70,000) (Revenue \$ 195,962,950

ST. ELIZABETH HOSPITAL, INC. PROVIDES INPATIENT, OUTPATIENT, EMERGENCY ROOM, AND ANCILLARY SERVICES REGARDLESS OF AN INDIVIDUAL'S ABILITY TO PAY. THE HOSPITAL ALSO PROVIDES EDUCATIONAL PROGRAMS AND SERVICES ON HEALTH CARE ISSUES TO THE COMMUNITY IT SERVES. SEE SCHEDULE H FOR FURTHER DETAILS.

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 **►** 126 839 417

Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A

2 Is the organization required to complete Schedule B, *Schedule of Contributors* (see instructions)?

3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III

6 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? If "Yes," complete Schedule D, Part I

7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III

9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV

10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V

11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable

- a** Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI
- b** Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII
- c** Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII
- d** Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX
- e** Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X
- f** Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part XI

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII

12b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States?

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? If "Yes," complete Schedule F, Parts I and IV

15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV

16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV

17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

	Yes	No
1	Yes	
2	Yes	
3		No
4	Yes	
5		No
6		No
7		No
8		No
9		No
10		No
11a	Yes	
11b		No
11c		No
11d		No
11e	Yes	
11f	Yes	
12a		No
12b	Yes	
13		No
14a		No
14b		No
15		No
16		No
17		No
18		No
19		No
20a	Yes	
20b	Yes	

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)	28a		No
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28c		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	29		No
30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	30		No
31	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	31		No
32	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	32		No
33	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	33		No
34	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	34	Yes	
35a	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	35a	Yes	
b	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . . .	1a	84	
1b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable . . .	1b	0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . .	1c	Yes	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . .	2a	1,359	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? . . .	3a	Yes	
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i> . . .	3b	Yes	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . .	4a	No	
b If "Yes," enter the name of the foreign country ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .	5a	No	
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . .	5b	No	
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . .	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	6a	No	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . .	6b		
7 Organizations that may receive deductible contributions under section 170(c).	7a	No	
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? . . .	7b		
b If "Yes," did the organization notify the donor of the value of the goods or services provided? . . .	7c	No	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . .	7d		
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? . . .	7e	No	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .	7f	No	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . .	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . .	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a Did the sponsoring organization make any taxable distributions under section 4966? . . .	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	9b		
10 Section 501(c)(7) organizations. Enter	10a		
a Initiation fees and capital contributions included on Part VIII, line 12 . . .	10b		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11 Section 501(c)(12) organizations. Enter	11a		
a Gross income from members or shareholders . . .	11b		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . .			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? . . .	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13b		
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 . . .	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year? . . .	14a	No	
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> . . .	14b		

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

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	16	
	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			
1b	Enter the number of voting members included in line 1a, above, who are independent	1b	9	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No	
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	8a	Yes	
a	The governing body?	8b	Yes	
b	Each committee with authority to act on behalf of the governing body?	9	No	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	<input checked="" type="checkbox"/> WI
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply	
	<input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
20	State the name, address, and telephone number of the person who possesses the organization's books and records	
	Craig Aittama	

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee Or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	830,507	9,746,446	298,458

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 **►42**

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. 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
THE BOLDT COMPANY 2525 N ROEMER RD PO BOX 419 APPLETON, WI 54912	CONSTRUCTION SERVICES	34,133,061
BOLDT PROCUREMENT LLC 2525 N ROEMER RD PO BOX 419 APPLETON, WI 54912	CONSTRUCTION SERVICES	14,677,748
SHARED MEDICAL SERVICES 209 LIMESTONE PASS COTTAGE GROVE, WI 53527	MRI/CT SERVICES	1,155,662
HAMEL GREEN & ABRAHAMSON INC 333 EAST ERIE STREET MILWAUKEE, WI 53202	CONSULTING & DESIGN SERVICES	1,066,995
GUNDERSON INC 41 MAIN ST MENASHA, WI 549523198	DRY CLEANING SERVICES	574,704
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►25		

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d	1,157,882			
	e Government grants (contributions)	1e	38,437			
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a-1f \$					
	h Total. Add lines 1a-1f		1,196,319			
Program Service Revenue	2a Net Patient Revenue	Business Code				
		622110	195,118,517	195,118,517		
	b Misc Hospital Revenue		1,309,865	1,309,865		
	c Outpatient Lab Revenue		197,017		197,017	
	d Genetic Services		4,850		4,850	
	e Equity Int in Catalpa		-1,127,508	-1,127,508		
	f All other program service revenue		110,068	110,068	0	0
	g Total. Add lines 2a-2f		195,612,809			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		98,664		98,664	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(I) Real	(II) Personal			
		2,702,282				
	b Less rental expenses	1,326,379				
	c Rental income or (loss)	1,375,903	0			
	d Net rental income or (loss)		1,375,903			1,375,903
11a EHR Incentive Payment	7a Gross amount from sales of assets other than inventory	(I) Securities	(II) Other			
			43,892			
	b Less cost or other basis and sales expenses					
	c Gain or (loss)	0	43,892			
	d Net gain or (loss)		43,892			43,892
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18					
	b Less direct expenses	a				
	c Net income or (loss) from fundraising events	b				
9a Gross income from gaming activities See Part IV, line 19	a					
b Less direct expenses	b					
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	a					
b Less cost of goods sold	b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	Business Code					
11a EHR Incentive Payment	900099	333,004	333,004			
b Cafeteria Income	722210	1,041,068			1,041,068	
c Other Non-Op Revenue	900099	219,004	219,004			
d All other revenue		0	0	0	0	
e Total. Add lines 11a-11d		1,593,076				
12 Total revenue. See Instructions		199,920,663	195,962,950	201,867	2,559,527	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	70,000	70,000		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	66,621,247	54,576,510	12,044,737	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,115,577	1,734,773	380,804	
9 Other employee benefits	12,920,335	9,896,379	3,023,956	
10 Payroll taxes	4,047,301	3,318,787	728,514	
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	3,767,919	865,900	2,902,019	0
12 Advertising and promotion				
13 Office expenses	26,477,175	25,793,703	683,472	
14 Information technology	2,440	2,440		
15 Royalties				
16 Occupancy	4,215,230	3,411,173	804,057	
17 Travel	459,471	115,209	344,262	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,191	1,191		
20 Interest	2,662,041	2,662,041		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	9,714,939	8,787,339	927,600	
23 Insurance	445,139	437,411	7,728	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a Purchased Services	13,182,398	6,877,786	6,304,612	
b Pharmaceuticals	7,347,092	7,327,616	19,476	
c Food	808,217	723,457	84,760	
d Dues	246,682	23,864	222,818	
e All other expenses	7,664,985	213,838	7,451,147	0
25 Total functional expenses. Add lines 1 through 24e	162,769,379	126,839,417	35,929,962	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year	(B) End of year
Assets			
1	Cash—non-interest-bearing	3,280,970	1 14,415,110
2	Savings and temporary cash investments	660,107	2 660,107
3	Pledges and grants receivable, net	3	
4	Accounts receivable, net	27,070,582	4 28,358,025
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5 0
6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	6
7	Notes and loans receivable, net	7	
8	Inventories for sale or use	3,145,705	8 3,226,965
9	Prepaid expenses and deferred charges	169,831	9 206,896
10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 196,581,597	
b	Less accumulated depreciation	10b 16,611,618	10c 179,969,979
11	Investments—publicly traded securities	11	
12	Investments—other securities See Part IV, line 11	0	12
13	Investments—program-related See Part IV, line 11	0	13
14	Intangible assets	14	
15	Other assets See Part IV, line 11	7,544,682	15 5,401,972
16	Total assets. Add lines 1 through 15 (must equal line 34)	195,528,987	16 232,239,054
Liabilities			
17	Accounts payable and accrued expenses	36,770,693	17 41,090,959
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	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0	22
23	Secured mortgages and notes payable to unrelated third parties	79,236,726	23 78,839,410
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	10,069,078	25 6,868,637
26	Total liabilities. Add lines 17 through 25	126,076,497	26 126,799,006
Net Assets or Fund Balances			
	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
27	Unrestricted net assets	68,434,029	27 105,239,709
28	Temporarily restricted net assets	1,018,461	28 200,339
29	Permanently restricted net assets	29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.		
30	Capital stock or trust principal, or current funds	30	
31	Paid-in or capital surplus, or land, building or equipment fund	31	
32	Retained earnings, endowment, accumulated income, or other funds	32	
33	Total net assets or fund balances	69,452,490	33 105,440,048
34	Total liabilities and net assets/fund balances	195,528,987	34 232,239,054

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	199,920,663
2	Total expenses (must equal Part IX, column (A), line 25)	2	162,769,379
3	Revenue less expenses Subtract line 2 from line 1	3	37,151,284
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	69,452,490
5	Net unrealized gains (losses) on investments	5	-212,666
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-951,060
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	105,440,048

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	No
2b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	Yes
2c 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	2c	Yes
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes
3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes

Additional Data

Software ID: 14000329
Software Version: 2014v1.0
EIN: 39-0816818
Name: St Elizabeth Hospital Inc

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee	Institutional Trustee	Officer	Key Employee	Highest compensated			
(1) WILLIAM J CALHOUN	10 00						0	431,695	14,940
HOSPITAL PRES-STE APP (END 9/14)	..... 45 30	X		X					
(1) MONICA ANN HILT	17 00						0	572,461	19,954
PRESIDENT STE HOSPITAL (START 1/15)	..... 27 90	X		X					
(2) STEPHEN C MORTON	0 30			X			0	0	0
CHAIRMAN	..... 1 20				X				
(3) DANIEL NEUFELDER	10 00				X		0	1,071,649	17,365
SR VP HOSP OPS/VICE CHAIR	..... 53 30					X			
(4) KATHRYN SIEMAN	0 30				X		0	0	0
TREASURER	..... 1 20					X			
(5) WAYNE TREMBLY	0 30				X		0	0	0
SECRETARY	..... 1 20					X			
(6) LANE EARNIS	0 30				X		0	0	0
BOARD MEMBER	..... 1 20					X			
(7) MARK W FAUSTICH MD	0 30					X	0	465,056	3,699
BOARD MEMBER	..... 40 80								
(8) MARY HARP-JIRSCHELE	0 30				X		0	0	0
BOARD MEMBER	..... 1 20					X			
(9) FREDERICK KLEIN MD	0 30				X		0	0	0
BOARD MEMBER	..... 1 20					X			
(10) JOSEPH MCCORMICK MD	0 30				X		0	456,058	21,532
BOARD MEMBER	..... 1 20					X			
(11) KEVIN RAFLOFSKY	0 30				X		0	0	0
BOARD MEMBER	..... 1 10					X			
(12) JAY SAUTER	0 30				X		0	0	0
BOARD MEMBER (END 9/14)	..... 0 40					X			
(13) STACEY SENSOR DO	0 30				X		0	526,309	23,275
BOARD MEMBER	..... 41 10					X			
(14) SUDEEP SODHI MD	0 30				X		0	829,590	21,095
BOARD MEMBER	..... 40 80					X			
(15) BARBARA J STRAND MD	0 30				X		0	369,312	7,343
BOARD MEMBER	..... 40 80					X			
(16) MONICA VOMASTIC	0 30				X		0	0	0
BOARD MEMBER	..... 1 20					X			
(17) MARLIN GREENFIELD	0 30				X		0	0	0
BOARD MEMBER (START 10/14)	..... 1 20					X			
(18) TRAVIS ANDERSON	25 60				X		0	344,821	13,716
HOSPITAL PRES-STE-APP (END 8/2014)	..... 1 90					X			
(19) NICHOLAS DESIEN	1 00				X		0	2,134,343	18,803
MINISTRY HEALTH CARE CEO	..... 54 60					X			
(20) JEFFREY FRANCIS	1 00				X		0	1,021,840	19,803
MINISTRY HEALTH CARE CAFO	..... 53 80					X			
(21) LAWRENCE DONATELLE	40 00				X		0	376,131	17,613
VICE PRESIDENT OF MEDICAL AFFAIRS	..... 0					X			
(22) MARK KEHRBERG MD	10 00				X		0	487,342	16,019
CHIEF MEDICAL OFFICER	..... 30 60					X			
(23) JENNIE REBECCA GAURKEE	40 00				X		176,334	0	19,377
PHARMACY DIRECTOR	..... 0					X			
(24) BRIAN G HUMPHREY	40 00				X		153,658	0	7,655
SENIOR ULTRASOUND TECHNOLOGIST	..... 0					X			

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee Or director	Institutional Trustee	Officer	Key employee	Highest compensated			
(26) DEBRA LASTOFKA PHARMACIST	35 00 0				X		180,691	0	15,783
(1) NANETTE KRIZENESKY REGISTERED NURSE LEAD-ICU	36 00 0				X		170,532	0	18,729
(2) ERIC LOBB MEDICAL PHYSICIST	40 00 0				X		149,291	0	7,925
(3) JEFF BADGER FORMER OFFICER	0 00 0 00					X	0	659,840	13,832

SCHEDULE A
(Form 990 or 990EZ)**Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**2014****Open to Public
Inspection**Department of the
Treasury
Internal Revenue Service**Name of the organization**
St Elizabeth Hospital Inc**Employer identification number**

39-0816818

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

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

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

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

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

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

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

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

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

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

9 An organization that normally receives (1) more than 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a **Type I**. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B**.

b **Type II**. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C**.

c **Type III functionally integrated**. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E**.

d **Type III non-functionally integrated**. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V**.

e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations

g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 Total support Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ►						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2013 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ►		
b 33 1/3% support test—2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ►		
17a 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ►		
b 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ►		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ►		

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

(Complete only if you checked the box on line 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 Total support. (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ►						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15
16 Public support percentage from 2013 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18
19a 33 1/3% support tests—2014. 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—2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization ►	

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.

2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).

3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.

b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.

c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.

4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.

b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. . . .

c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.

5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).

b **Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?

c **Substitutions only.** Was the substitution the result of an event beyond the organization's control?

6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI**.

7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).

8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).

9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.

b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.

c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.

10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).

11 Has the organization accepted a gift or contribution from any of the following persons?

a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?

b A family member of a person described in (a) above?

c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in **Part VI**.

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		
11a		
11b		
11c		

Part IV Supporting Organizations (continued)**Section B. Type I Supporting Organizations**

1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

	Yes	No
1		

Section D. All Type III Supporting Organizations

1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?

2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s).

3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.

	Yes	No
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**)

a The organization satisfied the Activities Test Complete **line 2** below

b The organization is the parent of each of its supported organizations Complete **line 3** below

c The organization supported a governmental entity Describe in Part VI how you supported a government entity (**see instructions**)

2 Activities Test **Answer (a) and (b) below.**

a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.**

	Yes	No
2a		

b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.**

	Yes	No
2b		

3 Parent of Supported Organizations **Answer (a) and (b) below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*

	Yes	No
3a		

b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in **Part VI the role played by the organization in this regard.**

	Yes	No
3b		

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income

1 Net short-term capital gain
 2 Recoveries of prior-year distributions
 3 Other gross income (see instructions)
 4 Add lines 1 through 3
 5 Depreciation and depletion
 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)
 6 Other expenses (see instructions)
 7 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)

	(A) Prior Year	(B) Current Year (optional)
1		
2		
3		
4		
5		
6		
7		
8		

Section B - Minimum Asset Amount

1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)
 a Average monthly value of securities
 b Average monthly cash balances
 c Fair market value of other non-exempt-use assets
 d Total (add lines 1a, 1b, and 1c)
 e Discount claimed for blockage or other factors (explain in detail in Part VI) _____
 2 Acquisition indebtedness applicable to non-exempt use assets
 3 Subtract line 2 from line 1d
 4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)
 5 Net value of non-exempt-use assets (subtract line 4 from line 3)
 6 Multiply line 5 by 035
 7 Recoveries of prior-year distributions
 8 Minimum Asset Amount (add line 7 to line 6)

	(A) Prior Year	(B) Current Year (optional)
1		
1a		
1b		
1c		
1d		
2		
3		
4		
5		
6		
7		
8		

Section C - Distributable Amount

1 Adjusted net income for prior year (from Section A, line 8, Column A)
 2 Enter 85% of line 1
 3 Minimum asset amount for prior year (from Section B, line 8, Column A)
 4 Enter greater of line 2 or line 3
 5 Income tax imposed in prior year
 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

		Current Year
1		
2		
3		
4		
5		
6		

Section D - Distributions

	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009.			
b From 2010.			
c From 2011.			
d From 2012.			
e From 2013.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$ _____			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010.			
b From 2011.			
c From 2012.			
d From 2013.			
e From 2014.			

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference

Explanation

SCHEDULE C

Political Campaign and Lobbying Activities

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

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ

► **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

2014

Open to Public Inspection

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

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

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

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

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

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

Name of the organization
St. Elizabeth Hospital Inc.

Employer identification number

39-0816818

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures

3 Volunteer hours

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ► \$ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ► \$ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No

4a Was a correction made? Yes No

b If "Yes," describe in Part IV

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ► \$ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ► \$ _____

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ► \$ _____

4 Did the filing organization file **Form 1120-POL** for this year? Yes No

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

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

A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

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

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

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?		No	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c Media advertisements?		No	
d Mailings to members, legislators, or the public?		No	
e Publications, or published or broadcast statements?		No	
f Grants to other organizations for lobbying purposes?		No	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities?	Yes		9,356
j Total Add lines 1c through 1i			9,356
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information

Return Reference	Explanation
Schedule C, Part II-B, Line 1 DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	Lobbying expenses represent the portion of dues paid to national and state hospital associations that is specifically allocable to lobbying. St. Elizabeth Hospital, Inc. does not participate in or intervene in (including the publishing or distributing of statements) any political campaign on behalf of (or in opposition to) any candidate for public office

Part IV **Supplemental Information (continued)**

Schedule C (Form 990 or 990EZ) 2014

2014

Open to Public
Inspection**SCHEDULE D**
(Form 990)**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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.Department of the Treasury
Internal Revenue Service**Name of the organization**
St Elizabeth Hospital Inc**Employer identification number**

39-0816818

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year
2a	
2b	
2c	
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 XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" 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 XIII, the text of the footnote to its financial statements that describes these items

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

(i) Revenue included 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 Revenue 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 <input type="checkbox"/> Public exhibition	d <input type="checkbox"/> Loan or exchange programs
b <input type="checkbox"/> Scholarly research	e <input type="checkbox"/> Other
c <input type="checkbox"/> Preservation for future generations	

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

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

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 XIII and complete the following table

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" 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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

a Board designated or quasi-endowment

b Permanent endowment

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

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

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

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

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		4,137,024			4,137,024
b Buildings		139,636,153	7,416,558		132,219,595
c Leasehold improvements		2,256,064	155,168		2,100,896
d Equipment		48,871,007	8,977,996		39,893,011
e Other		1,681,349	61,896		1,619,453
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)					179,969,979

Part VII Investments—Other Securities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		

Total. (Column (b) must equal Form 990, Part X, col (B) line 12)

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c
See Form 990, Part X, line 13.

Total. (Column (b) must equal Form 990, Part X, col (B) line 13)

Part IX Other Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)

Part X Other Liabilities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information

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

Return Reference	Explanation
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	From the consolidated audited financial statements of Ministry Health Care, Inc which include the activity of St Elizabeth Hospital, Inc. The Health Ministry accounts for uncertainty in income tax positions by applying a recognition threshold and measurement attribute for financial statement recognition and measurement of a tax position or expected to be taken in a tax returns

Part XIII Supplemental Information (continued)

Return Reference	Explanation

SCHEDULE H
(Form 990)

Hospitals

OMB No 1545-0047

Department of the Treasury
Internal Revenue Service► Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
► Attach to Form 990.► Information about Schedule H (Form 990) and its instructions is at www.irs.gov/form990.

2014

Open to Public
InspectionName of the organization
St Elizabeth Hospital IncEmployer identification number
39-0816818

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			698,208		698,208	0 43 %
b Medicaid (from Worksheet 3, column a)			1,501,393		1,501,393	0 92 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			7,537		7,537	0 %
d Total Financial Assistance and Means-Tested Government Programs	0	0	2,207,138	0	2,207,138	1 36 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	12	2,267	663,473	1,702	661,771	0 41 %
f Health professions education (from Worksheet 5)	3	2	1,383,808	162,575	1,221,233	0 75 %
g Subsidized health services (from Worksheet 6)	3	15	5,418,514	4,151,226	1,267,288	0 78 %
h Research (from Worksheet 7)					0	0 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)	7	0	473,252	0	473,252	0 29 %
j Total. Other Benefits	25	2,284	7,939,047	4,315,503	3,623,544	2 23 %
k Total. Add lines 7d and 7j	25	2,284	10,146,185	4,315,503	5,830,682	3 58 %

Part II Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing					0	0 %
2 Economic development					0	0 %
3 Community support	1	15	349	0	349	0 %
4 Environmental improvements					0	0 %
5 Leadership development and training for community members	2	17	158	0	158	0 %
6 Coalition building	3	0	30,722	0	30,722	0 02 %
7 Community health improvement advocacy	2	78	1,499	0	1,499	0 %
8 Workforce development	3	64	3,396	0	3,396	0 %
9 Other					0	0 %
10 Total	11	174	36,124	0	36,124	0 02 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No 15? **1**

2 Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount **2** 8,605,839

3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit **3** 0

4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME) **5** 75,202,005

6 Enter Medicare allowable costs of care relating to payments on line 5 **6** 71,275,595

7 Subtract line 6 from line 5 This is the surplus (or shortfall) **7** 3,926,410

8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used

Cost accounting system

Cost to charge ratio

Other

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year? **9a** Yes

b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI **9b** Yes

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)

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

1

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

Part V Facility Information (continued)**Section B. Facility Policies and Practices**

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

St Elizabeth Hospital Inc

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

1

Yes	No
-----	----

Community Health Needs Assessment

1 Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?

2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C

3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12
If "Yes," indicate what the CHNA report describes (check all that apply)

a A definition of the community served by the hospital facility

b Demographics of the community

c Existing health care facilities and resources within the community that are available to respond to the health needs of the community

d How data was obtained

e The significant health needs of the community

f Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups

g The process for identifying and prioritizing community health needs and services to meet the community health needs

h The process for consulting with persons representing the community's interests

i Information gaps that limit the hospital facility's ability to assess the community's health needs

j Other (describe in Section C)

4 Indicate the tax year the hospital facility last conducted a CHNA 20 12

5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted

6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C

b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C

7 Did the hospital facility make its CHNA report widely available to the public?
If "Yes," indicate how the CHNA report was made widely available (check all that apply)

http://www.affinityhealth.org/Affinity-Files/Community-Health-Needs-

a Hospital facility's website (list url) Assessments/FY2013-STE-CHNA_FINA

b Other website (list url) _____

c Made a paper copy available for public inspection without charge at the hospital facility

d Other (describe in Section C)

8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11

9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 12

10 Is the hospital facility's most recently adopted implementation strategy posted on a website?

http://www.affinityhealth.org/Affinity-Files/Community-Health-Needs-

a If "Yes" (list url) Assessments/FY2013_STE_Implement

b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?

11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed

12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?

b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?

c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____

Part V Facility Information (continued)

St Elizabeth Hospital Inc

Name of hospital facility or letter of facility reporting group		Yes	No
Financial Assistance Policy (FAP)			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP		13	Yes
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>2.0%</u> and FPG family income limit for eligibility for discounted care of <u>3.0%</u>			
b <input type="checkbox"/> Income level other than FPG (describe in Section C)			
c <input checked="" type="checkbox"/> Asset level			
d <input checked="" type="checkbox"/> Medical indigency			
e <input checked="" type="checkbox"/> Insurance status			
f <input checked="" type="checkbox"/> Underinsurance discount			
g <input checked="" type="checkbox"/> Residency			
h <input type="checkbox"/> Other (describe in Section C)			
14 Explained the basis for calculating amounts charged to patients?		14	Yes
15 Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)		15	Yes
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e <input type="checkbox"/> Other (describe in Section C)			
16 Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)		16	Yes
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>http://ministryhealth.org/Ministry_Health_Care/Financial_Assistance_Program_RC08.pdf</u>			
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>http://ministryhealth.org/Ministry_Health_Care/MHC_FinancialAid_Application_REV4.pdf</u>			
c <input type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>http://ministryhealth.org/Ministry_Health_Care/MHC_FinancialAid_Application_REV4.pdf</u>			
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g <input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i <input type="checkbox"/> Other (describe in Section C)			

Billing and Collections

17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?		17	Yes
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a <input type="checkbox"/> Reporting to credit agency(ies)			
b <input type="checkbox"/> Selling an individual's debt to another party			
c <input type="checkbox"/> Actions that require a legal or judicial process			
d <input type="checkbox"/> Other similar actions (describe in Section C)			
e <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted			

Part V Facility Information (continued)

St Elizabeth Hospital Inc

Name of hospital facility or letter of facility reporting group _____

	Yes	No
19 Did the hospital facility or other authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19	No
If "Yes," check all actions in which the hospital facility or a third party engaged		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Actions that require a legal or judicial process		
d <input type="checkbox"/> Other similar actions (describe in Section C)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (check all that apply)		
a <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission		
b <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge		
c <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills		
d <input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy		
e <input type="checkbox"/> Other (describe in Section C)		
f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21	Yes
If "No," indicate why		
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b <input type="checkbox"/> The hospital facility's policy was not in writing		
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
d <input type="checkbox"/> Other (describe in Section C)		

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
a <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b <input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c <input checked="" type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d <input type="checkbox"/> Other (describe in Section C)		
23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	23	No
If "Yes," explain in Section C		
24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	24	No
If "Yes," explain in Section C		

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
See Additional Data Table	

Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? **0**

Name and address	Type of Facility (describe)
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Provide the following information

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.)
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

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

Form and Line Reference	Explanation
Schedule H, Part I, Line 6a Community benefit report prepared by related organization	ST ELIZABETH HOSPITAL, INC IS INCLUDED IN THE ANNUAL COMMUNITY BENEFIT REPORT WHICH IS PUBLISHED BY MINISTRY HEALTH CARE, INC (EIN 39-1490371) AND AVAILABLE TO THE PUBLIC ON ITS WEBSITE, WWW MINISTRYHEALTH.ORG THIS REPORT INCLUDES ALL OF THE RELATED ENTITIES WITHIN THE MINISTRY HEALTH CARE NETWORK OF HOSPITALS, CLINICS AND OTHER HEALTH-RELATED ORGANIZATIONS

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

Form and Line Reference	Explanation
Schedule H, Part II Community Building Activities	Community-building activities include programs that, while not directly related to health care, provide opportunities to address the root causes of health problems, such as poverty, homelessness, and environmental problems. These activities support community assets by offering the expertise and resources of the organization. Costs for these activities include, cash, in-kind donations, and expenditures for the development of a variety of community health programs and partnerships. Some examples include Rebuilding Together in which managers from St. Elizabeth Hospital went out to help low-income elderly members of the community with remodeling projects to improve safety or condition of their homes. Another example is the Health Career Experience Day in which professionals from St. Elizabeth Hospital, Inc. highlighted a variety of healthcare careers and talk about their professions (i.e. nursing, surgery, laboratory, and radiology).

Form and Line Reference	Explanation
Schedule H, Part III, Line 2 Bad debt expense - methodology used to estimate amount	Accounts are written off to bad debt after all internal collection efforts have been exhausted. Attempts to resolve these outstanding balances can include, but are not limited to statements being sent, phone calls and letters being sent. Account follow up protocol is based on personal pay balance size owed.

Form and Line Reference	Explanation
Schedule H, Part III, Line 3 Bad Debt Expense Methodology	St Elizabeth Hospital, Inc has a very robust financial assistance program, therefore, no estimate is made for bad debt attributed to financial assistance eligible patients

Form and Line Reference	Explanation
Schedule H, Part III, Line 4 Bad debt expense - financial statement footnote	<p>From the consolidated audited financial statements of Ministry Health Care, Inc (which includes the activity of St. Elizabeth Hospital, Inc.) The provision for doubtful accounts is based upon management's assessment of expected net collections considering historical experience, economic conditions, trends in healthcare coverage, and other collection indicators. Periodically throughout the year, management assesses the adequacy of the allowance for doubtful accounts based upon historical write-off experience by payor category, including those amounts not covered by insurance. The results of this review are then used to make any modifications to the provision for doubtful accounts to establish an appropriate allowance for doubtful accounts. After satisfaction of amounts due from insurance and reasonable efforts to collect from the patient have been exhausted, the Health Ministry follows established guidelines for placing certain past-due patient balances with collection agencies, subject to the terms of certain restrictions on collection efforts as determined by Ascension Health. Accounts receivable are written off after collection efforts have been followed in accordance with the Health Ministry's policies. The methodology for determining the allowance for doubtful accounts and related write-offs on uninsured patient accounts has remained consistent with the prior year. The Health Ministry has not experienced material changes in write-off trends and has not materially changed its charity care policy in the current year.</p>

Form and Line Reference	Explanation
Schedule H, Part III, Line 8 Community benefit & methodology for determining medicare costs	Ascension Health and related health ministries follow the Catholic Health Association ("CHA") guidelines for determining community benefit. CHA community benefit reporting guidelines suggest that Medicare shortfall is not treated as community benefit.

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16a FAP website	- St Elizabeth Hospital, Inc Line 16a URL http://ministryhealth.org/Ministry_Health_Care/Financial_Assistance_Program_RC08.pdf ,

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16b FAP Application website	- St Elizabeth Hospital, Inc Line 16b URL http://ministryhealth.org/Ministry_Health_Care/MHC_FinancialAid_Application_REV4.pdf ,

Form and Line Reference	Explanation
Schedule H, Part VI, Line 2 Needs assessment	<p>St Elizabeth Hospital, Inc performs community health needs assessments as needed. Planning workgroups consisting of community partners are formed to define the community and its health needs through review of United Way Life Study results, Healthy People Initiatives, census documents, and local government health and welfare agencies. Considering other community resources/assets, data collection methods are used to identify particular problems or subgroups and areas known to have high poverty rates and to be underserved. The data is analyzed and priorities are set based on trending information which may target a specific need. When a need is identified, the Hospital develops a plan to implement a program either through community collaboration or individually. Outcomes from the programs are measured and considered in subsequent community health needs assessments. The leadership at Affinity takes their commitment to the health and well-being of the community it serves very seriously. In fact, it is core to the Organization's mission, "to live out the healing ministry of Christ by providing services that promote the health and well-being of the communities we serve, especially the poor." Senior leaders and management are also highly encouraged to provide direct service to the poor in their communities. St Elizabeth and the leadership also subscribe to publications like the Advisory Board to compare national trends to local trends to ensure the hospital is resourcing areas to meet patient needs.</p>

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

Form and Line Reference	Explanation
Schedule H, Part VI, Line 4 Community information	<p>While there is growing agreement in the United States about what constitutes a non-profit hospitals "community benefit," this is a work in progress. St. Elizabeth Hospital, Inc. provided significant charity care and other community benefits as defined by the IRS. But in addition, we believe that we provide a critically important community benefit, which is not quantified. St. Elizabeth Hospital, Inc., like most community hospitals, was created and is maintained in order to provide care locally, care that without our hospital, may not be available locally. Certain specialized services available include I/P adult behavioral health services, I/P adolescent behavioral health services and neonatal intensive care services. The City of Appleton is located in Outagamie, Calumet, and Winnebago counties. According to the 2008-2012 American Community Survey 5-Year Estimates, there were 72,575 people living in Appleton, consisting of 28,428 households and 18,074 families. The population density of Appleton was 2,984.9 people per square mile. The population consisted of 86.0% White, 4.7% Hispanic, 1.6% African American, 0.5% Native American, 5.3% Asian, and 1.9% Other. Of the 28,428 households in Appleton, 32.8% of those had children under the age of 18, living at home. The 28,428 households are categorized as 49% married couples living together, 4.1% had a male head of household with no wife present, 10.5% had a female head of household with no husband present, and 47% were non-families. 29.6% of the households consisted of individuals and 10.1% had someone 65 and older living alone. The age population is widely spread. 28.9% were under 18, 6.5% were 19-24, 26.8% were 25-44, 26.3% were 45-64, and 11.5% were 65+. The median income for a household was \$52,605 and the median income for a family was \$66,781. The per capita income for the city was \$27,106. The largest industry in Appleton is educational, health and social services (21.5%). Manufacturing (20.4%) and retail trade (11.4%) are the next largest industries in Appleton. Roughly 8% of families and 10.5% of the population were below the poverty line. That includes 13.5% of those under 18 years old and 7.4% of those 65 and older. The unadjusted seasonal unemployment rate for Outagamie, Calumet, and Winnebago Counties was 4.0%, 3.7%, and 4.3%, respectively, compared to a state unemployment rate of 5.1% and a national unemployment rate of 7.9%.</p>

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of community health	The Organization strives to further its exempt purposes by the following (1) The Organization's governing board consists primarily of persons who reside within the primary service area who are not employees of the Organization (2) As mentioned, the Organization provides several services which are not otherwise available being in a rural setting (3) Based on the Organization's mission, emergency rooms are made available to all patients regardless of the ability to pay (4) The Organization also participates in the education and training of healthcare professionals through internship programs Certain specialized services available include dental services to primarily the indigent, fertility clinic services and WIC home visits to new mothers and infants

Form and Line Reference	Explanation
Schedule H, Part VI, Line 6 Affiliated health care system	<p>MINISTRY HEALTH CARE, INC (MINISTRY OR THE HEALTH MINISTRY) IS A MEMBER OF ASCENSION HEALTH IN DECEMBER 2011, ASCENSION HEALTH ALLIANCE, DOING BUSINESS AS ASCENSION, BECAME THE SOLE CORPORATE MEMBER AND PARENT ORGANIZATION OF ASCENSION HEALTH, A CATHOLIC NATIONAL HEAL TH SYSTEM CONSISTING PRIMARILY OF NONPROFIT CORPORATIONS THAT OWN AND OPERATE LOCAL HEALTH CARE FACILITIES, OR HEALTH MINISTRIES, LOCATED IN 23 STATES AND THE DISTRICT OF COLUMBIA IN ADDITION TO SERVING AS THE SOLE CORPORATE MEMBER OF ASCENSION HEALTH, ASCENSION SERVES AS THE MEMBER OR SHAREHOLDER OF VARIOUS OTHER SUBSIDIARIES ASCENSION, ITS SUBSIDIARIES, AND THE HEALTH MINISTRIES ARE REFERRED TO COLLECTIVELY FROM TIME TO TIME HEREAFTER AS THE SYSTEM ASCENSION IS SPONSORED BY ASCENSION SPONSOR, A PUBLIC JURIDIC PERSON THE PARTICIP ATING ENTITIES OF ASCENSION SPONSOR ARE THE DAUGHTERS OF CHARITY OF ST VINCENT DE PAUL, ST LOUISE PROVINCE, THE CONGREGATION OF ST JOSEPH, THE CONGREGATION OF THE SISTERS OF ST JOSEPH OF CARONDELET, THE CONGREGATION OF ALEXIAN BROTHERS OF THE IMMACULATE CONCEPTION P ROVINCE, INC - AMERICAN PROVINCE, AND THE SISTERS OF THE SORROWFUL MOTHER OF THE THIRD OR DER OF ST FRANCIS OF ASSISI-US/CARIBBEAN PROVINCE THE HEALTH MINISTRY IS A WISCONSIN NON -STOCK, TAX-EXEMPT CORPORATION THAT MANAGES, PROMOTES, AND SUPPORTS HEALTH CARE AND RELATED MINISTRIES IN WISCONSIN AND MINNESOTA THE HEALTH MINISTRY PROVIDES INPATIENT, OUTPATIENT, AND EMERGENCY CARE SERVICES FOR THE RESIDENTS OF WISCONSIN AND MINNESOTA ADMITTING PHY SICIANS ARE PRIMARILY PRACTITIONERS IN THE LOCAL AREA THE HEALTH MINISTRY IS RELATED TO A SCENSION HEALTH'S OTHER SPONSORED ORGANIZATIONS THROUGH COMMON CONTROL SUBSTANTIALLY ALL EXPENSES OF THE HEALTH MINISTRY ARE RELATED TO PROVIDING HEALTH CARE SERVICES EFFECTIVE N OVEMBER 1, 2014, THE HEALTH MINISTRY SOLD 50% OF ITS OWNERSHIP IN NETWORK HEALTH, INC TO AN UNRELATED HEALTH SYSTEM (SEE NOTE 3) ON FEBRUARY 1, 2015, THE HEALTH MINISTRY TRANSFERRED ITS OWNERSHIP IN MINISTRY HOME CARE, INC TO ASCENSION HEALTH THE CONSOLIDATED FINANCIAL STATEMENTS INCLUDE THE FOLLOWING AFFILIATES LOCATED PRIMARILY IN WISCONSIN, IN WHICH M INISTRY HAS A CONTROLLING INTEREST AND/OR IS THE SOLE SPONSOR AFFINITY HEALTH SYSTEM, INC (AFFINITY) CALUMET MEDICAL CENTER, INC (CMC) AFFINITY MEDICAL GROUP (AMG) TWIN MED, L LC MERCY MEDICAL CENTER, INC MERCY HEALTH FOUNDATION ST ELIZABETH HOSPITAL CATALPA HEALT H ST ELIZABETH FOUNDATION AGAPE COMMUNITY CENTER OF MILWAUKEE, INC DOOR COUNTY MEMORIAL HOSPITAL (DOOR COUNTY) GOOD SAMARITAN HEALTH CENTER OF MERRILL GOOD SAMARITAN HEALTH CENT ER FOUNDATION HOWARD YOUNG HEALTH CARE, INC (HOWARD YOUNG) DR KATE NEWCOMB CONVALESCENT CENTER HOWARD YOUNG MEDICAL CENTER, INC DR HOWARD YOUNG FOUNDATION EAGLE RIVER MEMORIAL HOSPITAL, INC MINISTRY MEDICAL GROUP, INC MINISTRY HOLDINGS, INC (THROUGH NOVEMBER 1, 2014) NETWORK HEALTH (NH) (THROUGH NOVEMBER 1, 2014) NETWORK HEALTH INSURANCE CORPORATION (NHIC) (THRU NOVEMBER 1, 2014) OUR LADY OF VICTORY HOSPITAL SACRED HEART HOSPITAL-ST MARY'S HOSPITAL, INC ST CLARE'S HOSPITAL OF WESTON, INC FOUNDATION OF ST CLARE'S HOSPITAL OF WESTON, INC ST ELIZABETH'S HOSPITAL OF WABASHA, INC ST JOSEPH'S HOSPITAL OF MARSHFIELD, INC FOUNDATION OF ST JOSEPH'S HOSPITAL OF MARSHFIELD, INC ST MICHAEL'S HOSPITAL OF STEVENS POINT, INC ST MICHAEL'S FOUNDATION OF STEVENS POINT, INC THE SYSTEM DIRECTS ITS GOVERNANCE AND MANAGEMENT ACTIVITIES TOWARD STRONG, VIBRANT, CATHOLIC HEALTH MINISTRIES UNITED IN SERVICE AND HEALING AND DEDICATES ITS RESOURCES TO SPIRITUALLY CENTERED CARE T HAT SUSTAINS AND IMPROVES THE HEALTH OF THE INDIVIDUALS AND COMMUNITIES IT SERVES IN ACCORDANCE WITH THE SYSTEM'S MISSION OF SERVICE TO THOSE PERSONS LIVING IN POVERTY AND TO OTHE R VULNERABLE PERSONS, EACH HEALTH MINISTRY ACCEPTS PATIENTS REGARDLESS OF THEIR ABILITY TO PAY THE SYSTEM USES FOUR CATEGORIES TO IDENTIFY THE RESOURCES UTILIZED FOR THE CARE OF P ERSONS LIVING IN POVERTY AND FOR COMMUNITY BENEFIT PROGRAMS 1 TRADITIONAL CHARITY CARE I NCLUDES THE COST OF SERVICES PROVIDED TO PERSONS WHO CANNOT AFFORD HEALTH CARE BECAUSE OF INADEQUATE RESOURCES AND/OR WHO ARE UNINSURED OR UNDERINSURED 2 UNPAID COST OF PUBLIC PR OGAMS, EXCLUDING MEDICARE, REPRESENTS THE UNPAID COST OF SERVICES PROVIDED TO PERSONS COV ERED BY PUBLIC PROGRAMS FOR PERSONS LIVING IN POVERTY AND FOR OTHER VULNERABLE PERSONS 3 COST OF OTHER PROGRAMS FOR PERSONS LIVING IN POVERTY AND FOR OTHER VULNERABLE PERSONS INC LUDUES UNREIMBURSED COSTS OF PROGRAMS INTENTIONALLY DESIGNED TO SERVE THE PERSONS LIVING IN POVERTY AND THE OTHER VULNERABLE PERSONS OF THE COMMUNITY, INCLUDING SUBSTANCE ABUSERS, T HE HOMELESS, VICTIMS OF CHILD ABUSE, AND PERSONS WITH ACQUIRED IMMUNE DEFICIENCY SYNDROME 4 COMMUNITY BENEFIT CONSISTS OF THE UNREIMBURSED COSTS OF COMMUNITY BENEFIT PROGRAMS AND SERVICES FOR THE GENERAL COMMUNITY, NOT SOLELY FOR THE PERSONS LIVING IN POVERTY, INCLUDING HEALTH PROMOTION AND EDUCATION, HEALTH CLINICS</p>

Form and Line Reference	Explanation
Schedule H, Part VI, Line 6 Affiliated health care system	AND SCREENINGS, AND MEDICAL RESEARCH DISCOUNTS ARE PROVIDED TO ALL UNINSURED PATIENTS, INCLUDING THOSE WITH THE MEANS TO PAY DISCOUNTS PROVIDED TO THOSE PATIENTS WHO DID NOT QUALIFY FOR ASSISTANCE UNDER CHARITY CARE GUIDELINES ARE NOT INCLUDED IN THE COST OF PROVIDING CARE TO PERSONS LIVING IN POVERTY OR IN THE COST OF OTHER COMMUNITY BENEFIT PROGRAMS THE COST OF PROVIDING CARE TO PERSONS LIVING IN POVERTY AND OF OTHER COMMUNITY BENEFIT PROGRAMS IS ESTIMATED USING INTERNAL COST DATA AND IS ESTIMATED BY REDUCING CHARGES FORGONE BY A FACTOR DERIVED FROM THE RATIO OF TOTAL OPERATING EXPENSES TO BILLED CHARGES FOR PATIENT C ARE THE AMOUNT OF TRADITIONAL CHARITY CARE PROVIDED, DETERMINED ON THE BASIS OF COST, WAS APPROXIMATELY \$12,600 AND \$18,400 FOR THE YEARS ENDED JUNE 30, 2015 AND 2014, RESPECTIVELY THE AMOUNT OF UNPAID COST OF PUBLIC PROGRAMS, COST OF OTHER PROGRAMS FOR PERSONS LIVING IN POVERTY AND FOR OTHER VULNERABLE PERSONS, AND COST OF COMMUNITY BENEFIT PROGRAMS ARE REPORTED IN THE ACCOMPANYING SUPPLEMENTARY INFORMATION

Additional Data

Software ID: 14000329
Software Version: 2014v1.0
EIN: 39-0816818
Name: St Elizabeth Hospital Inc

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility , 1	
Schedule H, Part V, Section B, Line 6a Facility , 1	Facility , 1 - St Elizabeth Hospital, Inc The CHNA was conducted with Calumet Medical Center, Mercy Medical Center, Thedacare, and Aurora Health
Schedule H, Part V, Section B, Line 6b Facility , 1	Facility , 1 - St Elizabeth Hospital, Inc The CHNA was conducted with the Health Departments of Appleton, Neenah, Menasha, Calumet County, Outagamie County and Winnebago County
Schedule H, Part V, Section B, Line 11 Facility , 1	Facility , 1 - St Elizabeth Hospital Inc Using the CHNA conducted in 2012, the hospital developed, adopted, and worked on executing a 2014-2016 Implementation Strategy to address priority community health needs In 2014, the hospital implemented the following plan to address the priority needs 1 Access to healthcare Continue to support services that improve community residents' and patients' access to health care Provide funding to community clinics Expand health services to Spanish speaking farming population 2 Mental Health Decrease rate of suicide in the Fox Valley - Create QPR Portal to promote QPR training and resources - Expand QPR trainings to Spanish speaking population in the area - Create a community-wide suicide prevention collaboration 3 Obesity Reduce obesity in Fox Valley residents - Organize a kick-off event for Weight of the Fox Valley action teams - Expand Weight of the Fox Valley's web and social media presence - Establish a process to share BMI information between Weight of the Fox Valley partners Three other broad health categories were identified by the Community Health Needs Assessment process While individual segments within our system are addressing specific health needs within these broad categories (i.e COPD, hypertension, palliative care, etc), the following will not be a priority of St Elizabeth Hospital Chronic Disease Management- already being addressed by others in the community and system (with the exception of obesity, which is a priority need for St Elizabeth Hospital) , Sexual Activity, Pregnancy and Parenting - already being addressed by others in the community, Preventive Care Services - already being addressed by others in the community

Schedule I
(Form 990)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.

► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

2014

Open to Public
InspectionDepartment of the Treasury
Internal Revenue ServiceName of the organization
St Elizabeth Hospital IncEmployer identification number
39-0816818**Part I General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(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
(1) PARTNERSHIP COMMUNITY HEALTH CENTER INC 5337 GRANDE MARKET DRIVE APPLETON, WI 54913	20-2090446	SECTION 501(C)(3)	70,000				Provide medical care for the uninsured in our community

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

3 Enter total number of other organizations listed in the line 1 table ► 0

Part III Grants and Other Assistance to Domestic Individuals. 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

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
Schedule I, Part I, Line 2 Description Of Procedure For Monitoring Use Of Grant Funds	Each year St Elizabeth Hospital provides a grant based on an integration agreement. The integration agreement substantiates the amount and the recipient of the grant.
Schedule I, Part I, Line 2 Procedures for monitoring use of grant funds	Each year St Elizabeth Hospital provides a grant based on an integration agreement. The integration agreement substantiates the amount and the recipient of the grant.

Schedule J
(Form 990)**Compensation Information**

OMB No 1545-0047

2014**Open to Public
Inspection**Department of the Treasury
Internal Revenue ServiceFor 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.

► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.Name of the organization
St Elizabeth Hospital Inc

Employer identification number

39-0816818

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

<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)

b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III

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

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a 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 501(c)(3), 501(c)(4), and 501(c)(29) 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		
2		
4a		No
4b	Yes	
4c		No
5a		No
5b		No
6a		No
6b		No
7		No
8		No
9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

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

Return Reference	Explanation
Schedule J, Part I, Line 3 Arrangement used to establish the top management official's compensation	Ministry Health Care, Inc , a related organization of St Elizabeth Hospital, Inc , uses the following to establish the compensation of the organization's CEO - Compensation Committee, - Independent Compensation Consultant, - Compensation Survey or Study, and - Approval by the Board or Compensation Committee
Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan	THESE EXECUTIVES PARTICIPATE IN A PROGRAM THAT PROVIDES FOR SUPPLEMENTAL RETIREMENT BENEFITS THE PAYMENT OF BENEFITS UNDER THE PROGRAM, IF ANY, IS ENTIRELY DEPENDENT UPON THE FACTS AND CIRCUMSTANCES UNDER WHICH THE EXECUTIVE TERMINATES EMPLOYMENT WITH THE ORGANIZATION BENEFITS UNDER THE PROGRAM ARE UNFUNDED AND NON-VESTED DUE TO THE SUBSTANTIAL RISK OF FORFEITURE PROVISION, THERE IS NO GUARANTEE THAT THESE EXECUTIVES WILL EVER RECEIVE ANY BENEFIT UNDER THE PROGRAM ANY AMOUNT ULTIMATELY PAID UNDER THE PROGRAM TO THE EXECUTIVE IS REPORTED AS COMPENSATION ON FORM 990, SCHEDULE J, PART II, COLUMN B IN THE YEAR PAID THE FOLLOWING INDIVIDUALS RECEIVED PAYOUT FROM MINISTRY HEALTH CARE'S NON-QUALIFIED RETIREMENT PLAN IN THE AMOUNT AS NOTED JEFF FRANCIS - \$260,079 MONICA HILT - \$52,618

Additional Data

Software ID: 14000329
Software Version: 2014v1.0
EIN: 39-0816818
Name: St Elizabeth Hospital Inc

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
WILLIAM J CALHOUN HOSPITAL PRES-STE APP (END 9/14)	(i) 0 (ii) 287,898	0 120,923	0 22,874	0 0	0 14,940	0 446,636	0 0
MONICA ANN HILT PRESIDENT STE HOSPITAL (START 1/15)	(i) 0 (ii) 331,953	0 118,639	0 121,869	0 0	0 19,954	0 592,415	0 0
DANIEL NEUFELDER SR VP HOSP OPS/VICE CHAIR	(i) 0 (ii) 791,344	0 259,379	0 20,926	0 0	0 17,365	0 1,089,014	0 0
MARK W FAUSTICH MD BOARD MEMBER	(i) 0 (ii) 440,913	0 0	0 24,143	0 0	0 3,699	0 468,754	0 0
JOSEPH MCCORMICK MD BOARD MEMBER	(i) 0 (ii) 424,443	0 1,000	0 30,615	0 0	0 21,532	0 477,590	0 0
STACEY SENSOR DO BOARD MEMBER	(i) 0 (ii) 526,309	0 0	0 0	0 0	0 23,275	0 549,584	0 0
SUDEEP SODHI MD BOARD MEMBER	(i) 0 (ii) 817,681	0 0	0 11,909	0 0	0 21,095	0 850,685	0 0
BARBARA J STRAND MD BOARD MEMBER	(i) 0 (ii) 258,827	0 84,720	0 25,765	0 0	0 7,343	0 376,654	0 0
JEFF BADGER FORMER OFFICER	(i) 0 (ii) 264,031	0 374,899	0 20,910	0 0	0 13,832	0 673,672	0 0
TRAVIS ANDERSON HOSPITAL PRES-STE-APP (END 8/2014)	(i) 0 (ii) 176,807	0 136,945	0 31,068	0 0	0 13,716	0 358,537	0 0
NICHOLAS DESIEN MINISTRY HEALTH CARE CEO	(i) 0 (ii) 1,009,502	0 1,079,643	0 45,198	0 0	0 18,803	0 2,153,146	0 0
JEFFREY FRANCIS MINISTRY HEALTH CARE CAFO	(i) 0 (ii) 438,327	0 141,768	0 441,745	0 0	0 19,803	0 1,041,644	0 0
LAWRENCE DONATELLE VICE PRESIDENT OF MEDICAL AFFAIRS	(i) 0 (ii) 279,755	0 70,341	0 26,035	0 0	0 17,613	0 393,744	0 0
MARK KEHRBERG MD CHIEF MEDICAL OFFICER	(i) 0 (ii) 113,129	0 344,147	0 30,066	0 0	0 16,019	0 503,361	0 0
JENNIE REBECCA GAURKEE PHARMACY DIRECTOR	(i) 161,138 (ii) 0	2,800 0	12,396 0	0 0	19,377 0	195,711 0	0 0
BRIAN G HUMPHREY SENIOR ULTRASOUND TECHNOLOGIST	(i) 137,815 (ii) 0	0 0	15,843 0	0 0	7,655 0	161,313 0	0 0
DEBRA LASTOKA PHARMACIST	(i) 151,395 (ii) 0	8,000 0	21,296 0	0 0	15,783 0	196,474 0	0 0
NANETTE KRIZENESKY REGISTERED NURSE LEAD-ICU	(i) 149,593 (ii) 0	3,538 0	17,402 0	0 0	18,729 0	189,261 0	0 0
ERIC LOBB MEDICAL PHYSICIST	(i) 132,449 (ii) 0	0 0	16,842 0	0 0	7,925 0	157,216 0	0 0

2014

Open to Public
Inspection**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.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.Name of the organization
St Elizabeth Hospital IncEmployer identification number
39-0816818**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VI, Line 2 FAMILY/BUSINESS RELATIONSHIPS	
Form 990, Part VI, Line 15 COMPENSATION OF OFFICERS	IN DETERMINING COMPENSATION OF THE ORGANIZATION'S CEO, THE PROCESS, PERFORMED BY MINISTRY HEALTH CARE, INC , A RELATED ORGANIZATION OF ST ELIZABETH HOSPITAL, INC , INCLUDED A REVIEW AND APPROVAL BY INDEPENDENT PERSONS, COMPARABILITY DATA, AND CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DECISION THE COMPENSATION COMMITTEE REVIEWED AND APPROVED THE COMPENSATION IN THE REVIEW OF THE COMPENSATION, THE CEO WAS COMPARED TO INDIVIDUALS AT OTHER ORGANIZATIONS IN THE AREA WHO HOLD THE SAME TITLE DURING THE REVIEW AND APPROVAL OF THE COMPENSATION, DOCUMENTATION OF THE DECISION WAS RECORDED IN THE BOARD MINUTES THE INDIVIDUAL WAS NOT PRESENT WHEN HIS COMPENSATION WAS DECIDED IN DETERMINING COMPENSATION OF OTHER OFFICERS AND KEY EMPLOYEES OF THE ORGANIZATION, THE PROCESS, PERFORMED BY MINISTRY HEALTH CARE, INC , A RELATED ORGANIZATION OF ST ELIZABETH HOSPITAL, INC , INCLUDED A REVIEW AND APPROVAL BY INDEPENDENT PERSONS, COMPARABILITY DATA, AND CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DECISION THE COMPENSATION COMMITTEE REVIEWED AND APPROVED THE COMPENSATION IN THE REVIEW OF THE COMPENSATION, THE OTHER OFFICERS AND KEY EMPLOYEES OF THE ORGANIZATION WERE COMPARED TO INDIVIDUALS AT OTHER ORGANIZATIONS IN THE AREA WHO HOLD THE SAME TITLE DURING THE REVIEW AND APPROVAL OF THE COMPENSATION, DOCUMENTATION OF THE DECISION WAS RECORDED IN THE BOARD MINUTES
Form 990, Part VI, Line 6 Classes of members or stockholders	St Elizabeth Hospital, Inc has two corporate members, Ministry Healthcare, Inc and Affinity Health System
Form 990, Part VI, Line 7a Members or stockholders electing members of governing body	St Elizabeth Hospital, Inc has two corporate members, Ministry Healthcare, Inc and Affinity Health System, who have the ability to elect members to the governing body of St Elizabeth Hospital Inc
Form 990, Part VI, Line 7b Decisions requiring approval by members or stockholders	All decisions that have a material impact to St Elizabeth Hospital, Inc financial information or corporation as a whole are subject to approval by its two corporate members, Ministry Healthcare, Inc and Affinity Health System
Form 990, Part VI, Line 11b Review of form 990 by governing body	Management, including certain officers, works diligently to complete the Form 990 and attached schedules in a thorough manner Prior to filing the return, all Board Members are provided the Form 990 and management team members are available to answer any Board Members' questions
Form 990, Part VI, Line 12c Conflict of interest policy	The Organization regularly and consistently monitors and enforces compliance with the Conflict of Interest Policy in that any director, principal officer, or member of a committee with governing board delegated powers, who has a direct or indirect financial interest, must disclose the existence of the financial interest and be given the opportunity to disclose all material facts to the directors and members of the committees with governing board delegated powers considering the proposed transaction or arrangement The remaining individuals on the governing board or committee will decide if conflicts of interest exist Each director, principal officer and member of a committee with governing board delegated powers annually signs a statement which affirms such person has received a copy of the Conflict of Interest Policy, has read and understands the policy, has agreed to comply with the policy, and understands that the organization is charitable and in order to maintain its federal tax exemption it must engage primarily in activities which accomplish its tax-exempt purpose
Form 990, Part VI, Line 19 Required documents available to the public	The Ministry web page is available to the public for inspection with a good deal of information regarding whom Ministry Health Care is and the entities included along with our mission The Articles of Incorporation, Bylaws, Conflicts of Interest Policy, and financial statements are not included on any web page However, if an inquiry is made for any document, they are shared as appropriate
Form 990, Part VII, Section B, Line 1 Independent Contractors	The payments reported on Form 990, Part VII, Section B for The Boldt Company and Boldt Pro curement represent amounts for both services and materials These amounts cannot be separated
Form 990, Part VIII, Line 2f Other Program Service Revenue	340 B Pharmacy - Total Revenue 110068, Related or Exempt Function Revenue 110068, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 ,
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	FASB 136 ENTRIES - -818122, CATALPA ELIMINATING - -132938,

SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships

2014

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

► Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.Open to Public
InspectionDepartment of the Treasury
Internal Revenue ServiceName of the organization
St Elizabeth Hospital Inc

Employer identification number

39-0816818

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
See Additional Data Table						Yes No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
							Yes	No			
(1) TWIN MED LLP PO BOX 8005 MENASHA, WI 54952 39-1180341	RENTAL PROPERTY	WI	NA	N/A							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership		(i) Section 512 (b)(13) controlled entity?
							Yes	No	
(1) NETWORK HEALTH PLAN INC 1570 MIDWAY PLACE MENASHA, WI 54952 39-1442058	INSURANCE	WI	NA	C Corporation					No
(2) MINISTRY HOLDINGS INC 1570 MIDWAY PLACE MENASHA, WI 54952 42-2966177	INSURANCE HOLDING COMPANY	WI	NA	C Corporation					No
(3) NETWORK HEALTH INSURANCE CORPORATION 1570 MIDWAY PLACE MENASHA, WI 54952 39-2020474	INSURANCE	WI	NA	C Corporation					No

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)
- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)
- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses
- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a	Yes	
1b		No
1c	Yes	
1d		No
1e	Yes	
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
1l	Yes	
1m	Yes	
1n		No
1o	Yes	
1p	Yes	
1q	Yes	
1r	Yes	
1s	Yes	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
-------------------------------------	-------------------------------	------------------------	--

See Additional Data Table

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
				Yes	No			Yes	No			

Part VII Supplemental Information

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

Return Reference	Explanation
------------------	-------------

Schedule R (Form 990) 2014

Additional Data

Software ID: 14000329
Software Version: 2014v1.0
EIN: 39-0816818
Name: St Elizabeth Hospital Inc

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1) ASCENSION HEALTH ALLIANCE PO BOX 45998 ST LOUIS, MO 63145 45-3358926	NATIONAL HEALTH SYSTEM	MO	501(c)(3)	Type I	N/A		No
(1) ASCENSION HEALTH PO BOX 45998 ST LOUIS, MO 63145 31-1662309	NATIONAL HEALTH SYSTEM	MO	501(c)(3)	Type I	ASCENSION HEALTH ALLIANCE		No
(2) MINISTRY HEALTH CARE INC 10925 W LAKE PARK DR STE 100 MILWAUKEE, WI 53224 39-1490371	PARENT CORPORATION	WI	501(c)(3)	Type II	ASCENSION HEALTH		No
(3) AFFINITY HEALTH SYSTEM 1570 MIDWAY PLACE MENASHA, WI 54952 39-1568866	SUPPORT RELATED HEALTHCARE ORGANIZATIONS	IL	501(c)(3)	3	MINISTRY HEALTH CARE INC		No
(4) AGAPE COMMUNITY CENTER OF MILWAUKEE INC 6100 NORTH 42ND STREET MILWAUKEE, WI 53209 39-1461846	COMMUNITY CENTER	WI	501(c)(3)	7	MINISTRY HEALTH CARE INC	Yes	
(5) CALUMET MEDICAL CENTER INC 614 MEMORIAL DRIVE CHILTON, WI 53014 39-0905385	HOSPITAL	WI	501(c)(3)	3	AFFINITY HEALTH SYSTEM	Yes	
(6) CATALPA HEALTH INC N4642 COUNTY N APPLETON, WI 54914 45-4681563	MENTAL HEALTH FACILITY	WI	501(c)(3)	3	ST ELIZABETH HOSPITAL INC	Yes	
(7) SAINT MICHAEL'S FOUNDATION OF STEVENS POINT INC 900 ILLINOIS AVENUE STEVENS POINT, WI 54481 39-1657410	CHARITABLE FOUNDATION	WI	501(c)(3)	Type I	SAINT MICHAEL'S HOSPITAL OF STEVENS POINT	Yes	
(8) DOOR COUNTY MEMORIAL HOSPITAL 323 SOUTH 18TH AVENUE STURGEON BAY, WI 54235 39-0806324	HOSPITAL	WI	501(c)(3)	3	MINISTRY HEALTH CARE INC	Yes	
(9) DR KATE NEWCOMB CONVALESCENT CENTER INC PO BOX 829 WOODRUFF, WI 54568 39-1357365	NURSING/ASSISTED LIVING SERVICES	WI	501(c)(3)	3	HOWARD YOUNG HEALTH CARE INC	Yes	
(10) EAGLE RIVER MEMORIAL HOSPITAL INC 201 HOSPITAL ROAD EAGLE RIVER, WI 54521 39-0985690	HOSPITAL	WI	501(c)(3)	3	THE HOWARD YOUNG MEDICAL CENTER INC	Yes	
(11) FOUNDATION OF SAINT CLARE'S HOSPITAL OF WESTON INC 3400 MINISTRY PARKWAY WESTON, WI 54476 75-3193633	CHARITABLE FOUNDATION	WI	501(c)(3)	Type I	ST CLARE'S HOSPITAL OF WESTON INC	Yes	
(12) FOUNDATION OF SAINT JOSEPH'S HOSPITAL OF MARSHFIELD 611 SAINT JOSEPH AVENUE MARSHFIELD, WI 54449 39-1684957	CHARITABLE FOUNDATION	WI	501(c)(3)	Type I	SAINT JOSEPH'S HOSPITAL OF MARSHFIELD INC	Yes	
(13) GOOD SAMARITAN HEALTH CENTER OF MERRILL WISCONSIN INC 601 SOUTH CENTER AVENUE MERRILL, WI 54452 39-0808503	HOSPITAL	WI	501(c)(3)	3	MINISTRY HEALTH CARE INC	Yes	
(14) GOOD SAMARITAN HEALTH CENTER FOUNDATION OF MERRILL WISCONSIN INC 601 SOUTH CENTER AVENUE MERRILL, WI 54452 39-1627755	CHARITABLE FOUNDATION	WI	501(c)(3)	Type I	MINISTRY HEALTH CARE INC	Yes	
(15) HOWARD YOUNG FOUNDATION INC 240 MAPLE STREET WOODRUFF, WI 54568 39-1521169	CHARITABLE FOUNDATION	WI	501(c)(3)	7	MINISTRY HEALTH CARE INC	Yes	
(16) HOWARD YOUNG HEALTH CARE INC 240 MAPLE STREET WOODRUFF, WI 54568 39-1499115	HOME OFFICE	WI	501(c)(3)	Type II	MINISTRY HEALTH CARE INC	Yes	
(17) THE HOWARD YOUNG MEDICAL CENTER INC 240 MAPLE STREET WOODRUFF, WI 54568 39-0873606	HOSPITAL	WI	501(c)(3)	3	HOWARD YOUNG HEALTH CARE INC	Yes	
(18) MERCY HEALTH FOUNDATION INC PO BOX 3370 OSHKOSH, WI 54903 23-7140261	CHARITABLE FOUNDATION	WI	501(c)(3)	9	AFFINITY HEALTH SYSTEM	Yes	
(19) MERCY MEDICAL CENTER OF OSHKOSH INC 500 S OAKWOOD ROAD OSHKOSH, WI 54904 39-0806268	HOSPITAL	WI	501(c)(3)	3	MINISTRY HEALTH CARE INC	Yes	

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section 501(c) (3))	Direct controlling entity	Section 512 (b)(13) controlled entity?
(21) MINISTRY HOMECARE INC 611 ST JOSEPH AVENUE 4S MARSHFIELD, WI 54449 39-1936201	HOME CARE/ HOSPICE	WI	501(c)(3)	3	MINISTRY HEALTH CARE INC	Yes
(1) MINISTRY MEDICAL GROUP INC 824 ILLINOIS AVENUE STEVENS POINT, WI 54481 39-1965593	CLINICS	WI	501(c)(3)	Type III-FI	MINISTRY HEALTH CARE INC	Yes
(2) MINISTRY WEIGHT MANAGEMENT 2251 NORTH SHORE DRIVE RHINELANDER, WI 54501 39-1829015	HEALTH SERVICES	WI	501(c)(3)	3	SACRED HEART-ST MARY'S HOSPITAL	Yes
(3) NETWORK HEALTH SYSTEM INC 1570 APPLETON RD MENASHA, WI 54952 39-1127163	CLINICAL HEALTHCARE SERVICES	WI	501(c)(3)	3	AFFINITY HEALTH SYSTEM	Yes
(4) OUR LADY OF VICTORY HOSPITAL 1120 PINE STREET STANLEY, WI 54768 39-0807065	HOSPITAL	WI	501(c)(3)	3	MINISTRY HEALTH CARE INC	Yes
(5) SACRED HEART-STMARY'S HOSPITAL INC PO BOX 347 STEVENS POINT, WI 54481 39-1390638	HOSPITAL	WI	501(c)(3)	3	MINISTRY HEALTH CARE INC	Yes
(6) SAINT CLARE'S HOSPITAL OF WESTON INC 3400 MINISTRY PARKWAY WESTON, WI 54476 72-1531917	HOSPITAL	WI	501(c)(3)	3	MINISTRY HEALTH CARE INC	Yes
(7) SAINT ELIZABETH'S HOSPITAL OF WABASHA INC 1200 GRANT BLVD WEST WABASHA, MN 55981 41-0693877	HOSPITAL	MN	501(c)(3)	3	MINISTRY HEALTH CARE INC	Yes
(8) SAINT ELIZABETH'S HOSPITAL FOUNDATION INC 1506 S ONEIDA STREET APPLETON, WI 54915 39-1256677	CHARITABLE FOUNDATION	WI	501(c)(3)	7	AFFINITY HEALTH SYSTEM	Yes
(9) SAINT JOSEPH'S HOSPITAL OF MARSHFIELD INC 611 SAINT JOSEPH AVENUE MARSHFIELD, WI 54449 39-1847631	HOSPITAL	WI	501(c)(3)	3	MINISTRY HEALTH CARE INC	Yes
(10) SAINT MICHAEL'S HOSPITAL OF STEVENS POINT INC 900 ILLINOIS AVENUE STEVENS POINT, WI 54481 39-0808443	HOSPITAL	WI	501(c)(3)	3	MINISTRY HEALTH CARE INC	Yes

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
NETWORK HEALTH SYSTEM INC	A	2,736,097	FMV
ST ELIZABETH HOSPITAL FOUNDATION INC	C	1,157,882	FMV
MINISTRY HEALTH CARE INC	E	90,629,192	FMV
MERCY MEDICAL CENTER OF OSHKOSH INC	L	470,680	FMV
MERCY MEDICAL CENTER OF OSHKOSH INC	M	319,332	FMV
NETWORK HEALTH SYSTEM INC	O	183,179	FMV
AFFINITY HEALTH SYSTEM INC	O	93,383	FMV
MINISTRY HEALTH CARE INC	O	983,571	FMV
CALUMET MEDICAL CENTER INC	O	109,676	FMV
MERCY MEDICAL CENTER OF OSHKOSH INC	O	1,210,845	FMV
MINISTRY HEALTH CARE INC	P	24,175,035	FMV
MINISTRY HEALTH CARE INC	R	4,019,339	FMV
NETWORK HEALTH SYSTEM INC	S	165,338	FMV
NETWORK HEALTH SYSTEM INC	Q	1,053,724	FMV