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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 01-01-2015 , and ending 12-31-2015

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
St Elizabeth Medical Center Inc

Doing business as

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

City or town, state or province, country, and ZIP or foreign postal code
Edgewood, KY 41017

D Employer identification number
61-0445850

E Telephone number
(859) 655-1642

G Gross receipts $ 1,421,048,588

F Name and address of principal officer
Garren Colvin
One Medical Village Drive
Edgewood, KY 41017

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 ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www.stelizabeth.com

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

L Year of formation 1861

M State of legal domicile KY

Part I Summary

1 Briefly describe the organization's mission or most significant activities
AS A CATHOLIC HEALTHCARE MINISTRY, WE PROVIDE COMPREHENSIVE AND COMPASSIONATE CARE THAT IMPROVES THE HEALTH OF THE PEOPLE WE SERVE

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	19
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	18
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	**5**	7,009
6	Total number of volunteers (estimate if necessary)	**6**	1,253
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	3,271,128
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	5,299,606	3,222,670
9	Program service revenue (Part VIII, line 2g)	952,732,025	974,634,063
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	21,176,056	27,109,382
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,977,738	5,849,442
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	984,185,425	1,010,815,557

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	410,296,134	460,743,700
16a	Professional fundraising fees (Part IX, column (A), line 11e)	28,200	27,620
b	Total fundraising expenses (Part IX, column (D), line 25) ▶1,378,332		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	468,803,927	463,279,469
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	879,128,261	924,050,789
19	Revenue less expenses Subtract line 18 from line 12	105,057,164	86,764,768

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	1,354,790,705	1,469,096,050
21	Total liabilities (Part X, line 26)	507,554,608	566,139,592
22	Net assets or fund balances Subtract line 21 from line 20	847,236,097	902,956,458

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 — 2016-11-14 Date

LORI RITCHEY-BALDWIN CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Rachel Spurlock	Rachel Spurlock			P00520729

Firm's name ▶ CROWE HORWATH LLP — Firm's EIN ▶ 35-0921680

Firm's address ▶ 9600 Brownsboro Road, Suite 400, Louisville, KY 402411122 — Phone no (502) 326-3996

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

AS A CATHOLIC HEALTHCARE MINISTRY, WE PROVIDE COMPREHENSIVE AND COMPASSIONATE CARE THAT IMPROVES THE HEALTH OF THE PEOPLE WE SERVE

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 $ 604,254,716 including grants of $) (Revenue $ 969,447,038)

ST ELIZABETH HEALTHCARE IS ONE OF THE OLDEST, LARGEST AND MOST RESPECTED MEDICAL PROVIDERS IN THE NORTHERN KENTUCKY, SOUTHERN OHIO, AND SOUTHERN INDIANA AREAS WITHIN OUR THRIVING, MULTI-FACETED ORGANIZATION, SOME OF THE NATION'S TOP MEDICAL PROFESSIONALS ARE WORKING TOGETHER TO DELIVER THE BEST CARE AVAILABLE TO THESE AREAS ST ELIZABETH HEALTHCARE HAS INVESTED IN OUR COMMUNITY FOR GENERATIONS ST ELIZABETH HEALTHCARE BELIEVES THAT REACHING OUT TO HELP THE UNDERPRIVILEGED AND IMPROVING THE OVERALL HEALTH OF THE COMMUNITY IS THE FOUNDATION OF ITS MISSION TO PROVIDE COMPREHENSIVE AND COMPASSIONATE CARE TO OUR NEIGHBORHOOD AND OUR FAMILIES IT IS BECAUSE OF THIS BELIEF THAT THE ST ELIZABETH HEALTHCARE COMMUNITY BENEFIT PROGRAM HELPS OTHERS HAVE ACCESS TO ST ELIZABETH HEALTHCARE RESOURCES AND SERVICES IT IS ST ELIZABETH HEALTHCARE'S INTENTION TO ALWAYS BALANCE FINANCIAL VIABILITY WITH COMPASSIONATE CARE, AND TO STAY TRUE TO ITS NON- PROFIT ROOTS TOTAL ADMISSIONS 90,871 TOTAL PATIENT DAYS 204,970 TOTAL EMERGENCY ROOM VISITS 204,171

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 ▶** 604,254,716

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
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*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 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*	9		No
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*	10		No
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*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, 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*	14b	Yes	
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*	15		No
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*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17	Yes	
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19	Yes	
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	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**		No
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**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3), 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)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	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	503		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	7,009		
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? *If "No" to line 3b, provide an explanation in Schedule O* . . .	3b		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for 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).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds.** 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				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	14b			

Part VI Governance, Management, and Disclosure

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

Check if Schedule O contains a response 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	19		
	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				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	18		
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			No
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				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b			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*	9			No

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?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
b	If "Yes," 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	Yes	

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ IN , KY

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☑ Upon request ☐ 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 ▶ LORI RITCHEY-BALDWIN ONE MEDICAL VILLAGE DRIVE EDGEWOOD, KY 41017 (859) 655-1642

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

Check if Schedule O contains a response 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			
See Additional Data Table										

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			
See Additional Data Table										
1b **Sub-Total** ▶										
c **Total from continuation sheets to Part VII, Section A** ▶										
d **Total (add lines 1b and 1c)** ▶								14,090,228	634,394	2,119,489

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 ▶ 323

			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**	Yes	

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
MILLS SHERMAN GILLIAM & GOODWIN PSC 1 MEDICAL VILLAGE DRIVE EDGEWOOD, KY 41017	PHYSICIAN SERVICES	5,638,598
ADVANCED ICU CARE INC One City Place Dr Ste 570 St Louis, MO 63141	MEDICAL SERVICES	2,811,815
EPIC SYSTEMS CORPORATION 1979 Milky Way Verona, WI 53593	COMPUTER MAINTENANCE / UPGRADES	2,622,405
DELOITTE CONSULTING LLP 4022 Sells Dr Hermitage, TN 37076	CONSULTING	2,452,248
TRI STATE HEALTHCARE LAUNDRY INC 551 South Loop Rd Edgewood, KY 41017	LAUNDRY SERVICES AND SUPPLIES	2,121,726

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 ▶ 132

Part VIII Statement of Revenue

Check 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	84,573			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	1,058,823			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,079,274			
	g	Noncash contributions included in lines 1a-1f $		170,331			
	h	**Total.** Add lines 1a-1f			3,222,670		
Program Service Revenue			Business Code				
	2a	NET PATIENT REVENUE	621400		751,387,712	751,387,712	
	b	OTHER RELATED REVENUE	900099		17,757,803	17,738,380	19,423
	c	ELEC HEALTHCARE RECORDS	900099		1,721,477	1,721,477	
	d	PATIENT/EMPLOYEE DRUGS	446110		2,920,889		1,004,992
	e	LABORATORY	621500		190,086,183	188,730,758	1,355,425
	f	All other program service revenue			10,759,999	9,868,711	891,288
	g	**Total.** Add lines 2a–2f			974,634,063		
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			17,777,748		
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
			(i) Real	(ii) Personal			
	6a	Gross rents	2,066,044				
	b	Less rental expenses	1,805,228				
	c	Rental income or (loss)	260,816	0			
	d	Net rental income or (loss)			260,816		
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	416,878,431	735,323			
	b	Less cost or other basis and sales expenses	406,687,025	1,595,095			
	c	Gain or (loss)	10,191,406	-859,772			
	d	Net gain or (loss)			9,331,634		
	8a	Gross income from fundraising events (not including $ 84,573 of contributions reported on line 1c) See Part IV, line 18	a	274,573			
	b	Less direct expenses	b	138,098			
	c	Net income or (loss) from fundraising events			136,475		
	9a	Gross income from gaming activities See Part IV, line 19	a	23,349			
	b	Less direct expenses	b	7,585			
	c	Net income or (loss) from gaming activities			15,764		
	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	CAFETERIA	722210		3,788,106		3,788,106
	b	GIFT SHOP	900099		1,521,034		1,521,034
	c	VENDING	453220		127,247		127,247
	d	All other revenue			0	0	0
	e	**Total.** Add lines 11a–11d			5,436,387		
	12	**Total revenue.** See Instructions			1,010,815,557	969,447,038	3,271,128

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				
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	12,789,472	2,159,275	10,630,197	
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	321,307,632	226,014,519	94,990,998	302,115
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	56,697,695	39,536,615	17,108,240	52,840
9 Other employee benefits	46,971,699	32,837,327	14,098,109	36,263
10 Payroll taxes	22,977,202	16,288,599	6,665,749	22,854
11 Fees for services (non-employees)				
a Management				
b Legal	2,781,703		2,781,536	167
c Accounting	659,053		659,053	
d Lobbying	106,229			106,229
e Professional fundraising services See Part IV, line 17	27,620			27,620
f Investment management fees	1,098,953		1,098,703	250
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	146,023,447	50,496,277	95,281,447	245,723
12 Advertising and promotion	10,716,442	328,922	10,246,501	141,019
13 Office expenses	3,328,139	1,032,181	2,191,532	104,426
14 Information technology	11,308,466	644,259	10,659,947	4,260
15 Royalties				
16 Occupancy	7,533,306	4,400,204	3,133,102	
17 Travel	678,879	403,407	270,678	4,794
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,243,944	321,316	1,785,417	137,211
20 Interest	5,891,813	3,441,408	2,450,405	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	59,693,573	34,810,251	24,877,766	5,556
23 Insurance	9,026,999	5,532,698	3,494,301	
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 MEDICAL SUPPLIES	131,726,759	129,660,086	2,066,673	
b BAD DEBT	31,505,631	31,505,631		
c GENERAL SUPPLIES	21,190,544	11,536,016	9,575,511	79,017
d PROVIDER TAX	12,550,615	12,550,615		
e All other expenses	5,214,974	755,110	4,351,876	107,988
25 **Total functional expenses.** Add lines 1 through 24e	924,050,789	604,254,716	318,417,741	1,378,332
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 Sheet

Check 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		3,558,922	1	3,558,922
	2	Savings and temporary cash investments		24,620,555	2	73,911,731
	3	Pledges and grants receivable, net		4,378,751	3	3,777,551
	4	Accounts receivable, net		103,503,711	4	103,490,315
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			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			6	0
	7	Notes and loans receivable, net		5,916,169	7	8,400,829
	8	Inventories for sale or use		21,187,747	8	22,516,555
	9	Prepaid expenses and deferred charges		6,679,975	9	8,755,165
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 971,369,535			
	b	Less accumulated depreciation	10b 566,111,612	384,047,966	10c	405,257,923
	11	Investments—publicly traded securities		620,176,880	11	531,823,965
	12	Investments—other securities See Part IV, line 11		163,915,725	12	286,784,889
	13	Investments—program-related See Part IV, line 11		3,995,385	13	3,734,127
	14	Intangible assets		227,718	14	4,481,618
	15	Other assets See Part IV, line 11		12,581,201	15	12,602,460
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		1,354,790,705	16	1,469,096,050
Liabilities	17	Accounts payable and accrued expenses		106,621,138	17	110,525,693
	18	Grants payable			18	
	19	Deferred revenue		6,897,922	19	6,563,171
	20	Tax-exempt bond liabilities		123,825,000	20	177,641,124
	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			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		270,210,548	25	271,409,604
	26	**Total liabilities.** Add lines 17 through 25		507,554,608	26	566,139,592
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		843,463,859	27	897,679,274
	28	Temporarily restricted net assets		3,772,238	28	5,277,184
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		847,236,097	33	902,956,458
	34	Total liabilities and net assets/fund balances		1,354,790,705	34	1,469,096,050

Part XI Reconcilliation of Net Assets

Check 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	1,010,815,557
2	Total expenses (must equal Part IX, column (A), line 25)	2	924,050,789
3	Revenue less expenses Subtract line 2 from line 1	3	86,764,768
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	847,236,097
5	Net unrealized gains (losses) on investments	5	-37,084,240
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	6,039,833
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	902,956,458

Part XII Financial Statements and Reporting

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

Additional Data

Software ID: 15000238
Software Version: 2015v2.1
EIN: 61-0445850
Name: St Elizabeth Medical Center Inc

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

(A) Name and Title	(B) Average hours per week (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			
GARREN COLVIN PRESIDENT/CEO (partial year)	40 0 1 0	X		X				980,152	0	230,356
JOHN DUBIS PRESIDENT/CEO (PARTIAL YEAR)	40 0 1 0	X		X				2,487,256	0	49,428
JAMES VOTRUBA Chairman	4 0 0	X		X				785	0	0
FRED A MACKE JR VICE CHAIRMAN	4 0 0	X		X				26,137	0	0
GARY W MOORE TRUSTEE	4 0 0	X						1,663	0	0
THOMAS R DIETZ TRUSTEE	4 0 0	X						20,176	0	0
JAMES ROEBKER TRUSTEE	4 0 0	X						1,120	0	0
MICHAEL E JONES TRUSTEE	4 0 0	X						1,057	0	0
RICHARD H TAPKE JR TRUSTEE	4 0 0	X						687	0	0
MICHAEL A CONNER TRUSTEE	4 0 0	X						1,271	0	0

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

(A) Name and Title	(B) Average hours per week (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			
CHRISTOPHER FISTER TRUSTEE	4 0 0	X						1,073	0	0
MARSHA CROXTON TRUSTEE	4 0 0	X						21,038	0	0
ROGER PETERMAN TRUSTEE	4 0 0	X						11,172	0	0
Heidi MURLEY MD TRUSTEE	1 0 ..... 40 0	X						0	634,394	37,224
George Hall Trustee	4 0 0	X						0	0	0
LaRoy Kendall Trustee	4 0 0	X						0	0	0
Debbie Simpson Trustee	4 0 0	X						1,078	0	0
Robert Zapp Trustee	4 0 0	X						368	0	0
Tillie Hidalgo Lima Trustee	4 0 0	X						1,688	0	0
Ross McHenry Trustee	4 0 0	X						516	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, H
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 employee	Former			
BARBARA KROHMAN CORPORATE SECRETARY	40 0 0			X				115,106	0	45,026
LORI RITCHEY-BALDWIN Senior Vice President/CFO/Treasurer	40 0 1 0			X				599,854	0	124,392
GARY BLANK EXECUTIVE VP & COO, CNE	40 0 0			X				518,201	0	104,909
GLENN LOOMIS MD President/CEO OF SEP (partial year)	20 0 20 0				X			761,843	0	144,108
ROBERT PRICHARD MD Chief Clinical Integration Officer, SEP President & CEO	20 0 20 0				X			662,944	0	130,192
SARAH GIOLANDO SVP/CHIEF STRATEGY OFFICER	40 0 0				X			467,365	0	83,163
MARTIN OSCADAL SVP HUMAN RESOURCES	40 0 0				X			444,114	0	105,464
ALEXANDER RODRIGUEZ VP CIO	40 0 0				X			440,374	0	94,253
CHRISTOPHER CARLE PRESIDENT & CEO SEPN	40 0 0				X			427,645	0	93,229
WILLIAM BANKS VP REVENUE CYCLE MANAGED CARE	40 0 0				X			401,597	0	80,411

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees 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 employee	Former			
SUSAN MCDONALD VP Nursing - Edgewood	40 0 0				X			310,818	0	72,917
LARRY WARKOCZESKI VP - ST ELIZABETH FOUNDATION	40 0 0				X			303,467	0	60,584
BRUNO GIACOMUZZI COO Flo FT Cov & SVP Prof Svcs	40 0 0				X			287,953	0	54,353
BENITA UTZ VP Nursing - Florence/Ft Thomas	40 0 0				X			283,983	0	81,736
ANTHONY HELTON VP Revenue Cycle	40 0 0				X			257,564	0	63,182
LISA FREY VP LEGAL SERVICES/GENERAL COUNSEL	40 0 0				X			238,379	0	41,675
HARRY WATSON Sr VP Facilities	40 0 0				X			231,206	0	39,795
LAROY KENDALL VP Medical Services	40 0 0				X			188,771	0	37,952
VERA HALL SVP System CNE	40 0 0				X			182,522	0	41,107
JOSEPH BOZELLI VP MISSION SVCS & PASTORAL CARE	40 0 0				X			142,357	0	34,911

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employee 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 employee	Former			
KARL ULICNY PHYSICIAN	40 0 0					X		941,349	0	63,076
VICTOR SCHMELZER PHYSICIAN	40 0 0					X		793,220	0	62,201
MICHAEL GIBSON PHYSICIAN	40 0 0					X		459,417	0	28,260
JACKSON PEMBERTON PHYSICIAN DIRECTOR - LABORATORY	40 0 0					X		440,729	0	55,908
DONN BURNS pathologist	40 0 0					X		404,356	0	44,680
GEORGE S HALL MD Former VP Medical Affairs	40 0 0						X	119,679	0	14,997
THOMAS SAALFELD Former SVP/COO FT THOMAS/FALMOUT	40 0 0						X	108,178	0	0

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
St Elizabeth Medical Center Inc

Employer identification number
61-0445850

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

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

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

2 ☐ A school described in **section 170(b)(1)(A)(ii).**(Attach Schedule E (Form 990 or 990-EZ))

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

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

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

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

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

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

9 ☐ An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See**section 509(a)(2).** (Complete Part III)

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

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box 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 (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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Schedule A (Form 990 or 990-EZ) 2015

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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 2015 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2014 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2015.** 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—2014.** 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—2015.** 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—2014.** 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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 2015 (line 8, column (f) divided by line 13, column (f))	15
16	Public support percentage from 2014 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2015** (line 10c, column (f) divided by line 13, column (f))	17
18	Investment income percentage from **2014** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2015.** 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—2014.** 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

			Yes	No
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*	1		
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)*	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*	3a		
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*	3b		
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*	3c		
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*	4a		
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*	4b		
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*	4c		
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)*	5a		
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?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
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.***	6		
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)*	7		
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)*	8		
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.***	9a		
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.***	9b		
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.***	9c		
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*	10a		
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)*	10b		
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?	11a		
b	A family member of a person described in (a) above?	11b		
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*	11c		

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

		Yes	No
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*	1		
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*	2		

Section C. Type II Supporting Organizations

		Yes	No
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)*	1		

Section D. All Type III Supporting Organizations

		Yes	No
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?	1		
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)*	2		
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*	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).

			Yes	No
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*	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*	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*	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*	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

			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	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		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount

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

Section C - Distributable Amount

				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) ☐

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

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 2015 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-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013.			
e From 2014.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2016.** Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013.			
d From 2014.			
e From 2015.			

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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493319124046

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

If the organization answered "Yes" on 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" on 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" on 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	Employer identification number
St Elizabeth Medical Center Inc	61-0445850

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

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

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

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

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt 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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2				
3				
4				
5				
6				

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		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(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 on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity	(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		71,998
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		34,231
j	Total Add lines 1c through 1i			106,229
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).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

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 1j OTHER ACTIVIITIES	THE PORTION OF THE KENTUCKY HOSPITAL ASSOCIATION DUES THAT ARE ATTRIBUTABLE TO LOBBYING ACTIVITIES IS $34,231
Schedule C, Part II-B, Line 1g Direct contact with legislators	A PORTION OF TWO ST ELIZABETH HEALTHCARE EMPLOYEES' SALARIES IS RELATED TO DIRECT CONTACT WITH LEGISLATORS AS IT RELATES TO LEGISLATION FOR THE TAX YEAR 2015 THE AMOUNT IS $6,498 ST ELIZABETH HEALTHCARE ALSO ENLISTED THE ASSISTANCE OF LOBBYING CONSULTANTS IN 2015 THE AMOUNT PAID TO THESE CONSULTANTS IS $65,500
Schedule C, Part II-B, Line 1 DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	ST ELIZABETH HEALTHCARE hired two lobbying consultants to provide lobbying support at the state and local levels on legislative issues being considered by the Kentucky General Assembly or by cities and counties in our community Primarily, the consulting work includes monitoring bills, notifying St Elizabeth if there are issues of concern or bills introduced that are of concern, assistance in talking with legislators or other government officials about these concerns, sharing positions on bills or issues with our legislators, and summarizing actions that have taken place on a weekly basis during the session We have hired the consulting firm because they are based in Frankfort, Kentucky and can be at the meetings and hearings every day during the session so that we can be more timely in responding if issues arise
Schedule C, Part II-B, Line 1 DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	ST ELIZABETH HEALTHCARE hired two lobbying consultants to provide lobbying support at the state and local levels on legislative issues being considered by the Kentucky General Assembly or by cities and counties in our community Primarily, the consulting work includes monitoring bills, notifying St Elizabeth if there are issues of concern or bills introduced that are of concern, assistance in talking with legislators or other government officials about these concerns, sharing positions on bills or issues with our legislators, and summarizing actions that have taken place on a weekly basis during the session We have hired the consulting firm because they are based in Frankfort, Kentucky and can be at the meetings and hearings every day during the session so that we can be more timely in responding if issues arise

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on 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*.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
St Elizabeth Medical Center Inc

Employer identification number
61-0445850

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on 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" on 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
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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 on 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 on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

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

			Amount
b	If "Yes," explain the arrangement in Part XIII and complete the following table		
c	Beginning balance	1c	
d	Additions during the year	1d	
e	Distributions during the year	1e	
f	Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, 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	b (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 on 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

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?	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)	Accumulated (c)depreciation	(d)Book value
1a Land		17,860,930		17,860,930
b Buildings		518,807,207	298,091,431	220,715,776
c Leasehold improvements		29,971,002	19,900,178	10,070,824
d Equipment		369,650,568	248,120,003	121,530,565
e Other		35,079,828		35,079,828
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				405,257,923

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' on 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		
(3) Other		
(A) ENSURE A GOOD BEGINNING		
(B) HEART OF EXCELLENCE		
(C) FOUNDATION - UNRESTRICTED	286,784,889	F
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	286,784,889	

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

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

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

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

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

1. (a) Description of liability	(b) Book value
Federal income taxes	
ANNUITY PAYMENT LIABILITY	118,841
ACCRUED PENSION LIABILITY	190,814,851
OTHER LONG TERM LIABILITIES	10,650,446
SELF-INSURANCE	56,969,905
OTHER CURRENT LIABILITIES HOSPITAL	7,739,000
INTEREST RATE SWAP	4,753,153
ASSET RETIREMENT OBLIGATION	363,408
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	271,409,604

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' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	943,607,918
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	-37,084,240		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	2,810,902		
e	Add lines **2a** through **2d**			2e	-34,273,338
3	Subtract line **2e** from line **1**			3	977,881,256
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1,098,953		
b	Other (Describe in Part XIII)	4b	31,835,348		
c	Add lines **4a** and **4b**			4c	32,934,301
5	Total revenue Add lines **3** and **4c.**(This must equal Form 990, Part I, line 12)			5	1,010,815,557

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	894,635,740
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d	3,289,776		
e	Add lines **2a** through **2d**			2e	3,289,776
3	Subtract line **2e** from line **1**			3	891,345,964
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1,098,953		
b	Other (Describe in Part XIII)	4b	31,605,872		
c	Add lines **4a** and **4b**			4c	32,704,825
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	924,050,789

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	NO PROVISION HAS BEEN MADE FOR INCOME TAXES SINCE ST ELIZABETH HEALTHCARE IS EXEMPT FROM FEDERAL INCOME TAXES UNDER INTERNAL REVENUE CODE SECTION 501(C)(3) AND IS CLASSIFIED AS OTHER THAN A PRIVATE FOUNDATION BY THE INTERNAL REVENUE SERVICE MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY ST ELIZABETH AND HAS CONCLUDED THAT AS OF DECEMBER 31, 2015, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY OR DISCLOSURE IN THE FINANCIAL STATEMENTS ST ELIZABETH HEALTHCARE IS NOT CURRENTLY UNDER EXAMINATION BY THE INTERNAL REVENUE SERVICE OR ANY STATE OR LOCAL TAX AUTHORITIES ST ELIZABETH HEALTHCARE'S FEDERAL TAX RETURNS FOR THE YEARS ENDED PRIOR TO DECEMBER 31, 2012 ARE NO LONGER SUBJECT TO EXAMINATION

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation
Schedule D, Part XI, Line 4(b) Other revenues in form 990 not in audited financial statements	CHANGE IN FMV OF INTEREST RATE SWAP - 179717 PROVISION FOR BAD DEBT - 31505631 Write off of uncollectible pledges - 150000
Schedule D, Part XII, Line 2(d) Other expenses in audited financial statements not in form 990	RENTAL EXPENSES - 1805228 FUNDRAISING DIRECT EXPENSES - 138098 GAMING DIRECT EXPENSES - 7585 LOSS ON DISPOSITION OF ASSETS - 859991 Expenses Related to St Elizabeth Provider Network, Inc - 478874
Schedule D, Part XII, Line 4(b) Other expenses in form 990 not in audited financial statements	Provision for Bad Debt - 31505631 St Elizabeth Physician Services - 100241

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

▶ Information about Schedule F (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
St Elizabeth Medical Center Inc

Employer identification number
61-0445850

Part I General Information on Activities Outside the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) Central America and the Caribbean	0	0	Investments	N/A	129,812,000
(2)					
(3)					
(4)					
(5)					
3a Sub-total	0	0			129,812,000
b Total from continuation sheets to Part I	0	0			0
c **Totals** (add lines 3a and 3b)	0	0			129,812,000

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . ▶ _____

3 Enter total number of other organizations or entities . . . . . ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	☑ Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)*	☑ Yes	☐ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)*	☑ Yes	☐ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*	☑ Yes	☐ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)*	☐ Yes	☑ No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

990 Schedule F, Supplemental Information

Return Reference	Explanation
Schedule F, Part I, Line 2 Procedures for monitoring use of grant funds	St Elizabeth Healthcare maintains records to substantiate amounts and eligibility to be u sed for the criteria for selecting program related investments St Elizabeth Healthcare's program related investments are considered to be low risk and have low volatility to the marketplace St Elizabeth Healthcare monitors their program related investments by having an independent investment consultant receive, on a quarterly basis, separate financial re ports for each investment and on an annual basis, audited financial statements performed b y third party independent auditors for each investment These reports and financial statem ents are reviewed by the independent investment consultant and performance is calculated b ased on actual and projected cash flows for each investment This performance is compared to benchmarked industry standards In addition, rates of return are compared to w hat is ac tually reported and w hat the industry standards provide Any significant disparities are d iscussed w ith St Elizabeth Healthcare's investment committee Further, If necessary, an i nvestment research team w ill review the strategy, performance, and goals of the program re lated investment(s) to ensure that the funds are being used for their proper purpose and a re not otherw ise diverted from their intended use

990 Schedule F, Supplemental Information

Return Reference	Explanation
Schedule F, Part I, Line 2 PROCEDURES FOR MONITORING USE OF GRANT FUNDS	St Elizabeth Healthcare maintains records to substantiate amounts and eligibility to be u sed for the criteria for selecting program related investments St Elizabeth Healthcare's program related investments are considered to be low risk and have low volatility to the marketplace St Elizabeth Healthcare monitors their program related investments by having an independent investment consultant receive, on a quarterly basis, separate financial re ports for each investment and on an annual basis, audited financial statements performed b y third party independent auditors for each investment These reports and financial statem ents are review ed by the independent investment consultant and performance is calculated b ased on actual and projected cash flow s for each investment This performance is compared to benchmarked industry standards In addition, rates of return are compared to w hat is ac tually reported and w hat the industry standards provide Any significant disparities are d iscussed w ith St Elizabeth Healthcare's investment committee Further, If necessary, an i nvestment research team w ill review the strategy, performance, and goals of the program re lated investment(s) to ensure that the funds are being used for their proper purpose and a re not otherw ise diverted from their intended use

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a

▶ Attach to Form 990 or Form 990-EZ

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
St Elizabeth Medical Center Inc

Employer identification number
61-0445850

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

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

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

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☑ Yes ☐ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
1	PRIDE PHILANTHROPY 885 WOODSTOCK ROAD SUITE 430 ROSWELL, GA 300752374	CONSULTANT FEE		No	149,408	16,500	132,908
2	THE KAISER INSTITUTE PO BOX 339 BRIGHTON, CO 80601	CONSULTANT FEE		No	0	11,120	-11,120
3							
4							
5							
6							
7							
8							
9							
10							
Total		▶			149,408	27,620	121,788

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

KY, OH

Part II Fundraising Events.

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

		(a) Event #1 Golf Partee (event type)	(b) Event #2 Style Show (event type)	(c) Other events 2 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	261,263	62,985	34,898	359,146
	2 Less Contributions	47,998	17,650	18,925	84,573
	3 Gross income (line 1 minus line 2)	213,265	45,335	15,973	274,573
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	43,167		5,621	48,788
	6 Rent/facility costs	19,952	9,948	6,883	36,783
	7 Food and beverages	19,724	654	3,273	23,651
	8 Entertainment		138		138
	9 Other direct expenses	7,665	16,985	4,088	28,738
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				138,098
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				136,475

Part III Gaming.

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue			23,349	23,349
Direct Expenses	2 Cash prizes			7,585	7,585
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☐ Yes % ☑ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities KY

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

b If "No," explain

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

b If "Yes," explain

11 Does the organization conduct gaming activities with nonmembers? ☑ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☑ No

13 Indicate the percentage of gaming activity conducted in

a The organization's facility	**13a**	31 %
b An outside facility	**13b**	69 %

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

Name ▶ Lisa Speier

Address ▶ 1 Medical Village Dr
Edgewood, KY 41017

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

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ $ 0

Description of services provided ▶ Lisa has overall supervision and management of the gaming operation Generally, her responsibilities include recordkeeping, money counting, hiring and firing of workers, and making the bank deposits for the gaming operation

☐ Director/officer ☑ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☑ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $ 15,764

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

Return Reference	Explanation
Schedule G, Part I, Line 2b PRIDE PHILANTHROPY	PRIDE PHILANTHROPY provides professional philanthropy and campaign counsel services TO ST ELIZABETH HEALTHCARE WHICH INCLUDES FEASIBILITY STUDIES TO SUPPORT THE GROWTH OF ST ELIZABETH HEALTHCARE'S FUNDRAISING ACTIVITIES PRIDE PHILANTHROPY DOES NOT PARTICIPATE IN THE SOLICITATION OF CONTRIBUTIONS
Schedule G, Part I, Line 2b KAISER INSTITUTE	THE KAISER INSTITUTE PROVIDES CONSULTING SERVICES ON LEADERSHIP, STRATEGY AND PLANNING, HOSPITAL/PHYSICIAN ARRANGEMENTS, CHANGE & INNOVATION, AND MEDICAL SCIENCE & TECHNOLOGY TO ST ELIZABETH HEALTHCARE THE KAISER INSTITUTE DOES NOT PARTICIPATE IN THE SOLICITATION OF CONTRIBUTIONS
Schedule G, Part III, Line 17b MANDATORY DISTRIBUTIONS	MANDATORY DISTRIBUTIONS FROM THE CHARITABLE GAMING ACTIVITIES ARE AS FOLLOWS DESCRIPTIONS and AMOUNT 1 St Elizabeth Grant $1,220 2 Clinical Research Institute $8,585 3 St Elizabeth Physicians Scholarship Program $102 4 Walkers for Skilled Nursing Unit St Elizabeth Ft Thomas $3,087 5 Renovate Locker Rooms St Elizabeth Florence $2,770 TOTAL $ 15,764
Schedule G, Part III, Line 17 Distributions required under state law	STATE=KENTUCKY,MANDATORY DISTRIBUTION AMOUNT=15764,

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ **Complete if the organization answered "Yes" on 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*.**

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
St Elizabeth Medical Center Inc

Employer identification number
61-0445850

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," 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			
	☐ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ 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 *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for *free* care	3a	Yes	
	☐ 100% ☐ 150% ☐ 200% ☐ Other _____ %			
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care	3b		No
	☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☐ 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 eligibile 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)			20,324,674	12,550,523	7,774,151	0 87 %
b Medicaid (from Worksheet 3, column a)			172,366,341	126,239,199	46,127,142	5 17 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			0	0	0	0 %
d **Total** Financial Assistance and Means-Tested Government Programs	0	0	192,691,015	138,789,722	53,901,293	6 04 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			2,122,664	51,800	2,070,864	0 23 %
f Health professions education (from Worksheet 5)			7,458,273	3,927,885	3,530,388	0 40 %
g Subsidized health services (from Worksheet 6)			2,943,590	1,246,190	1,697,400	0 19 %
h Research (from Worksheet 7)			761,233	390,164	371,069	0 04 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			5,277,486	0	5,277,486	0 59 %
j **Total.** Other Benefits	0	0	18,563,246	5,616,039	12,947,207	1 45 %
k **Total.** Add lines 7d and 7j	0	0	211,254,261	144,405,761	66,848,500	7 49 %

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	5		500,556		500,556	0 06 %
3	Community support	25		387,608		387,608	0 04 %
4	Environmental improvements					0	0 %
5	Leadership development and training for community members					0	0 %
6	Coalition building	2		4,051		4,051	0 %
7	Community health improvement advocacy	3		5,814		5,814	0 %
8	Workforce development	7	415	9,742		9,742	0 %
9	Other	2	67	4,328		4,328	0 %
10	**Total**	44	482	912,099	0	912,099	0 10 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?	1			No
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	31,505,631		
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	3,150,563		
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	201,351,207	
6	Enter Medicare allowable costs of care relating to payments on line 5	6	218,523,065	
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-17,171,858	
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	BLUEGRASS DIALYSIS LLC	RENAL DIALYSIS	32 %	0 %	17 %
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? 4

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

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)

A

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):

			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?	1		No
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	2		No
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	3	Yes	
	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 15			
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	5	Yes	
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	6a	Yes	
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	6b		No
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☐ Hospital facility's website (list url) http //www stelizabeth com/COMMUNITYBENEFITS ASPX			
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	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 15			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) http //www stelizabeth com/COMMUNITYBENEFITS ASPX			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		No
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)?	12a		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" on 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)*

Financial Assistance Policy (FAP)

A

Name of hospital facility or letter of facility reporting group

			Yes	No
	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?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☐ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 0 % and FPG family income limit for eligibility for discounted care of %			
b	☐ Income level other than FPG (describe in Section C)			
c	☐ Asset level			
d	☐ Medical indigency			
e	☐ Insurance status			
f	☐ Underinsurance discount			
g	☐ Residency			
h	☐ 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?	15	Yes	
	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)			
a	☐ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☐ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☐ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Included measures to publicize the policy within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☐ The FAP was widely available on a website (list url) WWW STELIZABETH COM			
b	☐ The FAP application form was widely available on a website (list url) WWW STELIZABETH COM			
c	☐ A plain language summary of the FAP was widely available on a website (list url) WWW STELIZABETH COM			
d	☐ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☐ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☐ 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	☐ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☐ 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	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☐ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

A

Name of hospital facility or letter of facility reporting group

			Yes	No
19	Did the hospital facility or other authorized 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	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ 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 19 (check all that apply)			
a	☐ Notified individuals of the financial assistance policy on admission			
b	☐ Notified individuals of the financial assistance policy prior to discharge			
c	☐ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	☐ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	☐ Other (describe in Section C)			
f	☐ 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	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ 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	☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☐ 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

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? **31**

Name and address	Type of Facility (describe)
1 See Additional Data Table	
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 7g Subsidized Health Services	ST ELIZABETH HEALTHCARE'S COSTS, REFLECTED AS SUBSIDIZED HEALTH SERVICES, ARE BASED ON ACTUAL COSTS OR DIRECT AND INDIRECT COSTS ST ELIZABETH HEALTHCARE REPORTED THE FOLLOWING AS SUBSIDIZED HEALTH SERVICES (I) EBOLA PREPAREDNESS, (II) PARISH NURSING-HEALTH MINISTRIES, (III) ATHLETIC TRAINERS AT THE AREA HIGH SCHOOLS, (IV) WOMEN'S AND CHILDREN'S SERVICES, AND (V) BEHAVIOR HEALTH SERVICES NO PHYSICIAN OFFICES HAVE BEEN REPORTED ON LINE 7G

Form and Line Reference	Explanation
Schedule H, Part I, Line 7 Bad Debt Expense excluded from financial assistance calculation	31505631

Form and Line Reference	Explanation
Schedule H, Part I, Line 7 Costing Methodology used to calculate financial assistance	ST ELIZABETH HEALTHCARE USED COST TO CHARGE RATIOS FOR DETERMINING COSTS RELATED TO FINANCIAL ASSISTANCE ST ELIZABETH HEALTHCARE USED THEIR COST ACCOUNTING SYSTEM TO DETERMINE COSTS RELATED TO UNREIMBURSED MEDICAID ST ELIZABETH USED THE ACTUAL COST, OR DIRECT AND INDIRECT COSTS, TO DETERMINE OTHER COSTS IN SECTION 7(G-1)

Form and Line Reference	Explanation
Schedule H, Part II Community Building Activities	COMMUNITY BUILDING ACTIVITIES IMPROVE THE COMMUNITY'S HEALTH AND SAFETY BY ADDRESSING THE ROOT CAUSES OF HEALTH PROBLEMS, SUCH AS POVERTY, HOMELESSNESS, AND ENVIRONMENTAL HAZARDS CHANGING THE HEALTH STATUS OF A COMMUNITY REQUIRES MULTIPLE SYSTEMIC CHANGES THAT ARE BEYOND THE CONTROL OF ST ELIZABETH HEALTHCARE ST ELIZABETH HEALTHCARE PROVIDES A BROAD RANGE OF PROGRAMS AND SERVICES THAT ENABLE COMMUNITIES AND THEIR RESIDENTS TO MAKE CHANGES TO IMPROVE THEIR HEALTH AND ENVIRONMENTS THESE SERVICES AND PROGRAMS ARE IDENTIFIED IN COLLABORATION WITH OUR COMMUNITY PARTNERS EXAMPLES INCLUDE * SUPPORTING STAFF TO PARTICIPATE ON ACADEMIC INSTITUTIONS AND COMMUNITY BUSINESS WORKFORCE BOARDS SUCH AS NKY WORKFORCE INVESTMENT BOARD, THE NKY CHAMBER OF COMMERCE, AND HEALTH & BUSINESS CAREER MENTORING * PROJECTS SUCH AS JOB SHADOWING VIA THE NORTH CENTRAL AREA HEALTH EDUCATION CENTER AND VARIOUS EDUCATIONAL INSITTUTIONS * MONETARY SUPPORT FOR ORGANIZATIONS THAT INVEST IN IMPROVING THE COMMUNITIES SERVED, SUCH AS - SKYWARD NKY WHOSE PURPOSE IS TO CONNECT NKY EDUCATION, WELLNESS, BUSINESS AND CULTURE IN INNOVATIVE, INCLUSIVE, PRODUCTIVE WAYS - LOCAL COMMUNITY FOUNDATIONS (SUCH AS HABITAT FOR HUMANITIES) THAT MEET THE DEFINITION OF COMMUNITY BUILDING ACTIVITIES

Form and Line Reference	Explanation
Schedule H, Part III, Line 2 Bad debt expense - methodology used to estimate amount	ST ELIZABETH HEALTHCARE RECOGNIZES PATIENT SERVICE REVENUE AT THE TIME SERVICES ARE RENDERED FOR, EVEN THOUGH ST ELIZABETH HEALTHCARE DOES NOT ASSESS THE PATIENT'S ABILITY TO PAY AS A RESULT, THE PROVISION FOR BAD DEBTS AND CHARITY CARE ARE PRESENTED AS A DEDUCTION FROM PATIENT SERVICE REVENUE (NET OF CONTRACTUAL PROVISIONS AND DISCOUNTS) ST ELIZABETH HEALTHCARE RECOGNIZES REVENUE WHEN SERVICES ARE RENDERED FOR UNINSURED AND UNDERINSURED PATIENTS THAT DO NOT QUALIFY FOR CHARITY CARE BASED ON HISTORICAL EXPERIENCE, A SIGNIFICANT PORTION OF ST ELIZABETH HEALTHCARE'S UNINSURED AND UNDERINSURED PATIENTS WILL BE UNABLE OR UNWILLING TO PAY FOR THE SERVICES RENDERED AS A RESULT, ST ELIZABETH HEALTHCARE RECORDS A SIGNIFICANT PROVISION FOR BAD DEBTS RELATED TO UNINSURED AND UNDERINSURED PATIENTS IN THE PERIOD THE SERVICES ARE RENDERED THE BAD DEBT EXPENSE REPORTED ON PART III, LINE 2, IS THE BAD DEBT EXPENSE REPORTED ON FORM 990, PART IX, LINE 24B

Form and Line Reference	Explanation
Schedule H, Part III, Line 3 Bad Debt Expense Methodology	THE ESTIMATED AMOUNT OF ST ELIZABETH HEALTHCARE'S BAD DEBT EXPENSE ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER ST ELIZABETH HEALTHCARE'S FINANCIAL ASSISTANCE POLICY IS $3,150,563 THE PERCENTAGE OF BAD DEBTS THAT LIKELY COULD BE CHARITY CARE, IF ENOUGH INFORMATION WAS OBTAINED UP FRONT, WAS DEVELOPED WITH THE HELP OF OUR LARGEST COLLECTION AGENCY WHO HAS DETERMINED, BASED ON ACCOUNTS REVIEWED, WHO MAY NOT HAVE HAD THE FINANCIAL ABILITY TO PAY ST ELIZABETH HEALTHCARE ALSO BELIEVES THAT MANY PATIENTS FALL INTO THE CATEGORY WHERE THEY DO NOT MEET THE FEDERAL POVERTY GUIDELINES BUT YET CANNOT AFFORD THE COST OF THE SERVICES RENDERED, OR HAVE INSURANCE THAT MAY NOT COVER THE COST OF SERVICES THEREFORE, ST ELIZABETH HEALTHCARE BELIEVES THESE NON REIMBURSED COSTS SHOULD BE COUNTED AS A BENEFIT TO THE COMMUNITY WE SERVE THE AMERICAN HOSPITAL ASSOCIATION'S POSITION IS THAT BAD DEBTS SHOULD BE COUNTED AS A COMMUNITY BENEFIT

Form and Line Reference	Explanation
Schedule H, Part III, Line 4 Bad debt expense - financial statement footnote	NET PATIENT ACCOUNTS ARE REDUCED BY AN ALLOWANCE FOR DOUBTFUL RECEIVABLES BASED UPON THE HISTORICAL COLLECTION EXPERIENCE OF ST ELIZABETH HEALTHCARE, ADJUSTED FOR CURRENT ENVIRONMENTAL RISKS AND TRENDS FOR EACH MAJOR PAYOR SOURCE AMOUNTS RECOGNIZED ARE SUBJECT TO ADJUSTMENT UPON REVIEW BY THIRD-PARTY PAYORS SIGNIFICANT PROVISION IS MADE FOR SELF-PAY PATIENT ACCOUNTS IN THE PERIOD OF SERVICE BASED ON PAST COLLECTION EXPERIENCE NET PATIENT SERVICE REVENUE IS REPORTED AT THE ESTIMATED NET REALIZABLE AMOUNTS FROM PATIENTS, THIRD-PARTY PAYORS, AND OTHERS FOR SERVICES RENDERED, INCLUDING ESTIMATED RETROACTIVE ADJUSTMENTS UNDER REIMBURSEMENT AGREEMENTS WITH THIRD-PARTY PAYORS SETTLEMENTS ARE ACCRUED ON AN ESTIMATED BASIS IN THE PERIOD THE RELATED SERVICES ARE RENDERED AND ADJUSTED IN FUTURE PERIODS BASED UPON ADDITIONAL INFORMATION, INTERIM SETTLEMENTS, AND FINAL SETTLEMENTS

Form and Line Reference	Explanation
Schedule H, Part III, Line 8 Community benefit & methodology for determining medicare costs	ST ELIZABETH HEALTHCARE USES THE STEP DOWN METHODOLOGY TO DETERMINE COSTS FOR MEDICARE THE REPORTS WERE THEN COMPLETED BY FOLLOWING THE GUIDANCE PROVIDED IN THE INSTRUCTIONS FOR PART III ST ELIZABETH HEALTHCARE BELIEVES MEDICARE LOSSES SHOULD BE AN ALLOWABLE COMMUNITY BENEFIT ST ELIZABETH HEALTHCARE PROVIDES NEEDED SERVICES TO THE ELDERLY AND DISABLED MEDICARE POPULATION AT A FINANCIAL LOSS TO ST ELIZABETH HEALTHCARE TO HELP THOSE INDIVIDUALS GET THE CARE THEY NEED IN THE COMMUNITY WE SERVE THE AMERICAN HOSPITAL ASSOCIATION'S POSITION IS ALSO THAT MEDICARE LOSSES SHOULD BE COUNTED AS COMMUNITY BENEFIT

Form and Line Reference	Explanation
Schedule H, Part III, Line 9b Collection practices for patients eligible for financial assistance	ST ELIZABETH HEALTHCARE HAS A WRITTEN DEBT COLLECTION POLICY THAT ALSO INCLUDES A PROVISION ON THE COLLECTION PRACTICES TO BE FOLLOWED FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR CHARITY CARE OR FINANCIAL ASSISTANCE IF A PATIENT QUALIFIES FOR CHARITY OR FINANCIAL ASSISTANCE, CERTAIN COLLECTION PRACTICES DO NOT APPLY

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16a FAP website	A - ST ELIZABETH HEALTHCARE Line 16a URL WWW STELIZABETH COM,

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16b FAP Application website	A - ST ELIZABETH HEALTHCARE Line 16b URL WWW STELIZABETH COM,

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16c FAP plain language summary website	A - ST ELIZABETH HEALTHCARE Line 16c URL WWW STELIZABETH COM,

Form and Line Reference	Explanation
Schedule H, Part VI, Line 2 Needs assessment	IN 2015, ST ELIZABETH HEALTHCARE CONTINUED TO WORK WITH THE NORTHERN KENTUCKY HEROIN IMPACT TASK FORCE TO ADDRESS THE HEROIN EPIDEMIC THIS INCLUDED PROVIDING DATA AND SUPPORT TO THE STATE OF KENTUCKY LEGISLATURE TO ENACT NEW LEGISLATION DIRECTED TOWARDS EXPANDING TREATMENT IN ADDITION, ST ELIZABETH HEALTHCARE DEVELOPED AN INTERNAL WORKGROUP FOCUSED ON ENHANCING PREVENTION AND PROVIDING TREATMENT FOR THE COMMUNITIES IT SERVES FURTHER, ST ELIZABETH HEALTHCARE ACQUIRED THE HAZELDEN BETTY FORD FOUNDATION COMMUNITY TOOLKIT TO PROVIDE EDUCATION AND TRAINING ON ADDICTION TO THE COMMUNITIES IT SERVES IN 2015, ST ELIZABETH HEALTHCARE COLLABORATED WITH PHYSICIANS AND THE NORTHERN KENTUCKY HEALTH DEPARTMENT TO ENSURE EMERGENCY PREPAREDNESS MEASURES WERE IN PLACE SHOULD ANY MEMBER OF THE COMMUNITY (PATIENT, RESIDENT, AND/OR VISITOR) EXHIBIT SYMPTOMS OF EBOLA PREPAREDNESS MEASURES INCLUDED (I) FOLLOWING PROTOCOLS FOR REVIEWING ST ELIZABETH HEALTHCARE'S INFECTION CONTROL POLICIES AND PROCEDURES, (II) PROVIDING PERSONAL PROTECTIVE EQUIPMENT, AND (III) PROVIDING TRAINING AND EDUCATION TO STAFF MEMBERS, WHICH INCLUDED CONSTRUCTING A SIMULATION ROOM FOR TRAINING EXERCISES AND A SPECIALIZED EBOLA RESPONSE TEAM WAS ORGANIZED IN 2015, ST ELIZABETH HEALTHCARE CONTINUED TO SUPPORT A PERTUSSIS COCOONING PROJECT TO HELP PREVENT THE DEADLY EFFECTS OF INFANT PERTUSSIS BY SURROUNDING INFANTS WITH A PROTECTIVE "COCOON" AND IMMUNIZED MOTHERS, FAMILY MEMBERS, AND CAREGIVERS PERTUSSIS, ALSO KNOWN AS WHOOPING COUGH, IS A HIGHLY CONTAGIOUS RESPIRATORY DISEASE CAUSED BY THE BORDETELLA PERTUSSIS BACTERIUM WHOOPING COUGH IS KNOWN FOR CONTROLLABLE, VIOLENT COUGHING WHICH OFTEN MAKES IT HARD FOR INFANTS TO BREATHE IN 2015, ST ELIZABETH HEALTHCARE CONTINUED TO PROVIDE THE PATIENT AND FAMILY ADVISORY COUNCIL (PAFAC), WHICH MEETS EVERY TWO (2) MONTHS TO IDENTIFY NEEDS OF THE COMMUNITY BASED ON THE FEEDBACK OBTAINED FROM OUR PATIENTS AND FAMILY MEMBERS CONTINUOUSLY, ST ELIZABETH EVALUATES DATA FROM SOURCES SUCH AS OUR PATIENT SATISFACTION AND COMMUNITY HEALTH SURVEYS TO IDENTIFY THE NEEDS OF OUR COMMUNITY FOR THE PEOPLE WE SERVE

Form and Line Reference	Explanation
Schedule H, Part VI, Line 3 Patient education of eligibility for assistance	THE FINANCIAL ASSISTANCE POLICY IS PUBLISHED ON ST ELIZABETH HEALTHCARE'S WEB SITE A WRITTEN COPY IS ALSO INCLUDED IN THE PATIENT HANDBOOK PROVIDED TO INPATIENT ADMISSIONS A NOTICE THAT FINANCIAL ASSISTANCE IS AVAILABLE FOR QUALIFYING INDIVIDUALS ON THE PATIENT BILLS FINANCIAL COUNSELORS ARE AVAILABLE TO ASSIST PATIENTS TO DETERMINE QUALIFICATION AND A COPY OF THE POLICY IS AVAILABLE TO PATIENTS UPON REQUEST PATIENT FINANCIAL ASSISTANCE PROGRAM INFORMATION IS POSTED AT EACH SITE (THERE IS A FRAMED SIGN POSTED IN SPANISH AND ENGLISH) -IN ADDITION, THERE IS A 1-PAGE DESCRIPTION OF OUR FINANCIAL ASSISTANCE PROGRAM THAT IS ATTACHED TO THE "PATIENT RIGHTS AND RESPONSIBILITIES" DOCUMENT, AND ALL PATIENTS ARE GIVEN THESE DOCUMENTS UPON REGISTRATION -IF A PATIENT DOES NOT HAVE INSURANCE, THEY ARE ALSO OFFERED AN APPLICATION PACKET FOR FINANCIAL ASSISTANCE PATIENTS ARE NOTIFIED OF THEIR FINANCIAL RESPONSIBILITY -THE PATIENT RIGHTS AND RESPONSIBILITIES DOCUMENT GIVEN TO ALL PATIENTS STATES THEY HAVE A RESPONSIBILITY TO "PROVIDE NECESSARY FINANCIAL INFORMATION TO ASSURE ACCURATE BILLING AND MEET FINANCIAL COMMITMENTS" -THE FINANCIAL ASSISTANCE PLAN DOCUMENT THEY ARE GIVEN PROVIDES DETAILED INFORMATION ON ELIGIBLE FINANCIAL AID SERVICES, AND ALSO STATES THAT "FINANCIAL ASSISTANCE IS NOT CONSIDERED AN ALTERNATIVE OPTION TO PAYMENT, AND PATIENTS MAY BE ASSISTED IN FINDING OTHER MEANS OF PAYMENT FOR FINANCIAL ASSISTANCE BEFORE APPROVAL FOR ST ELIZABETH FINANCIAL ASSISTANCE PROGRAM "

Form and Line Reference	Explanation
Schedule H, Part VI, Line 4 Community information	ST ELIZABETH HEALTHCARE SERVES THE NORTHERN KENTUCKY COUNTIES, WHICH INCLUDE BOONE, BRACKEN, CAMPBELL, CARROLL, GALLATIN, GRANT, HARRISON, KENTON, MASON, OWEN, PENDLETON, AND ROBERTSON, ALSO HAMILTON COUNTY IN SOUTHERN OHIO, AND DEARBORN COUNTY IN SOUTHERN INDIANA THESE SERVICE AREAS INCLUDE URBAN, SUBURBAN, AND RURAL AREAS THE TOTAL POPULATION OF THE SERVICE AREAS IS OVER 500,000 ST ELIZABETH HEALTHCARE'S PRIMARY SERVICE AREAS DURING 2015 WAS DETERMINED BY IDENTIFYING WHERE 90% OF ITS PATIENT POPULATION ORIGINATES THIS APPROACH ENSURES THAT THE ASSESSMENT WAS NOT LIMITED TO CERTAIN GEOGRAPHIC AREAS BUT INCLUDED THE MAJORITY OF THE POPULATION SERVED THE DATA REVEALED THAT 93 19% OF THE PATIENT POPULATION RESIDES IN THE COUNTIES THAT MAKE UP THE NORTHERN KENTUCKY AREA DEVELOPMENT DISTRICT (NKADD) THE NKADD ENCOMPASSES THE COUNTIES OF BOONE, CAMPBELL, CARROLL, GALLATIN, GRANT, KENTON, OWEN AND PENDLETON, AND REPRESENTS OVER 454,020 RESIDENTS ALL HOSPITALS IN THE ST ELIZABETH HEALTHCARE SYSTEM ARE LOCATED IN THIS REGION THE PRIMARY SERVICE AREAS ARE PREDOMINANTLY WHITE WITH AN INCREASE IN AFRICAN-AMERICAN AND HISPANIC ORIGINS MOVING INTO THE AREA POPULATION BY ORIGIN 90 07% WHITE, 3 43% BLACK, 3 17% HISPANIC, 1 44% ASIAN, 1 89% OTHER POPULATION BY AGE 0-19, 27 05%, 20 - 64, 59 87%, 65+, 13 08% (SOURCE ANNUAL COUNTY RESIDENT POPULATION ESTIMATES BY AGE, SEX, RACE, AND HISPANIC ORIGIN APRIL 1, 2010 TO JULY 1, 2015 POPULATION DIVISION, U S CENSUS BUREAU UPDATED JUNE 23 2016) PERSONS BELOW POVERTY LEVEL IN NKY, PERCENT 2009-2013 ALL AGES 17 01% DUE TO THE ENACTMENT OF THE AFFORDABLE CARE ACT, IT IS ESTIMATED THAT APPROXIMATELY 8 0% OF THE NORTHERN KENTUCKY POPULATION REMAINS UNINSURED (KENTUCKY HEALTH FACTS 2014) THERE ARE SIX (6) OTHER HOSPITALS THAT SERVE THE NORTHERN KENTUCKY COMMUNITY 1 GATEWAY REHABILITATION HOSPITAL IN BOONE COUNTY, 2 CARROLL COUNTY MEMORIAL HOSPITAL IN CARROLL COUNTY, 3 HARRISON MEMORIAL HOSPITAL IN HARRISON COUNTY, 4 HEALTHSOUTH REHABILITATION HOSPITAL IN KENTON COUNTY, 5 MEADOWVIEW REGIONAL MEDICAL CENTER IN MASON COUNTY, AND 6 NEW HORIZONS MEDICAL CENTER IN OWEN COUNTY THERE IS ONE (1) HOSPITAL THAT SERVES THE SOUTHERN INDIANA COMMUNITY - DEARBORN COUNTY HOSPITAL IN DEARBORN COUNTY THERE ARE A NUMBER OF HOSPITALS THAT SERVE THE SOUTHERN OHIO COMMUNITY, INCLUDING, THE CHRIST HOSPITAL, TRIHEALTH, MERCY HEALTH, AND THE UNIVERSITY OF CINCINNATI MEDICAL CENTER THERE ARE IS A FEW FEDERALLY DESIGNATED - MEDICALLY UNDERSERVED AREAS OR POPULATIONS IN THE COMMUNITIES

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of community health	ST ELIZABETH HEALTHCARE FURTHERS ITS EXEMPT PURPOSES IN IMPROVING COMMUNITY HEALTH STATUS BY 1) ENCOURAGING AND SUPPORTING STAFF TO PARTICIPATE ON VARIOUS COMMUNITY BOARDS/ACTIVITIES THAT SUPPORT AND/OR DEVELOP PROGRAMS THAT ADDRESS COMMUNITY HEALTH NEEDS AND WORKFORCE DEVELOPMENT 2) ST ELIZABETH HEALTHCARE'S BOARD OF TRUSTEES IS MADE UP OF COMMUNITY REPRESENTATIVES TO ENSURE THAT ST ELIZABETH HEALTHCARE ADHERES TO ITS MISSION TO IMPROVE THE HEALTH OF THE PEOPLE WE SERVE THE MAJORITY OF THE GOVERNING BODY IS COMPRISED OF PERSONS WHO RESIDE WITHIN ST ELIZABETH'S PRIMARY SERVICE AREA ST ELIZABETH EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN ITS COMMUNITY FOR SOME OR ALL OF ITS DEPARTMENTS OR SPECIALTIES 3) THROUGH ITS PRIMEWISE SENIOR SERVICES FOR AGE 50+ PERSONS, ST ELIZABETH HEALTHCARE SUBSIDIZES COURSE OFFERINGS TO SENIOR CITIZENS INCLUDING DRIVER'S SAFETY, LOW IMPACT EXERCISE, COMPUTER SKILLS, MEDICATION REVIEW AND HEALTH SCREENINGS, ALONG WITH PROVIDING LITERATURE PERTINENT TO THIS AGE GROUP 4) ON A QUARTERLY BASIS, ST ELIZABETH HEALTHCARE PRODUCES AND DISTRIBUTES TO MORE THAN 60,000 HOUSEHOLDS THROUGHOUT NORTHERN KENTUCKY, LITERATURE ON VARIOUS HEALTHCARE ISSUES AND SCHEDULES PERTAINING TO AREA HEALTH EVENTS AND PROGRAMS 5) PERIODICALLY, ST ELIZABETH HEALTHCARE WILL PARTNER WITH COMMUNITY ORGANIZATIONS AND BUSINESS AGENCIES TO PRESENT HEALTH RELATED PROGRAMS AND HEALTH SCREENINGS 6) ST ELIZABETH APPLIES SURPLUS FUNDS TO IMPROVE PATIENT CARE BY IMPROVING FACILITIES, ACCESS TO CARE, TECHNOLOGY, RECRUITING AND RETAINING TOP TALENT, AND CONTINUING EDUCATION OF OUR STAFF THROUGH EITHER RESIDENCY OR COLLEGE EDUCATIONAL PROGRAMS EXAMPLES OF HOW SURPLUS FUNDS WERE APPLIED IN 2015 ARE AS FOLLOWS A) ST ELIZABETH HEALTHCARE CONTINUES TO PARTNER WITH THE MAYO CLINIC CARE NETWORK TO ENHANCE THE QUALITY OF CARE AND IMPROVE THE ACCESS FOR THE PEOPLE WE SERVE TO THE MAYO CLINIC'S SPECIALISTS AND PROTOCOLS B) ST ELIZABETH HEALTHCARE PROVIDED OUTREACH TO THE COMMUNITIES THROUGH THE MOBILE MAMMOGRAPHY AND MOBILE HEART PROGRAMS C) ST ELIZABETH HEALTHCARE PROVIDED COHORT EDUCATIONAL PROGRAMS WITH THE NORTHERN KENTUCKY UNIVERSITY (NKU), THOMAS MORE COLLEGE (TMC), AND MT SAINT JOSEPH UNIVERSITY (MSJU) TO PROVIDE FOR CONTINUING AND/OR ADDITIONAL EDUCATION FOR OUR STAFF D) THE CONTINUED FINANCIAL ASSISTANCE AND SUPPORT FOR THE FAMILY PRACTICE RESIDENCY PROGRAM WHICH IS COMPRISED OF TWENTY-FOUR (24) FAMILY PRACTICE RESIDENTS WHO LIVE AND STAY IN THE COMMUNITY TO IMPROVE AND ENHANCE THE ACCESS TO PRIMARY CARE FOR THE PEOPLE WE SERVE E) ST ELIZABETH HEALTHCARE CONTINUES FINANCIAL SUPPORT FOR OUR PARISH NURSING PROGRAM WHICH PROVIDES OUTREACH, EDUCATION, AND PREVENTION INFORMATION TO OVER FORTY (40) CHURCHES IN OUR COMMUNITY F) ST ELIZABETH HEALTHCARE CONTINUES FINANCIAL SUPPORT FOR PREVENTION AND INJURY TREATMENT FOR ATHLETES ATTENDING SCHOOLS IN OUR COMMUNITIES G) ST ELIZABETH HEALTHCARE SPONSORS COMMUNITY BENEFITS TO ADDRESS THE HEALTHCARE NEEDS FOR DISEASES SUCH AS OBESITY, DIABETES, AND HEART DISEASE FOR THE PEOPLE WE SERVE H) ST ELIZABETH PHYSICIANS PRIMARY CARE PROVIDED ENHANCED SERVICES FOR EDUCATION AND RESOURCES TO THOSE IN THE COMMUNITY WE SERVE WHO STRUGGLE WITH OBESITY AND ENSUING CO-MORBIDITIES

Form and Line Reference	Explanation
Schedule H, Part VI, Line 6 Affiliated health care system	ST ELIZABETH HEALTHCARE IS A SYSTEM THAT FEATURES FOUR (4) FACILITIES THROUGHOUT NORTHERN KENTUCKY WHICH ARE (I) ST ELIZABETH - EDGEWOOD, (II) ST ELIZABETH - FLORENCE, (III) ST ELIZABETH - FORT THOMAS, AND, (IV) ST ELIZABETH - GRANT EACH OF THESE FACILITIES ADDRESSES THE SPECIFIC NEEDS OF ITS LOCALE AS IDENTIFIED BY THE PATIENTS IN THE COMMUNITY THE SERVICE AREAS VARY FROM RURAL AREAS TO SUBURBAN AREAS TO URBAN AREAS ST ELIZABETH HEALTHCARE OFFERS ALMOST 1,200 LICENSED BEDS, APPROXIMATELY 8,400 EMPLOYEES, 1,200 PHYSICIANS WITH ADMITTING PRIVILEGES AND A WHOLLY OWNED PHYSICIAN ORGANIZATION WHICH INCLUDES OVER 117 PRIMARY CARE AND SPECIALTY OFFICE LOCATIONS ST ELIZABETH HEALTHCARE IS SPONSORED BY THE DIOCESE OF COVINGTON

Additional Data

Software ID: 15000238
Software Version: 2015v2.1
EIN: 61-0445850
Name: St Elizabeth Medical Center Inc

Form 990 Schedule H, Part V Section A. Hospital Facilities

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?
4

	Name, address, primary website address, and state license number	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
1	ST ELIZABETH HEALTHCARE 4900 HOUSTON ROAD FLORENCE,KY 41042 www stelizabeth com 100273	X	X					X			A
2	ST ELIZABETH EDGEWOOD 1 MEDICAL VILLAGE DRIVE EDGEWOOD,KY 41017 www stelizabeth com 100500	X	X					X			A
3	ST ELIZABETH GRANT 238 BARNES ROAD WILLIAMSTOWN,KY 41097 www stelizabeth com 600062	X	X			X		X			A
4	ST ELIZABETH FORT THOMAS 85 NORTH GRAND AVENUE FORT THOMAS,KY 41075 www stelizabeth com 100059	X	X					X			A

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

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?

	Name and address	Type of Facility (describe)
1	ST ELIZABETH HEALTHCARE - SURGERY CENTER - EDGEWOOD 580 SOUTH LOOP ROAD EDGEWOOD,KY 41017	AMBULATORY SURGERY CENTER
1	ST ELIZABETH HEALTHCARE - HEART & VASCULAR - CRESTVIEW HILLS 380 CENTRE VIEW BLVD CRESTVIEW HILLS,KY 41017	CARDIOLOGY DIAGNOSTIC TESTS
2	ST ELIZABETH HEALTHCARE - IMAGING - ALEXANDRIA 7200 ALEXANDRIA PIKE ALEXANDRIA,KY 41001	IMAGING CENTER
3	ST ELIZABETH HEALTHCARE - SPORTS MEDICINE - FLORENCE 10095 INVESTMENT WAY FLORENCE,KY 41042	SPORTS MEDICINE
4	ST ELIZABETH HEALTHCARE - HEART & VASCULAR - KENWOOD 8251 PINE ROAD CINCINNATI,OH 45236	CARDIOLOGY DIAGNOSTIC TESTS
5	ST ELIZABETH HEALTHCARE - SURGERY CENTER - CRESTVIEW HILLS 2845 CHANCELLOR DRIVE CRESTVIEW HILLS,KY 41017	AMBULATORY SURGERY CENTER
6	ST ELIZABETH HEALTHCARE - HEART & VASCULAR - CRESTVIEW HILLS 350 THOMAS MORE PARKWAY SUITE 280 CRESTVIEW HILLS,KY 41017	CARDIOLOGY DIAGNOSTIC TESTS
7	ST ELIZABETH HEALTHCARE - BUSINESS HEALTH - HEBRON 2200 CONNER ROAD HEBRON,KY 41048	BUSINESS HEALTH SERVICES
8	ST ELIZABETH HEALTHCARE - PHYSICAL THERAPY - GRANT COUNTY 300 BARNES ROAD WILLIAMSTOWN,KY 41097	PHYSICAL THERAPY
9	ST ELIZABETH HEALTHCARE - HEART & VASCULAR - FLORENCE 7370 TURFWAY ROAD SUITE 109 FLORENCE,KY 41042	CARDIOLOGY DIAGNOSTIC TESTS
10	ST ELIZABETH HEALTHCARE - HOSPICE CENTER - EDGEWOOD 483 SOUTH LOOP DRIVE EDGEWOOD,KY 41017	INPATIENT HOSPICE
11	ST ELIZABETH HEALTHCARE - PHYSICAL THERAPY - HEBRON 2200 CONNER ROAD HEBRON,KY 41048	PHYSICAL THERAPY
12	ST ELIZABETH HEALTHCARE - FAMILY PRACTICE CENTER - EDGEWOOD 413 SOUTH LOOP ROAD EDGEWOOD,KY 41017	FAMILY MEDICINE
13	ST ELIZABETH HEALTHCARE - BUSINESS HEALTH - MOUNT ZION 10095 INVESTMENT WAY FLORANCE,KY 41042	BUSINESS HEALTH SERVICES
14	ST ELIZABETH HEALTHCARE - IMAGING - HEBRON 2200 CONNER ROAD HEBRON,KY 41048	IMAGING CENTER

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

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?

_____

	Name and address	Type of Facility (describe)
16	ST ELIZABETH HEALTHCARE - SPORTS MEDICINE - WILDER 1018 TOWN DRIVE WILDER,KY 41076	SPORTS MEDICINE
1	ST ELIZABETH HEALTHCARE - HAND THERAPY - EDGEWOOD 560 SOUTH LOOP DRIVE 2ND FLOOR EDGEWOOD,KY 41017	HAND THERAPY
2	ST ELIZABETH HEALTHCARE - SPORTS MEDICINE - EDGEWOOD 830 THOMAS MORE PARKWAY SUITE 101 EDGEWOOD,KY 41017	SPORTS MEDICINE
3	ST ELIZABETH HEALTHCARE - COVINGTON 1500 JAMES SIMPSON JR WAY COVINGTON,KY 41011	AMBULATORY CARE CENTER
4	ST ELIZABETH HEALTHCARE - IMAGING - EDGEWOOD 2904 FOLTZ ROAD EDGEWOOD,KY 41017	IMAGING CENTER
5	ST ELIZABETH HEALTHCARE - HEART & VASCULAR - EDGEWOOD 900 MEDICAL VILLAGE DRIVE EDGEWOOD,KY 41017	CARDIOLOGY DIAGNOSTIC TESTS
6	ST ELIZABETH HEALTHCARE - HEART & VASCULAR - AURORA 204 BRIDGEWAY STREET AURORA,IN 47001	CARDIOLOGY DIAGNOSTIC TESTS
7	BLUEGRASS DIALYSIS LLC 1500 JAMES SIMPSON JR WAY COVINGTON,KY 41011	RENAL DIALYSIS
8	ST ELIZABETH HEALTHCARE - PHYSICAL THERAPY - WILDER 1018 TOWN DRIVE WILDER,KY 41076	PHYSICAL THERAPY
9	ST ELIZABETH HEALTHCARE - CARDIAC REHAB - EDGEWOOD 830 THOMAS MORE PARKWAY SUITE 102 EDGEWOOD,KY 41017	CARDIAC REHAB CENTER
10	ST ELIZABETH HEALTHCARE - CARDIAC & THORACIC SURGERY - EDGEWOOD 20 MEDICAL VILLAGE DRIVE SUITE 105 EDGEWOOD,KY 41017	CARDIAC DIAGNOSTICS AND CATHETERIZATION
11	ST ELIZABETH HEALTHCARE - PHYSICAL THERAPY - WALTON 13260 SERVICE ROAD WALTON,KY 41094	PHYSICAL THERAPY
12	ST ELIZABETH HEALTHCARE - HEART & VASCULAR - MEDICAL PAVILION 1400 GRAND AVENUE NEWPORT,KY 41071	CARDIOLOGY DIAGNOSTIC TESTS
13	ST ELIZABETH HEALTHCARE - LABORATORY - FLORENCE 8726 US 42 FLORENCE,KY 41042	LABORATORY SERVICES
14	ST ELIZABETH HEALTHCARE - PHYSICAL THERAPY - ALEXANDRIA 7200 ALEXANDRIA PIKE ALEXANDRIA,KY 41001	PHYSICAL THERAPY

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" on 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*.**

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
St Elizabeth Medical Center Inc

Employer identification number
61-0445850

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☑ Housing allowance or residence for personal use		
	☑ Travel for companions	☐ Payments for business use of personal residence		
	☑ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
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			
	☑ Compensation committee	☑ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☑ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured 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	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

For each individual whose compensation must be reported on 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 on 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 1a Travel for companions	THIS IS PROVIDED TO GARREN COLVIN BOARD RETREAT COMPANION TRAVEL IS TREATED AS TAXABLE COMPENSATION
Schedule J, Part I, Line 1a Tax indemnification and gross-up payments	TAXABLE BOARD RETREAT COMPENSATION WAS GROSSED UP FOR FICA AND LOCAL TAXES FOR GARREN COLVIN
Schedule J, Part I, Line 1a Housing allowance or residence for personal use	WILLIAM BANKS IS PROVIDED A HOUSING ALLOWANCE THAT IS TREATED AS TAXABLE COMPENSATION
Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan	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 ST ELIZABETH HEALTHCARE 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(I) IN THE YEAR PAID DURING 2015, THE FOLLOWING EXECUTIVES RECEIVED A PAYMENT JOHN DUBIS - $1,515,149, AND GEORGE HALL - $34,687 2015 EMPLOYER CONTRIBUTIONS ON BEHALF OF COVERED EMPLOYEES INCLUDES GLENN LOOMIS - $92,323, GARREN COLVIN - $176,766, ROBERT PRICHARD -$79,819, SARAH GIOLANDO - $56,725, ALEXANDER RODRIGUEZ - $53,207, CHRISTOPHER CARLE - $51,481, MARTIN OSCADAL - $53,791, GARY BLANK - $62,161, WILLIAM BANKS - $45,551, SUSAN MCDONALD - $37,350, LORI RITCHEY-BALDWIN - $72,607, BENITA UTZ - $34,266, LARRY WARKOCZESKI - $36,355, JOSEPH BOZELLI - $17,235, BRUNO GIACOMUZZI - $31,832, ANTHONY HELTON - $31,650, LAROY KENDALL - $22,050, AND HARRY WATSON - $26,999

Additional Data

Software ID: 15000238
Software Version: 2015v2.1
EIN: 61-0445850
Name: St Elizabeth Medical Center Inc

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

(A) Name 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 on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1GARREN COLVIN PRESIDENT/CEO (partial year)	(I)	752,076	220,864	7,212	209,871	20,485	1,210,508	0
	(II)	0	0	0	0	0	0	0
1JOHN DUBIS PRESIDENT/CEO (PARTIAL YEAR)	(I)	155,685	517,703	1,813,868	33,105	16,323	2,536,684	1,515,149
	(II)	0	0	0	0	0	0	0
2Heidi MURLEY MD TRUSTEE	(I)	0	0	0	0	0	0	0
	(II)	631,069	0	3,325	13,150	24,074	671,618	0
3BARBARA KROHMAN CORPORATE SECRETARY	(I)	113,373	0	1,733	24,723	20,303	160,132	0
	(II)	0	0	0	0	0	0	0
4LORI RITCHEY-BALDWIN Senior Vice President/CFO/Treasurer	(I)	471,226	124,057	4,571	103,757	20,635	724,246	0
	(II)	0	0	0	0	0	0	0
5GARY BLANK EXECUTIVE VP & COO, CNE	(I)	395,006	116,854	6,341	95,266	9,643	623,110	0
	(II)	0	0	0	0	0	0	0
6GEORGE S HALL MD Former VP Medical Affairs	(I)	6,767	78,225	34,687	0	14,997	134,676	34,687
	(II)	0	0	0	0	0	0	0
7THOMAS SAALFELD Former SVP/COO FT THOMAS/FALMOUT	(I)	108,178	0	0	0	0	108,178	0
	(II)	0	0	0	0	0	0	0
8GLENN LOOMIS MD President/CEO OF SEP (partial year)	(I)	586,295	174,355	1,193	123,473	20,635	905,951	0
	(II)	0	0	0	0	0	0	0
9ROBERT PRICHARD MD Chief Clinical Integration Officer, SEP President & CEO	(I)	516,857	139,364	6,723	112,924	17,268	793,136	0
	(II)	0	0	0	0	0	0	0
10SARAH GIOLANDO SVP/CHIEF STRATEGY OFFICER	(I)	352,825	111,709	2,831	68,026	15,137	550,528	0
	(II)	0	0	0	0	0	0	0
11MARTIN OSCADAL SVP HUMAN RESOURCES	(I)	331,486	107,254	5,374	86,896	18,568	549,578	0
	(II)	0	0	0	0	0	0	0
12ALEXANDER RODRIGUEZ VP CIO	(I)	351,169	87,392	1,813	68,312	25,941	534,627	0
	(II)	0	0	0	0	0	0	0
13CHRISTOPHER CARLE PRESIDENT & CEO SEPN	(I)	323,216	102,620	1,809	84,586	8,643	520,874	0
	(II)	0	0	0	0	0	0	0
14WILLIAM BANKS VP REVENUE CYCLE MANAGED CARE	(I)	294,208	77,594	29,795	60,656	19,755	482,008	0
	(II)	0	0	0	0	0	0	0
15SUSAN MCDONALD VP Nursing - Edgewood	(I)	256,837	50,251	3,730	63,300	9,617	383,735	0
	(II)	0	0	0	0	0	0	0
16LARRY WARKOCZESKI VP - ST ELIZABETH FOUNDATION	(I)	248,914	50,958	3,595	49,505	11,079	364,051	0
	(II)	0	0	0	0	0	0	0
17BRUNO GIACOMUZZI COO Flo FT Cov & SVP Prof Svcs	(I)	257,974	15,000	14,979	39,782	14,571	342,306	0
	(II)	0	0	0	0	0	0	0
18BENITA UTZ VP Nursing - Florence/Ft Thomas	(I)	240,592	39,551	3,840	67,371	14,365	365,719	0
	(II)	0	0	0	0	0	0	0
19ANTHONY HELTON VP Revenue Cycle	(I)	204,447	50,747	2,370	39,562	23,620	320,746	0
	(II)	0	0	0	0	0	0	0

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 on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21 LISA FREY VP LEGAL SERVICES/GENERAL COUNSEL	(I) (II)	218,555 0	18,725 0	1,099 0	31,642 0	10,033 0	280,054 0	0 0
1 HARRY WATSON Sr VP Facilities	(I) (II)	222,041 0	0 0	9,165 0	38,076 0	1,719 0	271,001 0	0 0
2 LAROY KENDALL VP Medical Services	(I) (II)	187,943 0	0 0	828 0	29,223 0	8,729 0	226,723 0	0 0
3 VERA HALL SVP System CNE	(I) (II)	167,295 0	14,122 0	1,105 0	10,882 0	30,225 0	223,629 0	0 0
4 JOSEPH BOZELLI VP MISSION SVCS & PASTORAL CARE	(I) (II)	132,036 0	7,133 0	3,188 0	25,485 0	9,426 0	177,268 0	0 0
5 KARL ULICNY PHYSICIAN	(I) (II)	577,466 0	357,324 0	6,559 0	33,105 0	29,971 0	1,004,425 0	0 0
6 VICTOR SCHMELZER PHYSICIAN	(I) (II)	680,444 0	107,324 0	5,452 0	33,105 0	29,096 0	855,421 0	0 0
7 MICHAEL GIBSON PHYSICIAN	(I) (II)	380,962 0	77,337 0	1,118 0	15,105 0	13,155 0	487,677 0	0 0
8 JACKSON PEMBERTON PHYSICIAN DIRECTOR - LABORATORY	(I) (II)	406,711 0	28,500 0	5,518 0	33,105 0	22,803 0	496,637 0	0 0
9 DONN BURNS pathologist	(I) (II)	371,157 0	28,500 0	4,699 0	15,105 0	29,575 0	449,036 0	0 0

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Schedule K (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990.

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization

St Elizabeth Medical Center Inc

Employer identification number

61-0445850

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	KENTUCKY ECONOMIC DEVELOPMENT FINANCE AUTHORITY - SERIES 2009A	52-1643102	49126KGH8	12-09-2009	101,960,448	CONSTRUCTION OF HOSPITAL FACILITY / PARTIAL REFUNDING OF BOND ISSUED 6/11/03		X		X		X
B	KENTUCKY ECONOMIC DEVELOPMENT FINANCE AUTHORITY - SERIES 2009B	52-1643102		12-09-2009	38,150,000	PARTIAL REFUNDING OF BONDS ISSUED 6/11/03		X		X		X
C	KENTUCKY BOND DEVELOPMENT CORPORATION - 2015A	47-2650498		12-30-2015	50,000,000	RENOVATIONS TO HOSPITAL		X		X		X
D	KENTUCKY BOND DEVELOPMENT CORPORATION - 2015B	47-2650498		12-30-2015	50,000,000	RENOVATIONS TO HOSPITAL		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	12,850,000	6,900,000	0	0
2	Amount of bonds legally defeased	0	0	0	0
3	Total proceeds of issue	101,960,448	38,150,000	50,000,000	50,000,000
4	Gross proceeds in reserve funds	0	0	0	0
5	Capitalized interest from proceeds	0	0	0	0
6	Proceeds in refunding escrows	0	0	0	0
7	Issuance costs from proceeds	1,430,179	360,000	245,000	222,000
8	Credit enhancement from proceeds	0	0	0	0
9	Working capital expenditures from proceeds	0	0	0	0
10	Capital expenditures from proceeds	29,195,269	0	5,885,382	9,777,995
11	Other spent proceeds	71,335,000	37,790,000	0	0
12	Other unspent proceeds	0	0	43,869,618	40,000,005
13	Year of substantial completion	2009	2003		

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

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X			X		X
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X					
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X	X	
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?					X		X	
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		3 %						0 01 %
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5		3 %		0 %		0 %		0 01 %
7	Does the bond issue meet the private security or payment test?		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X		X	

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X	X		X	
b	Exception to rebate?		X		X		X		X
c	No rebate due?	X		X			X		X
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X	X		X		X	
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X	X	
b	Name of provider							PNC BANK NATIONAL ASSOCIATION	
c	Term of hedge								3000 %
d	Was the hedge superintegrated?								X
e	Was the hedge terminated?								X

Part IV Arbitrage *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148? . . .	X		X		X		X	

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
Schedule K, Part V Procedures to Undertake Corrective Action	St Elizabeth Medical Center, Inc d/b/a St Elizabeth Healthcare has written procedures to ensure that violations of federal tax requirements are timely identified If self-remediation is not available under applicable regulations, St Elizabeth Healthcare would contact its bond counsel regarding the IRS' voluntary closing agreement program

Return Reference	Explanation
Schedule K, Part II, Line 11 Other Spent Proceeds	Amount of bond proceeds used for current refunding of series 2003 bonds

Return Reference	Explanation
Schedule K, Part III, Line 4 Research Agreement Revenue	The amount of revenue from the Research Agreements is de minimis representing less than 0 0057% of the Total Operating Revenue

Return Reference	Explanation
Schedule K, Part IV, Line 2c COLUMN A	Issuer name KENTUCKY ECONOMIC DEVELOPMENT FINANCE AUTHORITY - SERIES 2009A The calculation fo computing no rebate due was performed on 06/04/2014

Return Reference	Explanation
Schedule K, Part IV, Line 2c COLUMN B	Issuer name KENTUCKY ECONOMIC DEVELOPMENT FINANCE AUTHORITY - SERIES 2009B The calculation fo computing no rebate due was performed on 06/04/2014

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

▶ Attach to Form 990.

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
St Elizabeth Medical Center Inc

Employer identification number
61-0445850

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	12	129,188	Market value
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies	X	6	6,681	Cost
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (FOOD/PRIZES)	X	96	34,462	Cost
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement — 29: 0

		Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		No
b	If "Yes," describe the arrangement in Part II		
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		No
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
b	If "Yes," describe in Part II		
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part II **Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
Schedule M, Part I Explanations of reporting method for number of contributions	Securities - Publicly traded ST ELIZABETH HEALTHCARE IS REPORTING THE 12 NUMBER OF CONTRIBUTIONS RECEIVED BASED ON USING A COMBINATION OF BOTH METHODS Drugs and medical supplies ST ELIZABETH HEALTHCARE IS REPORTING THE 6 NUMBER OF ITEMS RECEIVED BASED ON USING A COMBINATION OF BOTH METHODS Other ST ELIZABETH HEALTHCARE IS REPORTING THE 96 ITEMS RECEIVED BASED ON USING A COMBINATION OF BOTH METHODS

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 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.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
St Elizabeth Medical Center Inc

Employer identification number
61-0445850

Return Reference	Explanation
Form 990, Part VI, Line 13 WHISTLEBLOWER POLICY	ST ELIZABETH MEDICAL CENTER, INC DBA ST ELIZABETH HEALTHCARE DOES NOT HAVE A SPECIFIC WHISTLEBLOWER POLICY HOWEVER, THERE IS A SECTION OF ST ELIZABETH HEALTHCARE'S CORPORATE RESPONSIBILITY PROGRAM THAT ADDRESSES COMPLIANCE WITH THE FEDERAL FALSE CLAIMS ACT AND WITHIN THAT SECTION, PROTECTION FOR WHISTLEBLOWERS IS SPECIFICALLY ADDRESSED

Return Reference	Explanation
Form 990, Part VI, Line 2 Family/business relationships amongst interested persons	Robert Zapp and Richard H Tapke, Jr - Business relationship

Return Reference	Explanation
Form 990, Part VI, Line 7a Members or stockholders electing members of governing body	MOST REVEREND CATHOLIC BISHOP OF COVINGTON KENTUCKY HAS CERTAIN RESERVED POWERS IN REGARD TO MAJOR TRANSACTIONS THE BOARD OF TRUSTEES OF ST ELIZABETH HEALTHCARE WILL BE APPOINTED ACCORDING TO THE FOLLOWING SUMMARIZED PROCEDURE (I) THE BOARD SHALL SUBMIT TO THE BISHOP UP TO THREE NAMES OF CANDIDATES FOR EACH VACANCY, (II) ORDINARILY THE BISHOP WILL CHOOSE TRUSTEES TO FILL THE VACANCIES OR OPENINGS FROM THE RECOMMENDED CANDIDATES AFTER PERSONAL CONSULTATION WITH THE PRESIDENT IF THE BISHOP DOES NOT CHOOSE ANYONE FROM THE LIST, THE BOARD WILL SUBMIT NEW NAMES AS SOON AS PRACTICAL, (III) THE BISHOP RESERVES THE RIGHT TO SUBMIT OTHER NAMES TO THE BOARD FOR REVIEW AND COMMENT, (IV) IN CONSULTATION WITH THE PRESIDENT OF THE MEDICAL CENTER OR THE BOARD CHAIR, THE BISHOP MAY REMOVE ANY MEMBER OF THE BOARD IF CERTAIN ACTIONS ARE COMMITTED, (V) IF THE BISHOP DECLINES A CANDIDATE OR THE CANDIDATE DECLINES, THE LIST OF CANDIDATES WILL BE REVISITED ACCORDING TO PROCEDURES (I) THROUGH (III) ABOVE

Return Reference	Explanation
Form 990, Part VI, Line 7b Decisions requiring approval by members or stockholders	MOST REVEREND CATHOLIC BISHOP OF COVINGTON KENTUCKY HAS CERTAIN RESERVED POWERS IN REGARD TO MAJOR TRANSACTIONS THE FOLLOWING ACTIONS REQUIRE PRIOR APPROVAL OF THE BISHOP (I) THE AMENDMENT OR REPEAL OF SECTIONS 2(B) OR 2(C) OF THE BYLAWS OR ANY PROVISIONS OF THE GOVERNING DOCUMENTS RELATING TO THE AUTHORITY OF THE BISHOP OR BOARD OF TRUSTEES OF ST ELIZABETH HEALTHCARE, (II) ANY ACTION THAT RESULTS IN A SUBSTANTIAL CHANGE, AS DETERMINED BY THE BISHOP OR THE BOARD, IN THE PHILOSOPHY OR MISSION OF ST ELIZABETH HEALTHCARE, OR IN THE USE OF A ST ELIZABETH HEALTHCARE HOSPITAL FACILITY, (III) THE DISSOLUTION, CONSOLIDATION, MERGER, OR TERMINATION OF EXISTENCE OF ST ELIZABETH HEALTHCARE, AND (IV) A BORROWING, LEASE, TRANSFER, OR ENCUMBRANCE OF ANY REAL ESTATE OF ST ELIZABETH HEALTHCARE EXCEEDING $5,000,000

Return Reference	Explanation
Form 990, Part VI, Line 8b Documentation of meetings held by committees of governing body	The organization did not have any committees with authority to act on behalf of the governing body

Return Reference	Explanation
Form 990, Part VI, Line 11b Review of form 990 by governing body	ST ELIZABETH HEALTHCARE'S PROCESS TO REVIEW THE FORM 990 CONSISTS OF REVIEW AND APPROVAL BY CERTAIN MEMBERS OF MANAGEMENT AND THE ST ELIZABETH HEALTHCARE'S BOARD OF TRUSTEES THE FORM 990 IS REVIEWED WITH AND APPROVED BY THE FINANCE COMMITTEE SUBSEQUENT TO THE FINANCE COMMITTEE'S APPROVAL, BUT PRIOR TO FILING WITH THE IRS, THE FORM 990 IS PROVIDED TO THE BOARD OF TRUSTEES FOR THEIR REVIEW AND MANAGEMENT IS AVAILABLE FOR ANY QUESTIONS OR COMMENTS

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	ST ELIZABETH HEALTHCARE REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH ITS CONFLICT OF INTEREST POLICY IN THAT ANY DIRECTOR, PRINCIPAL OFFICER, OR A 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 COMMITTEE WITH THE GOVERNING BOARD DELEGATED POWERS CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT THE REMAINING INDIVIDUALS ON THE GOVERNING BOARD OR COMMITTEE MEETING WILL DECIDE IF CONFLICTS OF INTEREST EXISTS EACH DIRECTOR, PRINCIPAL OFFICER, AND MEMBER OF A COMMITTEE WITH GOVERNING BOARD DELEGATED POWERS ANNUALLY SIGNS A STATEMENT WHICH AFFIRMS THAT SUCH PERSON (I) HAS RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY, (II) HAS READ AND UNDERSTANDS THE POLICY, (III) HAS AGREED TO COMPLY WITH THE POLICY, AND (IV) UNDERSTANDS THAT ST ELIZABETH HEALTHCARE IS CHARITABLE AND IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION, IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ITS TAX EXEMPT PURPOSE WHEN BUSINESS MATTERS COME BEFORE THE BOARD IN WHICH A MEMBER IS INVOLVED AND A POTENTIAL CONFLICT OF INTEREST MAY EXIST (I) THE MEMBER SHOULD AGAIN MAKE A VERBAL DISCLOSURE TO THE MEMBERSHIP PRESENT (II) THE BOARD SHALL ASK THE INTERESTED MEMBER TO LEAVE THE MEETING DURING DISCUSSION OF THE MATTER THAT GIVES RISE TO THE POTENTIAL CONFLICT, (III) THE INTERESTED MEMBER SHALL NOT VOTE ON NOR USE HIS OR HER PERSONAL INFLUENCE ON THE MATTER THAT GIVES RISE TO THE POTENTIAL CONFLICT, (IV) THE INTERESTED MEMBER SHALL NOT BE COUNTED IN DETERMINING THE EXISTENCE OF A QUORUM AT SUCH MEETING, AND (V) THE MINUTES OF THE MEETING SHALL REFLECT THE DISCLOSURE MADE, THE VOTE TAKEN, AND WHICH MEMBERS WERE PRESENT AND VOTING

Return Reference	Explanation
Form 990, Part VI, Line 15a Process to establish compensation of top management official	IN DETERMINING THE COMPENSATION OF ST ELIZABETH HEALTHCARE'S CHIEF EXECUTIVE OFFICER, AN EVALUATION IS DONE BY THE COMPENSATION COMMITTEE AND EXECUTIVE COMMITTEE USING APPROPRIATE COMPARABLE DATA, AND THEN A COMPENSATION RECOMMENDATION IS PRESENTED TO THE BOARD FOR APPROVAL

Return Reference	Explanation
Form 990, Part VI, Line 15b Process to establish compensation of other employees	OTHER KEY EXECUTIVES ARE REVIEWED, AND THE CHIEF EXECUTIVE OFFICER MAKES RECOMMENDATIONS FOR THEIR COMPENSATION TO THE COMPENSATION COMMITTEE. THE COMPENSATION COMMITTEE THEN EVALUATES AND APPROVES THE COMPENSATION FOR THE OTHER KEY EXECUTIVES FOR BOTH THE CHIEF EXECUTIVE OFFICER AND OTHER KEY EXECUTIVES, THE PROCESS INCLUDED A REVIEW AND APPROVAL BY INDEPENDENT PERSONS, REVIEW OF COMPARABILITY DATA, AND CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DECISION THE EXTERNAL REVIEW OF EXECUTIVE COMPENSATION IS PERFORMED ANNUALLY AND APPROVED BY THE BOARD THIS WAS LAST PERFORMED IN 2015

Return Reference	Explanation
Form 990, Part VI, Line 19 Required documents available to the public	UPON REQUEST, ST ELIZABETH HEALTHCARE WILL MAKE AVAILABLE THE FORM 990 AND THE RELATED APPLICABLE SCHEDULES, OF WHICH ARE SUBJECT TO AND OPEN TO PUBLIC INSPECTION

Return Reference	Explanation
Form 990, Part VIII, Line 2f Other Program Service Revenue	MEDICAID SETTLEMENT - Total Revenue 10759999, Related or Exempt Function Revenue 9868711, Unrelated Business Revenue 891288, Revenue Excluded from Tax Under Sections 512, 513, or 514 ,

Return Reference	Explanation
Form 990, Part IX, Line 11g Other Fees	CONTRACT LABOR - Total Expense 2870865, Program Service Expense , Management and General Expenses 2870865, Fundraising Expenses , AMBULANCE SERVICE - Total Expense 187871, Program Service Expense 187871, Management and General Expenses , Fundraising Expenses , ANESTHESIOLOGY SERVICE - Total Expense 2311743, Program Service Expense 2311743, Management and General Expenses , Fundraising Expenses , LABORATORY SERVICES - Total Expense 5923131, Program Service Expense 5923131, Management and General Expenses , Fundraising Expenses , LAUNDRY EXPENSE - Total Expense 2970229, Program Service Expense 461043, Management and General Expenses 2509186, Fundraising Expenses , PERFUSION SERVICE - Total Expense 832583, Program Service Expense 832583, Management and General Expenses , Fundraising Expenses , RADIOLOGY SERVICE - Total Expense 402896, Program Service Expense 402896, Management and General Expenses , Fundraising Expenses , PHYSICIAN FEES - Total Expense 13352922, Program Service Expense 11398039, Management and General Expenses 1954883, Fundraising Expenses , CONSULTING SERVICE - Total Expense 11832573, Program Service Expense 826759, Management and General Expenses 11005814, Fundraising Expenses , COLLECTION SERVICE - Total Expense 1327099, Program Service Expense 90230, Management and General Expenses 1236869, Fundraising Expenses , OTHER FEES - Total Expense 70298808, Program Service Expense 15414666, Management and General Expenses 54884107, Fundraising Expenses 35, PURCHASED SERVICE - Total Expense 22856259, Program Service Expense 10850973, Management and General Expenses 11780878, Fundraising Expenses 224408, MAINTENANCE & REPAIR - Total Expense 10856468, Program Service Expense 1796343, Management and General Expenses 9038845, Fundraising Expenses 21280,

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	CHANGE IN FMV OF 2003C SERIES INTEREST RATE SWAP - -249367, MINIMUM PENSION LIABILITY ADJUSTMENT - 6828417, CHANGE IN FMV OF SPLIT LIFE INSURANCE INTEREST - -9759, CHANGE IN INVESTMENT OF ST ELIZABETH PHYSICIANS - -116342, CHANGE IN INVESTMENT IN AMSURG - -59994, NET ASSETS RELEASED FROM RESTRICTIONS - 275752, Write off of Uncollectible Pledges - -150000, Expenses Related to St Elizabeth Provider Network, Inc - -478874,

Return Reference	Explanation
Sch H, Part V, Section B, Line 7 ST ELIZABETH FLORENCE	(Continued) NEXT, THE LIST WAS ADVANCED TO THE STRATEGIC PLANNING COMMITTEE OF THE BOARD OF TRUSTEES TO REVIEW, IN WHICH THEY NARROWED THE LIST DOWN TO THE TOP THREE ISSUES TO FOCUS ON THAT WILL HAVE THE GREATEST POSSIBLE IMPACT ON COMMUNITY HEALTH STATUS THE TOP THREE PRIORITIES ARE OBESITY, HEART DISEASE, AND DIABETES THE FOLLOWING IS A LIST OF HEALTH NEEDS INDENTIFIED BY THE ASSESSMENT, BUT NOT INCLUDED AS ONE OF THE TOP THREE - ACCESS TO PRIMARY CARE - AVOIDABLE ED VISITS - CANCER - INFANT MORTALITY - LACK OF HEALTH INSURANCE - MEDICATION COSTS - MENTAL HEALTH - SMOKING - SUBSTANCE ABUSE - WELLNESS ST ELIZABETH HEALTHCARE WILL CONTINUE PROVIDING SERVICES TO SUPPORT THESE IMPORTANT COMMUNITY HEALTH NEEDS THE FOLLOWING IS A SUMMARY OF MANY OF THE PROGRAMS THAT ARE ALREADY PROVIDED FOR EACH OF THE ISSUES IDENTIFIED AVOIDABLE ED VISITS/ACCESS TO PRIMARY CARE - ESTABLISHING 100% OF ST ELIZABETH PHYSICIAN PRACTICES AS CERTIFIED MEDICAL HOMES - DEVELOPING WALK-IN CLINICS AND URGENT CARE OPTIONS THROUGH ST ELIZABETH PHYSICIANS - PROVIDING TRAINING AND CARE THROUGH THE FAMILY PRACTICE RESIDENCY PROGRAM - CONTINUING TO OFFER THE PARISH NURSING/HEALTH MINISTRY PROGRAM - RECRUITING ST ELIZABETH HEALTHCARE MEDICAL SPECIALISTS AS IDENTIFIED - TREATING DENTAL PATIENTS NEEDING EMERGENT CARE IN THE EMERGENCY DEPARTMENT - PROVIDING CAB AND BUS VOUCHERS FOR PATIENTS CANCER - PROVIDING CANCER SCREENINGS, SUPPORT GROUPS AND BREAST CANCER NAVIGATORS - PROVIDING DRUG REPLACEMENT SERVICES CHEMOTHERAPY PROVIDED TO THOSE WHO ARE UNINSURED - PROVIDING MOBILE MAMMOGRAPHY VAN NO COST MAMMOGRAMS - OFFERING THE COOPER CLAYTON SMOKING CESSATION PROGRAM - DONATING FINANCIAL / OPERATIONAL SUPPORT TO SEVERAL COMMUNITY HEALTH IMPROVEMENT ORGANIZATIONS INFANT MORTALITY - OFFERING MATERNAL CHILD PROGRAMS FIRST STEPS POINT OF ENTRY AND NURSE-FAMILY PARTNERSHIPS - PROVIDING OBSTETRICIANS TO HEALTHPOINT FOR PRENATAL CARE - ADMINISTERING IMMUNIZATIONS COCOONING PROJECT - OFFERING PRE-ADMISSION EDUCATION LACK OF HEALTH INSURANCE - SPONSORING A FINANCIAL ASSISTANCE PROGRAM - ASSISTING PATIENTS ELIGIBLE FOR GOVERNMENT PROGRAMS TO REGISTER FOR THOSE PROGRAMS, PLUS PROVIDES CHARITY CARE WHEN APPROPRIATE MEDICATION COSTS/ACCESS - PROVIDING MEDICATIONS UPON DISCHARGE FROM THE EMERGENCY DEPARTMENT OR INPATIENT AND REFERRAL TO ST VINCENT DEPAUL PHARMACY MENTAL HEALTH - PROVIDING INPATIENT TREATMENT TO UNINSURED - PROVIDING MULTIPLE SUPPORT GROUPS FOR PATIENTS AND FAMILIES - WORKING WITH MENTAL HEALTH COURTS AND JAILS TO COORDINATE CARE - IMPLEMENTING TELEPSYCHIATRY IN THE EMERGENCY DEPARTMENT TO ASSESS MENTAL HEALTH PATIENTS WELLNESS - PROVIDING TO THE COMMUNITY NUMEROUS PROGRAMS ON VARIOUS HEALTH TOPICS AND SCREENINGS SUBSTANCE ABUSE - PROVIDING INPATIENT AND OUTPATIENT TREATMENT PROGRAMS FOR ADULTS - OFFERING 12-STEP PROGRAMS ON SITE BY COMMUNITY ORGANIZATIONS SMOKING CESSATIONS - ASSURING ALL OF ST ELIZABETH HEALTHCARE CAMPUSES ARE SMOKE FREE - OFFERING COOPER CLAYTON SMOKING CESSATION CLASSES

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" 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.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
St Elizabeth Medical Center Inc

Employer identification number
61-0445850

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

(a) Name, address, and EIN (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
(1) ST ELIZABETH PHYSICIAN SERVICES 334 THOMAS MORE PARKWAY STE 200 CRESTVIEW HILLS, KY 41017 61-1339639	PHYSICIAN MANAGEMENT SERVICES	KY	-100,241	4,045,433	ST ELIZABETH MEDICAL CENTER INC

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? Yes	(g) No
(1) SUMMIT MEDICAL GROUP INC 334 THOMAS MORE PARKWAY STE 200 CRESTVIEW HILLS, KY 41017 61-1300608	PHYSICIAN PRACTICE	KY	501(c)(3	3	ST ELIZABETH MEDICAL CENTER INC	Yes	

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) Disproprtionate 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	
(1) Health Care Solutions Network LLC 619 Oak Street Cincinnati, OH 45206 47-2103334	PHO	OH	HSN	Related	-221,282	0		No		Yes		50 %

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) St Elizabeth Provider Network Inc One Medical Village Dr Edgewood, KY 41017 47-2862438	Physician-Hospital Org	KY	St Elizabeth Medical Center Inc	C Corporation	0	475,942	100 %	Yes	

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

		Yes	No
1	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a	Receipt of **(i)** interest, **(ii)**annuities, **(iii)**royalties, or**(iv)**rent from a controlled entity	**1a**		**No**
b	Gift, grant, or capital contribution to related organization(s)	**1b**		**No**
c	Gift, grant, or capital contribution from related organization(s)	**1c**		**No**
d	Loans or loan guarantees to or for related organization(s)	**1d**		**No**
e	Loans or loan guarantees by related organization(s)	**1e**		**No**
f	Dividends from related organization(s)	**1f**		**No**
g	Sale of assets to related organization(s)	**1g**		**No**
h	Purchase of assets from related organization(s)	**1h**		**No**
i	Exchange of assets with related organization(s)	**1i**		**No**
j	Lease of facilities, equipment, or other assets to related organization(s)	**1j**	**Yes**	
k	Lease of facilities, equipment, or other assets from related organization(s)	**1k**	**Yes**	
l	Performance of services or membership or fundraising solicitations for related organization(s)	**1l**	**Yes**	
m	Performance of services or membership or fundraising solicitations by related organization(s)	**1m**	**Yes**	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	**1n**		**No**
o	Sharing of paid employees with related organization(s)	**1o**	**Yes**	
p	Reimbursement paid to related organization(s) for expenses	**1p**	**Yes**	
q	Reimbursement paid by related organization(s) for expenses	**1q**	**Yes**	
r	Other transfer of cash or property to related organization(s)	**1r**	**Yes**	
s	Other transfer of cash or property from related organization(s)	**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
(1) St Elizabeth Provider Network	L	478,874	Cash
(2) Summit Medical Group	R	68,501,608	Cash
(3) Summit Medical Group	M	705,451	Cash
(4) Summit Medical Group	J	1,392,482	Cash
(5) Summit Medical Group	O	5,931,897	Cash
(6) Summit Medical Group	Q	190,157	Cash

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) Disproprtionate 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		Yes	No	

Part VII Supplemental Information

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

Return Reference	Explanation

Additional Data

Software ID: 15000238
Software Version: 2015v2.1
EIN: 61-0445850
Name: St Elizabeth Medical Center Inc

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
(1)	St Elizabeth Provider Network	L	478,874	Cash
(1)	Summit Medical Group	R	68,501,608	Cash
(2)	Summit Medical Group	M	705,451	Cash
(3)	Summit Medical Group	J	1,392,482	Cash
(4)	Summit Medical Group	O	5,931,897	Cash
(5)	Summit Medical Group	Q	190,157	Cash